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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Bob Etheridge for Congress Committee

Mailing Address
P.O. Drawer 1059
City: Lillington State: NC Zip Code: 27546

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bob Etheridge

Category/Type: 011

Office Sought: X House / Senate / President
State: NC District: 2

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 09 / 16 / 2002

Amount of Each Disbursement this Period: 1000.00

Contribution

Transaction ID: 7020508

B. Full Name (Last, First, Middle Initial)
Friends of Lois Capps

Mailing Address
1724 Santa Barbara
City: Santa Barbara State: CA Zip Code: 93101

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lois Capps

Category/Type: 011

Office Sought: X House / Senate / President
State: CA District: 23

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 09 / 16 / 2002

Amount of Each Disbursement this Period: 1000.00

Contribution

Transaction ID: 7020583

C. Full Name (Last, First, Middle Initial)
McIntyre for U.S. Congress

Mailing Address
PO Box 1
City: Lumberton State: NC Zip Code: 28359

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mike McIntyre

Category/Type: 011

Office Sought: X House / Senate / President
State: NC District: 7

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 09 / 16 / 2002

Amount of Each Disbursement this Period: 500.00

Contribution

Transaction ID: 7020525

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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