

**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)  
MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial) <b>A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID:</b> SB23.5095 Date of Disbursement
Mailing Address 430 South Capitol Street SE 2nd Floor		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2005"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="50.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Maurice Hinchey</b>		<b>Transaction ID:</b> SB23.5097 Date of Disbursement
Mailing Address PO Box 4497		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>
City Kingston	State NY	Zip Code 12402
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: NY District: 22		

Full Name (Last, First, Middle Initial) <b>C. LEE, BARBARA</b>		<b>Transaction ID:</b> SB23.5092 Date of Disbursement
Mailing Address 1736 Franklin Street #500		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: CA District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>