

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 4
			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. Albert R. Wynn P.O. Box 5323 Capitol Heights MD 20791-5323	Purpose of Disbursement (House - MD -) Fundraiser	Date (month, day, year) 07/31/1998	Amount of Each Disbursement This Period 500.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Other (specify) :	
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			500.00