

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

Juno Therapeutics Political Action Committee (Juno PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BRADY WALKINSHAW

Mailing Address 119 1ST AVENUE SOUTH

City
SEATTLE

State
WA

Zip Code
98104

Purpose of Disbursement

Candidate Name

FRIENDS OF BRADY WALKINSHAW

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

FEC Identification Number

C C00597732

Transaction ID : SB23.4137

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City
NEW YORK

State
NY

Zip Code
10185

Purpose of Disbursement

Candidate Name

HILLARY FOR AMERICA

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

FEC Identification Number

C C00575795

Transaction ID : SB23.4135

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHERINE CLARK FOR CONGRESS

Mailing Address PO BOX 361

City
MALDEN

State
MA

Zip Code
02148

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

FEC Identification Number

C

Transaction ID : SB23.4140

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

2000.00