

**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"/> 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)
Terumo BCT, Inc.

Full Name (Last, First, Middle Initial)

A. Advanced Medical Technology Association (AdvaMed)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Mailing Address 701 Pennsylvania Ave., NW
Suite 800

Transaction ID : SB23.4429

City Washington State DC Zip Code 20004-2654

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation to AdvaMed PAC

012
Category/ Type

5000.00

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

--

Purpose of Disbursement

Category/ Type

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

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Purpose of Disbursement

Category/ Type

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

5000.00

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

5000.00
