REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Oral and Maxillofacial Surgery Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
9700 West Bryn Mawr Ave

CITY, STATE and ZIP CODE
Rosemont, IL 60018

2. FEC IDENTIFICATION NUMBER
C 00005660

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☒ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/95 through 6/30/95		
6. (a) Cash on Hand January 1, 1995		$193,908.71
(b) Cash on Hand at Beginning of Reporting Period	$193,908.71	
(c) Total Receipts (from Line 19)	$114,711.51	$114,711.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$308,620.22	$308,620.22
7. Total Disbursements (from Line 30)	$51204.88	$51204.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$257,415.34	$257,415.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Secretary
Colleen M. Wolan

Signature of Treasurer [signature] Date 7-24-95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

9503907503

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Oral and Maxillofacial Surgery Political Action Committee

REPORT COVERING PERIOD FROM 1/1/95 TO 6/30/95

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	20,390.01	20,390.01	11(a)(i)
ii. Unitemized	89,980.00	89,980.00	11(a)(ii)
iii. Total (add i and ii) ➤	110,370.01	110,370.01	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	110,370.01	110,370.01	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	4,341.50	4,341.50	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	114,711.51	114,711.51	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	114,711.51	114,711.51	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	49704.88	49704.88	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	49704.88	49704.88	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	(500.00)	(500.00)	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	2000.00	2000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	51204.88	51204.88	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	51204.88	51204.88	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	110,370.01	110,370.01	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	110,370.01	110,370.01	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	49704.88	49704.88	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	49704.88	49704.88	37

FE5AN055

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 11

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Gerard Allen, 1805 Novato Blvd, Suite 1, Novato, CA 94947	Robert G. Allen, DDS / Oral Surgeon	5/12/95	210.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 210.00		
B. John D. Andersen, 201 Ridge St, Suite 308, Council Bluffs, IA 51503	Oral Maxillofacial Surgeons / Oral Surgeon	3/15/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
C. G. William Arnett, 9 E Pedregosa St, Santa Barbara, CA 93101-2416	The Center for Corrective Jaw Surgery / Oral Surgeon	3/22/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
D. Homer L. Ash, 127 Washington St, Keene NH 03431-3186	Self / Oral Surgeon	6/1/95	280.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 280.00		
E. Gordon T. Austin, 423 N. Lakeshore Dr, Carrollton, GA 30117	Self / Oral Surgeon	5/25/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 275.00		
F. Russell K. Bass, 580 S Denton Tap Rd, Suite 280, Coppell TX 75019	Self / Oral Surgeon	6/1/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 275.00		
G. L. Jack Bolton, 1151 N. Buckner Blvd, Suite 406, Dallas, TX 75218-4402	Self / Oral Surgeon	5/15/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional) 2090.00

TOTAL This Period (last page this line number only) .....

95039075005

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 11

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald F. Booth 100 E Newton St, Room G407 Boston, MA 02118-2393 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Boston University Medical Center Occupation: Oral Surgeon Aggregate Year-to-Date $ 275.00	5/12/95	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark C Bowden 1800 Nicholasville Rd, Suite 500 Lexington, KY 40503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date $ 275.00	4/13/95	275.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas W Braun 3471 Fifth Ave, Suite 1112 Pittsburgh, PA 15213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Pittsburgh Occupation: Oral Surgeon Aggregate Year-to-Date $ 275.00	5/9/95	275.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David A. Bussard 6040 Knue Rd, Suite 200 Indianapolis, IN 46250-1925 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Castleton OMS Occupation: Oral Surgeon Aggregate Year-to-Date $ 275.00	2/10/95	275.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael L. Cahoon 441 Savannah Rd Lewes, DE 19958-3642 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dr Mullen & Cahoon DMD Occupation: Oral Surgeon Aggregate Year-to-Date $ 250.00	5/9/94	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nelson P. Castellano 3302 Azeele St Tampa, FL 33609-3022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date $ [illegible]	3/14/94 5/9/95	125.00 150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles G Cherry III 1122 Medical Center Dr Wilmington, NC 28401-7844 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dr Cherry and Gaitan DDS Occupation: Oral Surgeon Aggregate Year-to-Date $ 200.00	5/16/95	200.00

SUBTOTAL of Receipts This Page (optional) 1925.00

TOTAL This Period (last page this line number only) .....

95030375006

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 11

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Francis J Collins 600 Oranda Ave Wenatchee, WA 98801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Oral Surgeon Aggregate Year-to-Date $ 200.01	2/8/95	200.01
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Francis A Connor Sr 118 Dudley St Providence, RI 02905-2403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oral and Maxillofacial Surgery Assoc. Ltd. Oral Surgeon Aggregate Year-to-Date $ 300.00	3/22/95	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel S Daley Sr. 2300 Garrett Rd Drexel Hill, PA 19026-1102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Daniel S Daley + Richard T. Clark, P.C. Oral Surgeon Aggregate Year-to-Date $ 275.00	4/27/95	275.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Vincent G. Duchess 401 W. Market Pottsville, PA 17901-2[illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vincent G. Duchess, DDS, PC Oral Surgeon Aggregate Year-to-Date $ 300.00	3/21/95	300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Francis P. DiPlacido 5285 Summerlin Rd Fort Myers, FL 33919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SW Florida Oral Surgery Assoc. Oral Surgeon Aggregate Year-to-Date $ 275.00	2/10/95	275.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William C Daulon 7601 Clydesdale Dr Hillsborough, CA 94010-7400 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Peninsula Maxillofacial Surgery Oral Surgeon Aggregate Year-to-Date $ 250.00	5/16/95	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael K Eklund Westlayan at SW Freeway Suite 1703 Houston, TX 77046 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Oral Surgeon Aggregate Year-to-Date $ 275.00	3/22/95	275.00

SUBTOTAL of Receipts This Page (optional) 1875.01

TOTAL This Period (last page this line number only) .....

95039375007

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 11

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full): Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Lewis N. Estabrooks, 20 Long Creek Dr, South Portland, ME 04106-2416	Oral Surgery Associates / Oral Surgeon	3/15/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
B. Stephen S. Fennell, 600 Oglethorpe Ave, Athens, GA 30606-2215	Self / Oral Surgeon	6/1/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
C. Brent T. Garrison, 8140 Knue Rd, Suite 200, Indianapolis, IN 46250-1928	Castleton OMS / Oral Surgeon	5/16/95	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		
D. Eric T. Geist, 1812 Tower Dr, Monroe, LA 71201-4955	Oral Surgery Center / Oral Surgeon	3/28/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 275.00		
E. Donald R. Gordon, 720 MacDade Blvd, Folsom, PA 19033-2220	Dr Donald Gordon and Associates / Oral Surgeon	2/10/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 275.00		
F. Donald L. Gossett, 5301 Farron, Suite 100, St Joseph, MO 64506-3817	Self / Oral Surgeon	4/7/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 275.00		
G. Katherine A. Haltom, 223 Walnut St, Suite 2, Framingham, MA 01701-8205	Self / Oral Surgeon	4/7/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		

SUBTOTAL of Receipts This Page (optional) 1850.00

TOTAL This Period (last page this line number only) .....

95039075050

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 11

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full): Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Lawrence B Hundley Jr 760 S Washburn Ave, Suite 5 Corona, CA 91720-3304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	5/29/95	275.00
B. James E. Hupp 666 W. Baltimore St Baltimore MD 21201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Maryland Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	3/17/95	275.00
C. Jeff Fowdy 1945 Lockhill Selma Suite 202 San Antonio, TX 78213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	J.J. Fowdy Photography Occupation: Photographer Aggregate Year-to-Date: $ 275.00	2/10/95	275.00
D. Theodore A. Kiersch 801 N. Wilmot, Suite E2 Tucson AZ 85711 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Associates in OMS Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	2/10/95	275.00
E. William C Knight 1515 Oak St Eugene OR 97401-4003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oral and Maxillofacial Surgeons Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	4/7/95	275.00
F. Daniel M. Laskin P.O. Box 980566 Richmond, VA 23298-0566 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	6/15/95	275.00
G. John P Lavieri 206 Marquette St, Suite 311 La Salle, IL 61301-2433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	4/13/95	275.00

SUBTOTAL of Receipts This Page (optional) 1925.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 11

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full): Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Daniel Lew 200 Hawkins Dr /E202GH Iowa City, IA 52242 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: University of Iowa Hospital & Clinic Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	3/15/95	275.00
B. Robert T. Lindner 4410 Pellis Rd Greensburg, PA 15601-4566 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	5/4/95	275.00
C. Bruce S. Logan 1625 E McAndrews Rd Medford, OR 97504-7134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Assoc for OMS Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	5/16/95	275.00
D. David M. Malin 5111 Maryland Way, Suite 207 Brentwood, TN 37027-7512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	6/1/95	275.00
E. Ronald B Marks P.O. Box 1225 8 Alexandria, LA 71315-3258 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Alexandria Oral Surgery Associates Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	5/26/95 5/22/95	150.00 125.00
F. George H Magter 3501 N. Scottsdale Rd Suite 326 Scottsdale, AZ 85251-5660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	3/15/95	275.00
G. Michael S. Matzkin 4145 Chase Pkwy Waterbury, CT 06708-2329 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Waterbury OMS Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	2/10/95	275.00

SUBTOTAL of Receipts This Page (optional) 1925.00

TOTAL This Period (last page this line number only) .....

95037501 0

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 11

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
S. Michael McCoy 1928 Alcoa Highway, Suite 305 Knoxville, TN 37920-1501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University OMS Occupation: Oral Surgeon Aggregate Year-to-Date $ 275.00	4/27/95	275.00
Sloan M McDonald 3725 Lone Tree Way Suite F1 Antioch, CA 94509-6223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date $ 275.00	3/15/95	275.00
Ronald E. Neal [illegible] Boysen Ave San Luis Obispo, CA 93401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Drs. Neal and Whitaker Occupation: Oral Surgeon Aggregate Year-to-Date $ 275.00	4/7/95	275.00
Samuel E. Molind RD4 Fisher Rd Montpelier, VT 05602-[illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oral and Maxillofacial Surgery, Ltd. Occupation: Oral Surgeon Aggregate Year-to-Date $ 400.00	2/8/95	400.00
Dan W. Moore 11801 Texas Blvd Texas City, TX 77591-[illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dan W. Moore, DDS, and Joseph D. Somes, DDS, PC Occupation: Oral Surgeon Aggregate Year-to-Date $ 275.00	4/27/95	275.00
Jack E. Neal 13131 120th Ave NE, Suite A Kirkland, WA 98034-[illegible] Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dr. Jack Neal, DDS, MS, PS Occupation: Oral Surgeon Aggregate Year-to-Date $ 275.00	6/1/95	275.00
Ronald A. Nellen 4011 S 76th St, Suite 204 Greenfield, WI 53220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date $ 300.00	4/7/95	300.00

SUBTOTAL of Receipts This Page (optional) 2075.00

TOTAL This Period (last page this line number only) .....

A 0 3 0 3 7 5 0 1 1

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 11

FOR LINE NUMBER 11 (a) (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full): Oral and Maxillofacial Surgery Political Action Committee

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: Thomas P Osborn, 50 W Big Beaver Rd, Suite 190, Bloomfield Hills, MI 48304-5[illegible]	Name of Employer: Torgerson and Small, P.C. / Occupation: Oral Surgeon	7/28/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 200.00		
B. Full Name, Mailing Address and ZIP Code: Edmund Z. Parnes, 8700 N. Kendall Dr, Miami, FL 33176-2206	Name of Employer: Self / Occupation: Oral Surgeon	5/16/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 275.00		
C. Full Name, Mailing Address and ZIP Code: Philip P Peters, [illegible] Ave, Richmond, VA 23221-2810	Name of Employer: Drs Peters, Malbon, Green, Cutting, Nelson, Miller, Eschenmeier and Bagby / Occupation: Oral Surgeon	3/1/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 200.00		
D. Full Name, Mailing Address and ZIP Code: Joel L. Rosenlicht, 482 W Middle Turnpike, Suite 102, Manchester, CT 06040	Name of Employer: Self / Occupation: Oral Surgeon	[illegible]	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 275.00		
E. Full Name, Mailing Address and ZIP Code: J Michael Sarnovsky, 1220 E Elm St, Suite 204, Lima, OH 45804-2818	Name of Employer: Self / Occupation: Oral Surgeon	4/27/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 275.00		
F. Full Name, Mailing Address and ZIP Code: Louis D. Sr[illegible], 301 N 8th St, Suite 6B 201, Springfield, IL 62701	Name of Employer: Springfield Associates Oral and Maxillofacial Surgery, Ltd / Occupation: Oral Surgeon	3/28/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 275.00		
G. Full Name, Mailing Address and ZIP Code: Richard J. Simeone, 6410 Rockledge Dr, Suite 301, Bethesda, MD 20817	Name of Employer: Self / Occupation: Oral Surgeon	6/9/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 275.00		

SUBTOTAL of Receipts This Page (optional) 1975.00

TOTAL This Period (last page this line number only) .....

95039075012

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full): Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard S Singer, 1413 Klondike Rd, Suite C, Conyers, GA 30207-5102	Conyers Oral Surgery / Oral Surgeon	3/22/95	275.00
B. Joel F Slaughter, 1120 N Andrews Rd, Medford, OR 97504-5324	Associates for Oral and Maxillofacial Surgery / Oral Surgeon	6/15/95	200.00
C. Terry W Slaughter, 420 E Bonita Ln, Salinas, CA 93901-4017	Terry Slaughter Oral and Maxillofacial Surgery / Oral Surgeon	6/7/95	275.00
D. Dale H. Smilack, 1170 Hammond Dr, Suite C3150, Atlanta, GA 30328	Self / Oral Surgeon	6/1/95 3/1/95	125.00 125.00
E. David H Sturtz, 9416 S Main St, Plymouth, MI 48170-4446	Self / Oral Surgeon	3/15/95	300.00
F. Michael K. Sutley, 825 Nicollet Mall, Suite 707, Minneapolis, MN 55402	Minneapolis Oral & Maxillofacial Surgery Michael Sutley / Oral Surgeon	4/27/95	250.00
G. James A Swift, 515 Delaware St SE, Minneapolis, MN 55455-0327	University of Minnesota / Oral Surgeon	4/27/95	250.00

SUBTOTAL of Receipts This Page (optional) 1900.00

TOTAL This Period (last page this line number only) .....

95039370013

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 11

FOR LINE NUMBER 11 (a) (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Hugh B. Tilson, 7763 Floyd Curl Dr, San Antonio, TX 78234-7708	University of Texas HSC / Oral Surgeon	2/10/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 275.00		
B. Gerald W. Upton, 2310 Myron Dr, Raleigh, NC 27607-3358	Self / Oral Surgeon	5/26/95	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 275.00		
C. Robert V. Walker, 5222 Harry Hines Blvd, Dallas, TX 75235-[illegible]	University of Texas Southwestern Medical Center / Oral Surgeon	3/17/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
D. Thomas M. Weil, 2524 [illegible], Suite 24, Houston, TX 77063-2030	Self / Oral Surgeon	4/27/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
E. Phillip N. Wheat, 301 N. 8th St, Suite UB 201, Springfield, IL 62701	The Pavilion / Oral Surgeon	2/8/95	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
F. Bruce [illegible], [illegible] Ave, [illegible]	[illegible] / Oral Surgeon	[illegible]	[illegible]
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ [illegible]		
G. Lewis W. Williamson, [illegible], Honolulu, [illegible]	OMS Associates / Oral Surgeon	[illegible]	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 275.00		

SUBTOTAL of Receipts This Page (optional) 2200.00

TOTAL This Period (last page this line number only) .....

95039375014

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 OF 11
	FOR LINE NUMBER 11 (a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code Lewis M. Winston 1520 Portage Trail Cuyahoga Falls, OH 44223-2121 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Drs. Winston + Hoffman, Inc. Occupation Oral Surgeon Aggregate Year-to-Date $ 275.00	Date (month, day, year) 3/27/95	Amount of Each Receipt this Period 275.00
B. Full Name, Mailing Address and ZIP Code Ronald D. Worley 1208 S. Pioneer Moses Lake, WA 98837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Oral Surgeon Aggregate Year-to-Date $ 275.00	Date (month, day, year) 1/27/95 2/6/95	Amount of Each Receipt this Period 125.00 250.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 650.00

TOTAL This Period (last page this line number only) 20,390.01

95039075015

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Northern Trust Bank 8501 W. Higgins Rd Chicago, IL 60631		1/21/95 2/17/95 3/28/95 4/6/95 4/30/95 5/31/95	268.24 71.33 353.24 418.00 455.24
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2159.94		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
[illegible]		4/11/95 6/29/95	1245.41 935.18
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,180.14		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 4340.13

9 1 0 3 7 3 1 0 9

SCHEDULE B — **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 21 (b)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full): Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Lisa Abate 49 Falcon Place Westmont, IL 60559	YTD 240.00 Administrative Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/21/95 5/19/95	120.00 120.00
B. Melanie Eakle 212 Stratford Dr Apt 2 Bloomingdale, IL 60108	YTD 240.00 Administrative Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/21/95 5/19/95	120.00 120.00
C. Tanya Hunt 655 West Grace, Apt 102 Chicago, IL 60613	YTD 979.00 Administrative Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/21/95 4/21/95 5/19/95	375.00 229.00 375.00
D. Tracy Fiscus 775 Cutler Lane Elk Grove, IL 60007	YTD 1249.98 Administrative Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/21/95 5/19/95	624.99 624.99
E. Colleen Nolan 1440 Whitehorse Lane Bartlett, IL 60103	YTD 1990.00 Administrative Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/21/95 5/19/95	330.00 330.00
F. AAcms 1700 W Irving Park Ave Bloomingdale, IL 60108	YTD 815.18 Postage, Table Set Up, Liability Insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/31/95 6/9/95 2/9/95 6/21/95 2/28/95 6/28/95 3/31/95 6/29/95 4/30/95	81.72 79.20 8.95 229.52 24.03 19.38 126.95 17.52 127.42
G. Northern Trust C/Hoe 9801 W. Higgins Rd Chicago, IL 60631	YTD 2426.27 Bank Service Charge, Federal Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/31/95 2/28/95 3/31/95 4/30/95 5/31/95	143.24 25.00 2282.00 115.77 174.42 25.00
H. Edward Mabie 190 Pulaski Avenue Hillsdale, NJ 07642-2210	YTD 1847.92 Air Fare, Per Diem, Hotel, Car Rental, Misc Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/25/95 6/28/95	847.04 [illegible]
I. Richard Simmons 6410 Rockledge Drive, Apt 201 Bethesda, MD 20817	YTD 791.52 Air Fare, Per Diem, Hotel, Car Rental, Misc Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/25/95 6/28/95	345.09 446.43

SUBTOTAL of Disbursements This Page (optional) 15500.47

TOTAL This Period (last page this line number only) .....

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 4

FOR LINE NUMBER 21(h)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Committee

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Samuel Malind Rd #4 Fisher Rd Montepelier, VT 05602-3604	YTD 1037.42 Airfare, Per Diem, Hotel For Board Mtgs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/25/95	1037.42
B. Full Name, Mailing Address and ZIP Code Philip Peters 2217 Grove Ave Richmond, VA 23221-2815	YTD 1933.52 Airfare Per Diem, Hotel For Board Mtgs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/25/95 6/28/95	941.[illegible] [illegible]
C. Full Name, Mailing Address and ZIP Code Thomas Weil 2529 South Gessner [illegible] Houston, TX 77[illegible]	YTD 3576.52 [illegible] Airfare, Per Diem, Hotel For Board Mtgs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	[illegible] [illegible] 6/28/95	532.[illegible] 2500.[illegible] [illegible]
D. Full Name, Mailing Address and ZIP Code Philip Wheat [illegible] N 8th St, Ste [illegible] 201 Springfield, IL 62701	YTD 756.85 Airfare Per Diem Hotel For Board Mtgs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/25/95 6/28/95	[illegible] 355.85
E. Full Name, Mailing Address and ZIP Code Daniel Daley Jr 2200 Garrett Road Drexel Hill, PA 19026-1112	YTD 944.52 Airfare Per Diem Hotel For Board Mtgs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/25/95 6/28/95	385.[illegible] [illegible]
F. Full Name, Mailing Address and ZIP Code Eugene Sekterski 532 N. Tucson Blvd. Tucson AZ 85716-4411	YTD 587.45 Airfare, Per Diem Hotel For Board Mtg Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/28/95	587.45
G. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 140 Dept A Memphis, TN 38101-1140	YTD 273.50 Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/26/95 4/28/95 2/8/95 5/31/95 2/28/95 6/8/95 3/16/95 3/30/95	106.75 13.25 36.75 55.45 9.60 12.25 16.25 20.00
H. Full Name, Mailing Address and ZIP Code Travel Service Corporation 3700 West Bryn Mawr Ave Rosemont, IL 60018	YTD 445.00 Airfare Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/13/95	445.00
I. Full Name, Mailing Address and ZIP Code Barnsley & [illegible] 125 South Wacker Dr, Suite 1200 Chicago, IL 60606-[illegible]	YTD 1200.00 Audit Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/21/95	1200.00

SUBTOTAL of Disbursements This Page (optional) 10754.84

TOTAL This Period (last page this line number only) .....

9503957508

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 4

FOR LINE NUMBER 21 (b)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Committee

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code American Special Risk Management 1000 Lenola Road, Suite 203 Maple Shade, NJ 08052	Purpose of Disbursement YTD 310.00 Travel Insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/26/95	310.00
B. Full Name, Mailing Address and ZIP Code Public Affairs Council 1019 19th St, NW, Suite 200 Washington, DC 20036	Purpose of Disbursement YTD 1192.50 Registration Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/20/95 2/7/95	742.50 450.00
C. Full Name, Mailing Address and ZIP Code U.S. Postmaster Aurora, IL 60507	Purpose of Disbursement YTD 2310.00 Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/11/95	2310.00
D. Full Name, Mailing Address and ZIP Code Change It System P.O. Box 92010 Palatine IL 60094-4010	Purpose of Disbursement YTD 501.65 Hotel and Decorations Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/7/95 6/5/95	451.66 49.99
E. Full Name, Mailing Address and ZIP Code Sir Speedy 710 E. Ogden, Suite 203 Naperville, IL 60563	Purpose of Disbursement YTD 6880.20 Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/9/95 3/16/95 4/28/95 5/31/95	217.60 3116.60 2416.10 1129.90
F. Full Name, Mailing Address and ZIP Code Kelmscott Press 1665 Mallette Rd Aurora, IL 60507-1990	Purpose of Disbursement YTD 7188.70 Advertising, printing + mailing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/21/95 2/21/95 3/16/95 5/31/95	226.82 124.75 3912.52 2924.61
G. Full Name, Mailing Address and ZIP Code Morton's 350 W. Hubbard St Suite 350 Chicago, IL 60610	Purpose of Disbursement YTD 696.38 Board Dinner Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/28/94	696.38
H. Full Name, Mailing Address and ZIP Code United States Postal Service Des Plaines, IL 60018-9998	Purpose of Disbursement YTD 997.46 Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/20/95 3/30/95	747.46 250.00
I. Full Name, Mailing Address and ZIP Code Steuben 151 Center Way Corning, NY 14830-2295	Purpose of Disbursement YTD 675.22 Board retirement gift Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/31/95	675.22

SUBTOTAL of Disbursements This Page (optional) 20752.11

TOTAL This Period (last page this line number only) .....

95039750-9

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 4

FOR LINE NUMBER 21 (b)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Comm. Hse.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vivid City Graphics 372 W. Ontario Chicago, IL 60610	YTD 300.85 Slide programs Disbursement for: Primary General Other (specify)	4/28/95	300.85
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Illinois Department of Revenue P.O. Box 5600 Chicago, IL 60680-5600	YTD 396.00 Illinois Sales Tax Disbursement for: Primary General Other (specify)	3/14/95 5/31/95	96.00 300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Federal Convention Contractor 4500 Southgate Place, Suite 500 Chantilly, VA 22021	YTD 500.00 Rental of Backwall and Furniture Disbursement for: Primary General Other (specify)	3/30/95	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Swiderski Design 1367 Wheeling Corporate Dr. Palatine, IL 60074	YTD 760.00 Brochure Ad. Design & Layout Disbursement for: Primary General Other (specify)	3/16/95	760.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 1956.85

TOTAL This Period (last page this line number only) 48964.27

95037150

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congressman Ed Towns P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement YTD <1500.00> Ed Towns - NY - 10th district - House of Representatives 1994 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 1/13/95	Amount of Each Disbursement This Period <1500.00>
B. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congressman Ed Towns [illegible]	Purpose of Disbursement YTD [illegible] Ed Towns - NY - 10th district - House of Representative - 1994 Debt Disbursement for: ☐ Primary ☒ General ☐ Other (specify) Debt	Date (month, day, year) 1/13/95	Amount of Each Disbursement This Period 1500.00
C. Full Name, Mailing Address and ZIP Code [illegible]	Purpose of Disbursement YTD [illegible] Ed Towns - NY - 10th district - House of Representatives - 1994 Debt Disbursement for: ☐ Primary ☒ General ☐ Other (specify) Debt	Date (month, day, year) 5/15/95	Amount of Each Disbursement This Period <1500.00>
D. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. Box [illegible] Evans, GA [illegible]	Purpose of Disbursement YTD 1000.00 Charles Norwood - House of Representative - 1994 Debt - GA - 10th dist. Disbursement for: ☐ Primary ☒ General ☐ Other (specify) Debt	Date (month, day, year) 5/19/95	Amount of Each Disbursement This Period 1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	<500.00>

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code The Democratic Senatorial Campaign 430 S. Capitol St., SE Washington, DC 20003	Purpose of Disbursement YTD 2000.00 1996 - Senate Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/29/95	Amount of Each Disbursement This Period 2000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	2000.00

9 5 0 3 9 0 7 5 0 0 2

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7/25/95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.S.
PREPARER

7/28/95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 9 5 7 5 0 0 3