

**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)

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<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				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. GINGREY FOR CONGRESS

Mailing Address

PO Box U

City

Marietta

State

GA

Zip Code

30060

Purpose of Disbursement

Federal Campaign contribution

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2002
 Primary General
Other (specify) ▼

State: GA District: 11

Date of Disbursement

07th / 18th / 2002

Amount of Each Disbursement this Period

2000.00

Transaction ID: SB23.7745

Full Name (Last, First, Middle Initial)

B. GRASSLEY COMMITTEE

Mailing Address

PO BOX 1000

City

DES MOINES

State

IA

Zip Code

50304

Purpose of Disbursement

Federal Campaign contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
President

Disbursement For: 2002
Primary General
Other (specify) ▼

State: IA District: 00

Date of Disbursement

07th / 18th / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.7744

C.

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

TOTAL This Period (last page this line number only) ▶ **5500.00**