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)
Advanced Medical Technology Assn PAC (AdvaMed PAC)

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF JENNIFER B DUNN

Mailing Address
PO BOX 40110
City: BELLEVUE State: WA Zip Code: 98015

Purpose of Disbursement
In-kind meals, event costs

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: WA District: 06

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 / 04 / 2001

Amount of Each Disbursement this Period: 1893.80

Transaction ID: SB23.471B

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF JENNIFER B DUNN

Mailing Address
PO BOX 40110
City: BELLEVUE State: WA Zip Code: 98015

Purpose of Disbursement
earmarked contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: WA District: 06

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 04 / 04 / 2001

Amount of Each Disbursement this Period: 500.00

[MEMO ITEM]

Transaction ID: SB23.4729

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPS

Mailing Address
POST OFFICE BOX 23940
City: SANTA BARBARA State: CA Zip Code: 93121

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 22

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 12 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4870

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2893.80**

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