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

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)
American Medical PAC

Mailing Address
1101 Vermont Avenue, NW

City: Washington
State: DC
Zip Code: 20005

Purpose of Disbursement

Candidate Name

24G
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
03 14 2002

Amount of Each Disbursement this Period
8150.00

Transaction ID: EXP:B:74

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**8150.00**
TOTAL This Period (last page this line number only) ..... ▶	**65250.00**