

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)
ADVANCED MICRO DEVICES, INC. PAC

A. Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS <hr/> Mailing Address 615 GLEN STREET <hr/> City GLENS FALLS State NY Zip Code 12801 <hr/> Purpose of Disbursement <hr/> Candidate Name SCOTT MURPHY FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.92 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE <hr/> Mailing Address 313 C ST NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name KIRSTEN E. GILLIBRAND <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.98 Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2009
	Amount of Each Disbursement this Period 900.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE <hr/> Mailing Address 313 C ST NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name KIRSTEN E. GILLIBRAND <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.99 Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2009
	Amount of Each Disbursement this Period 100.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)