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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committee

A. Full Name (Last, First, Middle Initial)
Talent for Senate Exploratory Committee

Mailing Address
1031 Executive Parkway Suite 100
City St. Louis State MO Zip Code 63141

Purpose of Disbursement
Federal Contribution

Candidate Name
Jim Swann, State Senator

Category/Type

Office Sought: House / X Senate / President
State: MO District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement
10 03 2001

Amount of Each Disbursement this Period
1500.00

Transaction ID: SB23.5623

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1500.00**
TOTAL This Period (last page this line number only) ..... ▶	**9500.00**