

**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)  
**Biogen Idec Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name  
**CHARLES E SENATOR GRASSLEY**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  
 Other (specify) ▼  
State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SB23.12241

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name  
**KURT SCHRADER**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  
 Other (specify) ▼  
State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SB23.12250

Amount of Each Disbursement this Period

1500.00
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Full Name (Last, First, Middle Initial)

**C. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name  
**THOMAS EDMUNDS PRICE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  
 Other (specify) ▼  
State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SB23.12249

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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