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|--|---|---|---|
| SCHEDULE B | ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | 5 / 5 |
| | | | FOR LINE NUMBER 23 |
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| NAME OF COMMITTEE (In Full) Mid Atlantic Medical Services, Inc. PAC | | | |
| Full Name, Mailing Address, and ZIP Code Hon. Bob Ehrlich P.O. Box 532 Hunt Valley MD 21030 | Purpose of Disbursement (House - MD - 2) Fundraiser (House - Maryland) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/07/1998 | Amount of Each Disbursement This Period 1000.00 |
| | | | |
| SUBTOTALS of Disbursements This Page (Optional) | | | |
| TOTALS This Period (last page this line number only) | | | 1000.00 |