# 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)
☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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NAME OF COMMITTEE (In Full)
WASHINGTON MEDICAL POLITICAL ACTION COMMITTEE

**A.**
Full Name (Last, First, Middle Initial): AMPAC
Mailing Address: 1101 Vermont Ave NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Dues Transfer
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.5030
Date of Disbursement: 01 / 08 / 2003
Amount of Each Disbursement this Period: 3350.00

**B.**
Full Name (Last, First, Middle Initial): AMPAC
Mailing Address: 1101 Vermont Ave NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Dues Transfer
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.5031
Date of Disbursement: 01 / 30 / 2003
Amount of Each Disbursement this Period: 6900.00

**C.**
Full Name (Last, First, Middle Initial): AMPAC
Mailing Address: 1101 Vermont Ave NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Dues Transfer
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.5038
Date of Disbursement: 03 / 05 / 2003
Amount of Each Disbursement this Period: 750.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

TOTAL This Period (last page this line number only) ..... ▶