

**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)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) BILIRAKIS FOR CONGRESS Mailing Address 610 S. Boulevard City Tampa State FL Zip Code 33606 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.19384 Date of Disbursement 12 / 15 / 2009 Amount of Each Disbursement this Period 1000.00 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN Mailing Address PO BOX 3197 City LITTLE ROCK State AR Zip Code 72203 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.19381 Date of Disbursement 12 / 10 / 2009 Amount of Each Disbursement this Period 3000.00 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE Mailing Address PO Box 865 City Brooksville State FL Zip Code 34605 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.19385 Date of Disbursement 12 / 15 / 2009 Amount of Each Disbursement this Period 2000.00 Category/ Type |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | |