SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

District No.1 - Pacific Coast District, MEBA Political Action Fund

A. Full Name, Mailing Address and ZIP Code Friends of Max Baucus P O Box 586 Helena, MT 59624	Purpose of Disbursement Contribution U.S.Senate - MT. Disbursement for: [X] Primary [ ] General [ ] Other (specify) CY 2002	Date (month, day, year) 12/6/00	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Jody Wagner for Congress 5101 Cleveland Street- Suite 304 Virginia Beach, VA 23462	Purpose of Disbursement Contribution Check Returned House-2nd CD VA. Disbursement for: [ ] Primary [X] General [ ] Other (specify) CY2000	Date (month, day, year) 11/29/00	Amount of Each Disbursement This Period (500.00)
C. Full Name, Mailing Address and ZIP Code Mike Thompson for Congress PO Box 1998 St. Helena, CA	Purpose of Disbursement Contribution CheckRet. House 1st CD CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) CY 2000	Date (month, day, year) 12/19/00	Amount of Each Disbursement This Period (500.00)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	- 0 -

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