

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesAmerican Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee

ADDRESS (number and street)

9700 West Bryn Mawr Ave.

☐Check if different  
than previously  
reported. (ACC)

Rosemont

IL

60018

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005660

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2010

through

06

30

2010

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

Dr. David Prindiville

Signature of Treasurer

Electronically Filed by Dr. David Prindiville

Date

07

14

2010

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 11

Write or Type Committee Name

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

Report Covering the Period:

From:

M M  
0 6D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		646637.44
(b) Cash on Hand at Beginning of Reporting Period .....	559923.65	
(c) Total Receipts (from Line 19) .....	1578.36	73151.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	561502.01	719788.45
7. Total Disbursements (from Line 31) .....	11067.57	169354.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	550434.44	550434.44
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	333.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information contact:**Federal Election Commission  
999 E street, NW  
Washington, DC 20463Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 11

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1000.00	33925.00
(ii) Unitemized .....	500.00	34610.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1500.00	68535.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1500.00	68535.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	78.36	616.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1578.36	73151.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1578.36	73151.01

## DETAILED SUMMARY PAGE

of Disbursements

4 / 11

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	67.57	39349.01	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	67.57	39349.01	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	129500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	505.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	505.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11067.57	169354.01	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11067.57	169354.01	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 11

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1500.00	68535.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	505.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1500.00	68030.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	67.57	39349.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	67.57	39349.01

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

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

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Michael Carson

Mailing Address 113 Niblick Cir

City

Suffolk

State

VA

Zip Code

23434-9296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.20115

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael McGinnis

Mailing Address 1210 Wilson Hall Rd.

City

Sumter

State

SC

Zip Code

29150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sumter OMS PA

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.20113

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Sims

Mailing Address 775 West Gold

City

Butte

State

MT

Zip Code

59701-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.20112

Amount of Each Receipt this Period

300.00

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

1000.00

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

1000.00

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

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

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.11

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA17.20117

Amount of Each Receipt this Period

20.71

CD Interest

**B.**

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA17.20118

Amount of Each Receipt this Period

56.79

Interest

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

77.50

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

77.50

# **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 8 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Paypal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Paypal collection fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.20120

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

9.30

**B.**

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City Schaumburg State IL Zip Code 60173

Purpose of Disbursement  
Bank fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.20119

Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

58.27

**SUBTOTAL** of Disbursements This Page (optional) .....

67.57

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

67.57



# **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 9 / 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DAN COATS FOR INDIANA

Mailing Address PO BOX 301141

City  
INDIANAPOLIS

State  
IN

Zip Code  
46230

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 00

**Transaction ID:** SB23.20125

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF BILL POSEY

Mailing Address P. O. Box 360877

City  
Melbourne

State  
FL

Zip Code  
32936

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 15

**Transaction ID:** SB23.20127

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 Linden Road

City  
Mineola

State  
NY

Zip Code  
11501

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 04

**Transaction ID:** SB23.20124

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

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

# **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 10 / 11

<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	<input type="checkbox"/> 30b

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)

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>INSLEE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.20126 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33027	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	1	0												
City State Zip Code Seattle WA 98133	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>LEE HAWKINS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.20122 <b>Date of Disbursement</b>																				
Mailing Address 4710 Jim Hood Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	0												
City State Zip Code Gainesville GA 30506	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>TIBERI FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.20123 <b>Date of Disbursement</b>																				
Mailing Address 2931 E Dublin Granville Road Suite 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	0												
City State Zip Code Columbus OH 43231	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Federal Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

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

11000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 / 11

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee
**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Illinois Department of Revenue
Nature of Debt (Purpose):  
State Tax Overpymt for 20-  
08 carryover 09

Mailing Address PO Box 19008

City	State	ZIP Code
Springfield	IL	62794-9008

Outstanding Balance Beginning This Period

326.00

Transaction ID: SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

326.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Illinois Department of Revenue
Nature of Debt (Purpose):  
State Tax Overpymt for 20-  
09 carryover 2010

Mailing Address PO Box 19008

City	State	ZIP Code
Springfield	IL	62794-9008

Outstanding Balance Beginning This Period

7.00

Transaction ID: SD9.19670

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.00

1) **SUBTOTALS** This Period This Page (optional).....

333.00

2) **TOTALS** This Period (last page this line number only).....

333.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

333.00