

**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)		PAGE 4 OF 7	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)
Smith & Nephew Inc. PAC

A. **Re-Elect James McGovern for Congress**

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: **10 / 24 / 2002**

Mailing Address: **PO Box 60405**

City: **Worcester** State: **MA** Zip Code: **01606**

Purpose of Disbursement: **Contribution** Category/Type: **011**

Candidate Name: **James McGovern**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **MA** District: **3**

Amount of Each Disbursement this Period: **1,000.00**

B. **John Tierney for Congress**

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: **10 / 24 / 2002**

Mailing Address: **PO Box 8013**

City: **Salem** State: **MA** Zip Code: **01970**

Purpose of Disbursement: **Contribution** Category/Type: **011**

Candidate Name: **John Tierney**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **MA** District: **6**

Amount of Each Disbursement this Period: **1,000.00**

C. **Marty Meehan for Congress**

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: **10 / 24 / 2002**

Mailing Address: **11 Kearney Square**

City: **Lowell** State: **MA** Zip Code: **01852**

Purpose of Disbursement: **Contribution** Category/Type: _____

Candidate Name: **Marty Meehan**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **MA** District: **5**

Amount of Each Disbursement this Period: **1,000.00**

SUBTOTAL of Disbursements This Page (optional) **3,000.00**

TOTAL This Period (last page this line number only) _____