SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
The Doctors' Company Federal PAC (DOCPAC)

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MIKE THOMPSON FOR CONGRESS PO BOX 1996 ST HELENA CA 94574	(House - CA - 01) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	11/22/1999	280.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**280.00**