

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 / 61	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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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. RANGEL FOR CONGRESS

Mailing Address
PO BOX 5577 MANHATTANVILLE STA
City State Zip Code
NEW YORK NY 10027

Date of Receipt
N M / D E / Y Y Y Y
12 / 16 / 2002

FEC ID number of contributing federal political committee. C00302422

Amount of Each Receipt this Period 5000.00

Name of Employer Occupation Refund of Federal Political Contribution

Receipt For: 2002 Aggregate Year-to-Date ▼
X Primary General 5000.00
Other (specify) ▼

Transaction ID: SA16.8748

Full Name (Last, First, Middle Initial)
B. SENSENBRENNER COMMITTEE

Mailing Address
PO BOX 575
City State Zip Code
BROOKFIELD WI 53008

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

FEC ID number of contributing federal political committee. C00083428

Amount of Each Receipt this Period 2500.00

Name of Employer Occupation Refund of Federal Campaign Contribution

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General 2500.00
Other (specify) ▼

Transaction ID: SA16.8754

C.

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	18750.00