

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CaridianBCT, Inc.

A.

Full Name (Last, First, Middle Initial)
Advanced Medical Technology Association (AdvaMed)

Transaction ID: SB23.4281

Date of Disbursement

Mailing Address 701 Pennsylvania Ave., NW
Suite 800

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City Washington State DC Zip Code 20004-2654

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Distribution to AdvaMed PAC

012
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00
