

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) Mariner Post-Acute Network Federal Political Action Committee			
Full Name, Mailing Address, and ZIP Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield CA 93302	Purpose of Disbursement Contribution: William M. Thomas (CA-21-R) Contribution: William M. Thomas (CA-21-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 06/21/2000	Amount of Each Disbursement This Period 2000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			2000.00