

**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 29 / 32			
	<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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PETE SESSIONS FOR CONGRESS 2004		Transaction ID: SB23.11777 Date of Disbursement 09 / 15 / 2003	
Mailing Address PO BOX 38585			
City DALLAS	State TX	Zip Code 75238	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement 2004 PRIMARY		Category/ Type	
Candidate Name PETE SESSIONS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 32	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROGERS FOR CONGRESS		Transaction ID: SB23.11793 Date of Disbursement 09 / 29 / 2003	
Mailing Address PO BOX 681			
City BRIGHTON	State MI	Zip Code 48116	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name MICHAEL J ROGERS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District: 08	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SUE MYRICK FOR CONGRESS		Transaction ID: SB23.11778 Date of Disbursement 09 / 09 / 2003	
Mailing Address PO BOX 370B1			
City CHARLOTTE	State NC	Zip Code 28237	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement 2004 PRIMARY		011 Category/ Type	
Candidate Name SUE MYRICK			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NC District: 09	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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