

**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)				PAGE 24 / 27			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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) <b>A. PETER DEUTSCH</b>		Transaction ID: SB23.9557 Date of Disbursement 09 / 24 / 2003
Mailing Address PO BOX 816215		Amount of Each Disbursement this Period  2000.00
City HOLLYWOOD	State FL Zip Code 33081	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Category/ Type
State: FL District: D0		

Full Name (Last, First, Middle Initial) <b>B. GRASSLEY COMMITTEE</b>		Transaction ID: SB23.9583 Date of Disbursement 09 / 29 / 2003
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period  2300.00
City DES MOINES	State IA Zip Code 50304	
Purpose of Disbursement Federal Candidate Contribution		
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Category/ Type
State: IA District: D0		

Full Name (Last, First, Middle Initial) <b>C. Kind for Congress Committee</b>		Transaction ID: SB23.9582 Date of Disbursement 09 / 24 / 2003
Mailing Address 505 King St #105		Amount of Each Disbursement this Period  1000.00
City LaCrosse	State WI Zip Code 54601	
Purpose of Disbursement Federal Campaign contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Category/ Type
State: WI District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	