

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. KAREN L THURMAN</b>		Date of Disbursement 05 / 03 / 2002	
Mailing Address PO BOX 5058 City INVERNESS State FL Zip Code 34450		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
		Transaction ID: SB23.5928	

Full Name (Last, First, Middle Initial) <b>B. C W BILL YOUNG</b>		Date of Disbursement 06 / 04 / 2002	
Mailing Address 2407 RAYBURN BUILDING City WASHINGTON State DC Zip Code 20515		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
		Transaction ID: SB23.5934	

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8000.00</b>