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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Association of Oral and Maxillofacial Surgeons Political Action Committ-9700 West Bryn Mawr Ave. ADDRESS (number and street) Check if different than previously Rosemont IL 60018 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00005660 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. John Freihaut Type or Print Name of Treasurer Electronically Filed by Dr. John Freihaut 0 1 24 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Association of Oral and Maxillofacial Surgeons Political Action Committ-D D D 28 12 2006 3 1 2006 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2006 488464.93 January 1 (b) Cash on Hand at 381152.80 Begining of Reporting Period 82097.76 262111.84 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 463250.56 750576.77 6(a) and 6(c) for Column B) 11016.32 298342.53 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 452234.24 452234.24 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 3795.00 Schedule C and/or Schedule D)

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 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

ee

м N 1 1 2^D8 м м 1 2 3^D1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 29450.00 93925.00 (i) Itemized (use Schedule A) 51654.00 130557.00 (ii) Unitemized (iii) TOTAL (add 81104.00 224482.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 81104.00 224482.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 27500.00 Political Committees 17. Other Federal Receipts 993.76 10129.84 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 82097.76 262111.84 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 82097.76 262111.84 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal	<u>'</u>	
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	16.32	3579.53
Expenditures(c) Total Operating Expenditures	10.52	337 9.33
(add 21(a)(i), (a)(ii) and (b))	16.32	3579.53
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	11000.00	266500.00
. Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	263.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	263.00
(add Lines 28(a), (b), and (c))	0.00	203.00
. Other Disbursements	0.00	28000.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(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
. Total Disbursements (add Lines 21(c), 22,		2000 :
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11016.32	298342.53
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)	11010.00	000040.50
from Line 31)	11016.32	298342.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	81104.00	224482.00
34. Total Contribution Refunds (from Line 28(d))	0.00	263.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81104.00	224219.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16.32	3579.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16.32	3579.53

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) American Association of Oral and Maxil ee	llofacial Su	rgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) Dr. James Adams			Date of Receipt
	Mailing Address 455 S. Washington St. Suite 14			12 15 2006
	City Gettysburg	State PA	Zip Code 17325-2516	Transaction ID: SA11A1.15125 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self	Occupation Oral Surg		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Randolph Alexander			Date of Receipt
	Mailing Address 2708 Aster Street			12 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.15127
	Lake Charles	LA	70601-8824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Oral & M	n axillofacial Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
<u>С</u> .	Full Name (Last, First, Middle Initial) Harvey Allen Mailing Address 1701 Fall Hill Ave			Date of Receipt
	City	State	Zip Code	1 2 0 4 2 0 0 6 Transaction ID: SA11A1.15128
	Fredericksburg	VA	22401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Oral Surg		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	IIRTOTAL of Receipts This Page (optional)			1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillo ee	ofacial Su	rgeons Political Action Comi	mitt-
۷.	Full Name (Last, First, Middle Initial) Dr. Paul Allen Mailing Address 4700 Union Deposit Road	d		Date of Receipt 1 2 2 9 2 0 0 6
	City Harrisburg	State PA	Zip Code 17111	Transaction ID: SA11A1.15130 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Central PA OMS Receipt For: Primary General Other (specify) ▼		n axillofacial Surgeon e Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Dr. Robert Allen Mailing Address 1015 Phillips Avenue			Date of Receipt 1 2 0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.15131
	Petaluma FEC ID number of contributing federal political committee.	CA	94952	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed		axillofacial Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
D .	Full Name (Last, First, Middle Initial) Dr. Rocklin Alling			Date of Receipt
	Mailing Address 1957 Hoover Court Suite 206 City	State	Zip Code	1 2 1 3 2 0 0 6 2 1 1 1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 2 1
	Birmingham	AL	35226-3618	Transaction ID: SA11A1.15132 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation Oral Surg	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)			900.00
T	OTAL This Period (last page this line number on	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 42
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ry information copied from such Reports and State	ements may	not be sold or used by any perso	
or	ly information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Association of Oral and Maxillo	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dr. Eric Alltucker			Date of Receipt
	Mailing Address 990 Boysen Ave.			111 / 29 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.15071
	San Luis Obispo	CA	93401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Oral Surg		
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. John Ames			Date of Receipt
	Mailing Address 101 West Cascade Way Suite 103			12 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.15134
	Spokane	WA	99208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Cascade Oral & Maxillofac-	Occupation		
	ial Surg PS		axillofacial Surgeon	-
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
) .	Full Name (Last, First, Middle Initial) Joseph Andrews			Date of Receipt
	Mailing Address 315 McHugh Blvd			12 / 22 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.15135
	Camp Lejeune	NC	28542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Naval Dental Center	Occupation Oral Surg		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		350.00	
s	UBTOTAL of Receipts This Page (optional))	950.00
Ţ.	OTAL This Period (last page this line number onl	lv)	>	
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 9 / 42
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П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		name and add	aress or any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		Delitical Astron.	
\angle	American Association of Oral and Maxiee	IIOTACIAI Su	rgeons Political Action Comi	nitt-
A.	Full Name (Last, First, Middle Initial) Lloyd Anseth			Date of Receipt
	Mailing Address 29 Cross Point Dr			12 15 2006
	City	State	Zip Code	Transaction ID: SA11A1.15136
	Owings	MD	20736	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Oral Surg		
	Receipt For:	`	e Year-to-Date ▼	-
	Primary General	7 1991 09411	1 1 1 1 1 1 1 1	1
	Other (specify) ▼	1	350.00	
В.	Full Name (Last, First, Middle Initial) Kathy Banks			Date of Receipt
	Mailing Address 9 Hospital Dr			M M / D D / Y Y Y Y
	Suite 6	01-1-	7'- 0-4-	12 26 2006
	City	State	Zip Code	Transaction ID: SA11A1.15142
	Toms River	NJ	08755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Coastal Oral Surgery	Occupation		
		Oral Sur		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	500.00	
	Ctrici (Specify)	1 1	0 0 0 0 0 0 0	
— С.	Full Name (Last, First, Middle Initial) Dr. Richard Barsan			Date of Receipt
٠.	Mailing Address 1745 S Imperial Ave			M M / D D / Y Y Y Y
	Suite 107			12 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.15147
	El Centro	CA	92243	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For:	`	e Year-to-Date ▼	7
	Primary General		050.00	
	Other (specify) ▼		350.00	
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				900.00
S	UBTOTAL of Receipts This Page (optional)		······	500.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Association of Oral and Maxil ee	lofacial Surgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial) Dr. Jeffrey Beattie Mailing Address 45 W. Columbia St. Suite 10 City Orlando FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code FL 32806 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Colin Bell Mailing Address 4015 Worth Street City Dallas FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code TX 75246-1606 C Occupation Oral & maxillofacial Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) David Bitonti Mailing Address 133 Kent Oaks Way City Gaithersburg FEC ID number of contributing federal political committee. Name of Employer National Naval Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20878 C Occupation Oral Surgeon Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		802.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 42
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	1.6.2.10	D. Prince L. A. Prince O.	- 10
\angle	American Association of Oral and Maxilee	lotaciai Su	rgeons Political Action Comi	mitt-
A.	Full Name (Last, First, Middle Initial) Dr. Gerald Bonnington			Date of Receipt
	Mailing Address 19791 SW Boones Ferr	y Road		12 05 2006
	City	State	Zip Code	Transaction ID: SA11A1.15161
	Tualatin	OR	97062	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer Gerald J. Bonnington DDS	Occupation		
	PC Receipt For:		axillofacial Surgeon Year-to-Date ▼	
	Primary General	Aggregate	FIGAL-10-Date V	1
	Other (specify) ▼	l	350.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr. David A. Bussard			Date of Receipt
	Mailing Address 8140 Knue Road			M " M / D " D / Y " Y " Y " Y
	Suite 200			11 30 2006
	City	State	Zip Code	Transaction ID: SA11A1.15107
	Indianapolis	<u>IN</u>	46250-1928	Amount of Each Receipt this Period
	FEC ID number of contributing	C		248.00
	federal political committee.	<u> </u>		
	Name of Employer Indiana OMS Associates	Occupation	า	
		Oral Sur		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		248.00	
	Other (specify)			
_	Full Name (Last, First, Middle Initial) Dr. David A. Bussard			Data of Daggint
C.	Mailing Address 8140 Knue Road			Date of Receipt
	Suite 200			12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.15177
	Indianapolis	IN	46250-1928	Amount of Each Receipt this Period
	FEC ID number of contributing	C		252.00
	federal political committee.			
	Name of Employer Indiana OMS Associates	Occupation Oral Surg		
	Receipt For:	+	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
_				
				700.00
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	······································	700.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/42
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Association of Oral and Maxil ee	lofacial Su	rgeons Political Action Com	mitt-
A.	Full Name (Last, First, Middle Initial) Dr. Roger Byrne			Date of Receipt
	Mailing Address 2450 Fondren Suite 130			12 12 2006
	City	State	Zip Code	Transaction ID: SA11A1.15181
	Houston	TX	77063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self	Occupation Oral Surg		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		350.00	1
	Other (specify)	1 1	350.00	
В.	Full Name (Last, First, Middle Initial) David Carlton			Date of Receipt
	Mailing Address 1403 Peterman Dr P.O. Box 13258			11 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.15055
	Alexandria	LA	71315-3258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Alexandria Oral Surgery Associ	Occupation Oral Surg		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		350.00	1
	Other (specify)		330.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Terry Cisler			Date of Receipt
	Mailing Address 1602 N. Randall Ave.			12 22 2006
	City	State	Zip Code	Transaction ID: SA11A1.15190
	Janesville	WI	53545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Southern Wisconsin OMS	Occupation Oral Surg		
	Receipt For:		e Year-to-Date ▼	1
	Primary General	35 5		1
	Other (specify)		500.00	
	UBTOTAL of Receipts This Page (optional)			900.00
1 3	DEIDIAL OF HOOGIPES THIS Fage (Optional)			

SCHEDULE A (FEC Form 3X)		l lea canarata cabadula(a)	FOR LINE NUMBER: PAGE 13 / 42
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Association of Oral and Max ee	illofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial)			Data of Descript
A. Dr. Thomas Connolly Mailing Address 44 Timber Lane			Date of Receipt 1 2 2 2 2 0 0 6
City	State	Zip Code	Transaction ID: SA11A1.15194
South Burlington	VT	05403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer VT Oral & Maxillofacial	Occupation Oral Surg		
Surgery Assoc. Receipt For:		geon e Year-to-Date ▼	+
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Dr. Richard Crinzi			Date of Receipt
Mailing Address 15955 NE 85th St. Suite 104			12 19 2006
City	State	Zip Code	Transaction ID: SA11A1.15196
Redmond	WA	98052-3550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Oral Surg		
Receipt For:		e Year-to-Date ▼	-
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Paul Cullum			Date of Receipt
Mailing Address 105 Berrywood Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.15197
Columbia	TN	38401-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		375.00
Name of Employer Self	Occupation Oral Surg		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
SUBTOTAL of Receipts This Page (optional)			1075.00
TOTAL This Period (last page this line number of	only)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/42
TEMIZED RECEIPTS		or each category of the	(check only one)
···		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Association of Oral and Maree	xillofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial) Dr Manuel Davila			Date of Receipt
Mailing Address 55 Whitcher St Suite 140			12 29 2006
City Marietta	State GA	Zip Code 30060	Transaction ID: SA11A1.15202 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30000	200.00
Name of Employer Midtown Oral & Facial Sur-	Occupation Oral Surg		
gery Receipt For:	,	e Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) Dr. Christopher L. Davis	'		Date of Receipt
Mailing Address 2260 South Church St Suite 603			12 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.15203
Burlington	NC	27215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Oral Surg		
Receipt For:	, - '	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Todd Dingman	1		Date of Receipt
Mailing Address 77 West Forest Avenu Suite 107	е		12 04 2006
City	State	Zip Code	Transaction ID: SA11A1.15210
Flagstaff	AZ	86001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer OMS of Northern Arizona	Occupation Oral Surg	geon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		375.00	
SUBTOTAL of Receipts This Page (optional)			1075.00
TOTAL This Desired (last seem this Press.			
TOTAL This Period (last page this line number	orlly))	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 42
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Association of Oral and Maxil ee	lofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial) 1. Dr. Arlet Dunsworth			Date of Receipt
Mailing Address 8201 Preston Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 260 City	State	Zip Code	Transaction ID: SA11A1.15212
Dallas	TX	75225-6402	
	1/	73223-0402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self	Occupation Oral Surg		
Pagaint For:	<u> </u>	e Year-to-Date ▼	_
Receipt For: Primary General	Aggregate	e real-lo-Dale V	,
Other (specify)		525.00	
Curior (openity) \(\psi \)		1 1 1 1 1 1 1	
Full Name (Last, First, Middle Initial) 3. Dr. Joseph Dusek			Date of Receipt
Mailing Address 15831 Sylvan Lake			M M / D D / Y Y Y Y
			12 08 2006
City	State	Zip Code	Transaction ID: SA11A1.15213
<u>Houston</u>	TX	77062	Amount of Each Receipt this Period
FEC ID number of contributing			500.00
federal political committee.	C		500.00
Name of Employer	Occupation		_
Oral Surgery Associates	Oral Sur		
Receipt For:		e Year-to-Date V	_
Primary General	riggrogate	real to Bate V	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial)			
Dr. Mark Egbert			Date of Receipt
Mailing Address P.O. Box 5371			1 1 3 0 Y Y Y Y Y Y Y
CH-19	State	Zip Code	Transaction ID: SA11A1.15108
<u>Seattle</u>	WA	98104	Amount of Each Receipt this Period
•	VV/X	30104	Amount of Each Necept this Period
FEC ID number of contributing federal political committee.	C		500.00
	1.		
Name of Employer Children's Memorial Hospi-	Occupation		
tal	Oral Sur		_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)	' '	1000.00	
Calci (opecit)/ •		0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)			1200.00
TOTAL This Period (last page this line number or	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillo			
Full Name (Last, First, Middle Initial) Dr. Lawrence Falender Mailing Address 9670 East Washington Street		treet		Date of Receipt
	Suite 210	State	Zip Code	1 2 0 8 2 0 0 6 Transaction ID: SA11A1.15219
	Indianapolis	IN	46229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Self-Employed	Occupation Oral Surg	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
3.	Full Name (Last, First, Middle Initial) Dr. Stephen Gadient			Date of Receipt
	Mailing Address Village Center Professional Bldg. 700 Village Center Dr, Ste. 170			12 28 2006
	City North Oaks	State MN	Zip Code 55127	Transaction ID: SA11A1.15227 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33127	200.00
	Name of Employer Leroy E. Alsiera DDS & As- soc.	Occupation Oral Surg	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
 Э.	Full Name (Last, First, Middle Initial) Dr. Brent T. Garrison			Date of Receipt
	Mailing Address 8140 Knue Road Suite 200		7.0.1	12 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Indianapolis	State IN	Zip Code 46250	Transaction ID: SA11A1.15230 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10200	375.00
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
SI	JBTOTAL of Receipts This Page (optional)			950.00
T	OTAL This Period (last page this line number on	v)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 42			
	-		Use separate schedule(s) or each category of the	(check only one)			
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Guillinary Fage	13 14 15 16 17			
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
\rangle	American Association of Oral and Maxil ee	lofacial Su	rgeons Political Action Com	nitt-			
۹.	Full Name (Last, First, Middle Initial) Dr. Lanny Garvar			Date of Receipt			
	Mailing Address 7401 North University D Suite 102	rive		1 2 2 2 2 0 0 6			
	City	State	Zip Code	Transaction ID: SA11A1.15231			
	Tamarac	FL	33321-2991	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Garvar & Steward DMD	Occupation Oral & M	n axillofacial Surgeon				
	Receipt For:		e Year-to-Date ▼				
	Primary General						
	Other (specify) ▼		350.00				
	Full Name (Last, First, Middle Initial) Paul German			Date of Receipt			
٠.	Mailing Address 5140 Dorsey Hall Dr			M M / D D / Y Y Y Y			
	Walling Address 5140 Dorsey Hall Di			12 22 2006			
	City	State	Zip Code	Transaction ID: SA11A1.15232			
	Ellicott City	MD	21042	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		200.00			
	Name of Employer	Occupation	n				
	Self Employed	Oral Sur	geon				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00				
	Other (specify)	0 0	350.00				
_	Full Name (Last, First, Middle Initial)						
) .	Dr. Elliot H. Goldman			Date of Receipt			
	Mailing Address 970 Clifton Ave			12 06 2006			
	City	State	Zip Code				
	Clifton	NJ	•	Transaction ID: SA11A1.15236			
		INU	07013-1802	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		375.00			
	Name of Employer Self-Employed	Occupation Oral Surg					
			e Year-to-Date ▼	1			
	Primary General						
	Other (specify) ▼		375.00				
	UBTOTAL of Receipts This Page (optional)			775.00			
اد	OBIOTAL OF Necelpts This Page (optional)		······				
T	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/42	
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)				
American Association of Oral and Maxil ee	lofacial Su	rgeons Political Action Com	mitt-	
Full Name (Last, First, Middle Initial) Dr. Donald Gordon			Date of Receipt	
Mailing Address 720 MacDade Blvd			12 08 2006	
City	State	Zip Code	Transaction ID: SA11A1.15237	
Folsom	PA	19033-2320	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		375.00	
Name of Employer Self Employed	Occupation Oral & M	n axillofacial Surgeon		
Receipt For:		Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	375.00		
Full Name (Last, First, Middle Initial) 3. Dr. Ralph Green			Date of Receipt	
Mailing Address 3809-B Poplar Level Ro	Mailing Address 3809-B Poplar Level Road			
City	State	Zip Code	Transaction ID: SA11A1.15242	
Louisville	KY	40213-1429	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		200.00	
Name of Employer Ralph M. Green DMD	Occupation	n axillofacial Surgeon		
Receipt For:		Year-to-Date V	-	
Primary General		250.00	1	
Other (specify) ▼	0 0	350.00		
Full Name (Last, First, Middle Initial) Dr. John Guariglia			Date of Receipt	
Mailing Address 1 Galloway Court			1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11A1.15243	
East Setauket	NY	11733	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		200.00	
Name of Employer Suffolk Oral Surgery Asso-	Occupation		7	
ciate	Oral Sur	•		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	, [
Other (specify)		350.00		
SUBTOTAL of Receipts This Page (optional)			775.00	
TOTAL This Period (last page this line number or	alv)	·		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 42	
	EMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	17
An	v information copied from such Reports and State	ements may	∟		
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
\rangle	American Association of Oral and Maxillo ee	ofacial Su	rgeons Political Action Comr	nitt-	
۹.	Full Name (Last, First, Middle Initial) Dr. Robert Hale			Date of Receipt	
	Mailing Address 18546 Roscoe Blvd. Suite 120	Chaha	7'n Oada	12 06 2006	
	City Northridge	State CA	Zip Code 91324	Transaction ID: SA11A1.15249	
	•		31324	Amount of Each Receipt this Period	7
	FEC ID number of contributing federal political committee.	C		200.00	
	Name of Employer Self	Occupation Oral Surg			
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General Other (specify) ▼	1 1	300.00		
3.	Full Name (Last, First, Middle Initial) Dr. Harold Haney			Date of Receipt	
	Mailing Address State College 232 S. Burrows St.			12 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.15252	
	State College	PA	16801	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		375.00	
	Name of Employer Oral & Maxillofacial Surg-	Occupation		7	
	ery	Oral Sur		-	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		375.00		
— Э.	Full Name (Last, First, Middle Initial) Dr. James Hargan			Date of Receipt	
	Mailing Address 1105 Mary T Meagher Dr	rive		12 04 2006	
	City	State	Zip Code	Transaction ID: SA11A1.15255	
	Elizabethtown	KY	42701	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer	Occupation	n	1	
	Oral & Facial Súrgery Center of Kentuc	Oral surg			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)			1075.00	
			·		1
T	OTAL This Period (last page this line number onl	ly)	>		4

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 42
TEMIZED RECEIPTS			or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\Big/$	American Association of Oral and Maxillo ee	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dr. Barry Hendler			Date of Receipt
	Mailing Address 7901 Bustleton Avenue Suite 304	01-1-	7'- 0-4-	1 2
	City Philadelphia	State PA	Zip Code 19152-3302	Transaction ID: SA11A1.15261
			13102-0002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University of PA Med Cent- er	Occupation Oral & M	n axillofacial Surgeon	
	Receipt For:		Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify) ▼	0 0	200.00	
3.	Full Name (Last, First, Middle Initial) Dr. William Hendrix			Date of Receipt
	Mailing Address 306 Walnut Street Suite 26			12
	City	State	Zip Code	Transaction ID: SA11A1.15262
	San Diego	CA	92103-4936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Self-Employed	Occupation		7
			axillofacial Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		375.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Bruce Hicke			Date of Receipt
	Mailing Address 600 N Mountain Avenue			M M / D D / Y Y Y Y
	Suite C105	Ctoto	Zin Codo	12 06 2006
	City Upland	State CA	Zip Code 91786	Transaction ID: SA11A1.15265 Amount of Each Receipt this Period
	FEC ID number of contributing		31700	
	federal political committee.	С		150.00
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For:		e Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			775.00
_				
T	OTAL This Period (last page this line number onl	y)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 42
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Association of Oral and Maxillo ee	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dr. P. Hiser			Date of Receipt
	Mailing Address 5565 Grossmont Center Bldg 1 Suite 129	Drive		12 19 2006
	City	State	Zip Code	Transaction ID: SA11A1.15270
	La Mesa	CA	91942	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer P. Thomas Hiser DDS MS In-	Occupation Oral & Ma	n axillofacial Surgeon	
	C. Receipt For:		Year-to-Date ▼	
	Primary General		075.00	
	Other (specify) ▼	0 0	375.00	
3.	Full Name (Last, First, Middle Initial) Dr. Steven Holmes			Date of Receipt
	Mailing Address 7600 Red Rd. Suite 101			12 / 28 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.15274
	Miami	<u>FL</u>	33143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer South Florida Center For	Occupation	1	7
	Corrective Ja	Oral Surg	geon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Murray Jacobs			Date of Receipt
	Mailing Address 1213 Coffee Rd. Suite D			12 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.15281
	Modesto	CA	95355	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self	Occupation Oral Surg		1
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	700.00	
S	UBTOTAL of Receipts This Page (optional)		_	950.00
_	1 -9-(-1)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 22 / 42
	EMIZED RECEIPTS		or each category of the	(check only one)	a 🗖 📗
•			Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso		
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	solicit contributions from	such committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	American Association of Oral and Maxille ee	ofacial Su	rgeons Political Action Comr	nitt-	
۹.	Full Name (Last, First, Middle Initial) Roger Janitz			Date of Receipt	
	Mailing Address 5676 W Skelly Dr Suite B	21.1	7: 0 1	12 01	
	City Tulsa	State OK	Zip Code	Transaction ID: S	
		OK	74107	Amount of Each Re	ecelpt this Period
	FEC ID number of contributing federal political committee.	C			200.00
	Name of Employer Self Employed	Occupation Oral Surg			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		350.00		
 3.	Full Name (Last, First, Middle Initial) Dr. Arthur Jee			Date of Receipt	
J .	Mailing Address 13934 Baltimore Ave.			M M / D D D 1 2 2 2	
	City	State	Zip Code	Transaction ID: S	
	Laurel	MD	20707	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			200.00
	Name of Employer Self	Occupation	ı	7	
		Oral Surg	•		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		350.00		
 C.	Full Name (Last, First, Middle Initial) Dr. Guenter Jonke			Date of Receipt	
	Mailing Address 1 Abbey Lane			12 21	2006
	City	State	Zip Code	Transaction ID: S	A11A1.15290
	East Setauket	NY	11733	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer Suffolk OMS Associates	Occupation Oral Surg			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)				600.00
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T	OTAL This Period (last page this line number on	ly)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 42
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		- -	
American Association of Oral and Ma	xillofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial) Dr. Stephen Kahn			Date of Receipt
Mailing Address 1857 Oak Tree Rd.			12 06 2006
City <u>E</u> dison	State NJ	Zip Code 08820	Transaction ID: SA11A1.15293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00020	200.00
Name of Employer Edison Clark Oral Surgery	Occupation Oral Surg		
Associates Receipt For:	<u> </u>	yeon e Year-to-Date ▼	
Primary General Other (specify) ▼	7.gg. oga.c	350.00	
Full Name (Last, First, Middle Initial) 3. Michael Karakourtis			Date of Receipt
Mailing Address 720 S Brom Dr Suite 103			11 28 7 2006
City	State	Zip Code	Transaction ID: SA11A1.15059
Naperville	<u>IL</u>	60540-6595	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Michael J Karakourtis DDS	Occupation Oral Surg		
Ltd Receipt For:		e Year-to-Date ▼	
Primary General		375.00	1
Other (specify)	0 0	073.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Kelly			Date of Receipt
Mailing Address 2530 North 8th Street Suite 103			12 13 7 2006
City Grand Junction	State	Zip Code	Transaction ID: SA11A1.15299
Grand Junction	CO	81501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Colorado West OMS	Occupation Self-Emp	oloyed	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
SUBTOTAL of Receipts This Page (optional) .			825.00
TOTAL This Period (last page this line number	r only)		
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C				FOR LINE NUMBER: PAGE 24 / 42
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Association of Oral and Maxiee	llofacial Su	rgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) Daniel Klemmedson			Date of Receipt
	Mailing Address 3150 N Swan Rd			12 13 2006
	City	State	Zip Code	Transaction ID: SA11A1.15306
	Tuscon	AZ	85712	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Associates in OMS	Occupation Oral Surg		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Markell Kohn			Date of Receipt
	Mailing Address 14299 Mango Dr.	M M / D D / Y Y Y Y		
	20			12 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.15308
	Del Mar	CA	92014-2926	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			
	Name of Employer San Diego Dtr for Plastic	Occupation	n	
	San Diego Dtr for Plastic Oral & Maxil	Oral Sur	geon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	350.00	
_	Full Name (Last, First, Middle Initial)			Patrick Basicial
C.	Dr. Pritchard Lam Mailing Address 1925 Parkside Dr.			Date of Receipt
	Mailing Address 1925 Parkside Dr.			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.15316
	Concord	CA	94519-2525	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		200.00
	Name of Employer Self	Occupation		
		Oral Sur	-	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		350.00	11
	Other (specify)		000.00	1
_				
				900.00
S	UBTOTAL of Receipts This Page (optional)			900.00
\vdash				-

S	CHEDULE A (FEC Form 3X)		Llas assessata ashadula(a)	FOR LINE NUMBER: PAGE 25 / 42
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ume and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Association of Oral and Maxillo ee	ofacial Sur	geons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dale Lentz			Date of Receipt
	Mailing Address 7350 S McClintock Suite 101			12 / 04 / 4 2006
	City	State	Zip Code	Transaction ID: SA11A1.15321
	Tempe	AZ	85283-3268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Dale D Lentz DDS PC	Occupation Oral Surg		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	525.00	
	Other (specify) ▼		525.00	
3.	Full Name (Last, First, Middle Initial) Dr. Paul Levy			Date of Receipt
	Mailing Address 187 North State Street			1 2 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.15322
	Concord	NH	03301	Amount of Each Receipt this Period
	FEC ID number of contributing	C		375.00
	federal political committee.			070.00
	Name of Employer Self Employed	Occupation Oral Surg		
	Receipt For:		Year-to-Date ▼	-
	Primary General	7 1991 09410		
	Other (specify) ▼		625.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Robert Levy			Date of Receipt
	Mailing Address 301 4th Street			1 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.15323
	Alexandria	LA	71301-8423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation Oral & Ma	axillofacial Surgeon	
	Receipt For:		Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify) ▼		350.00	
	LIPTOTAL of Possints This Poss (1975-1978)			775.00
5	UBTOTAL of Receipts This Page (optional)		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillo ee	ofacial Su	rgeons Political Action Comr	nitt-
Full Name (Last, First, Middle Initial) Dr. Steven Levy Mailing Address 110 Spalding Ridge Way				Date of Receipt 1 2 1 6 2 0 0 6
	City Atlanta	State GA	Zip Code 30350	Transaction ID: SA11A1.15324 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Oral Surg Aggregate		
3.	Full Name (Last, First, Middle Initial) Dr. Patrick Lorge Mailing Address 6425 Odana Rd.			Date of Receipt
	City	State	Zip Code	1 2 2 8 2 0 0 6 Transaction ID: SA11A1.15327
	Madison FEC ID number of contributing federal political committee.	C	53719	Amount of Each Receipt this Period 375.00
	Name of Employer Madison OMS	Occupation Oral Surg		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
).	Full Name (Last, First, Middle Initial) Dr. Thomas E. Love			Date of Receipt
	Mailing Address 401 29th Street Suite 211			11 29 2006
	City Oakland	State CA	Zip Code 94609-3519	Transaction ID: SA11A1.15085 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Oral Surç	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1075.00
т.	OTAL This Period (last page this line number onl	v)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillee	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dr. B. Lyons			Date of Receipt
	Mailing Address 2150 Appian Way Suite 201			12 29 2006
	City Pinole	State CA	Zip Code 94564-2525	Transaction ID: SA11A1.15328
	FEC ID number of contributing federal political committee.	C	94004-2020	Amount of Each Receipt this Period 200.00
	Name of Employer Self	Occupation Oral Surg	geon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Dr. Michael Matzkin			Date of Receipt
	Mailing Address 475 Chase Parkway			1 2 1 3 2 0 0 6
	City Waterbury	State CT	Zip Code 06708-3339	Transaction ID: SA11A1.15331
	FEC ID number of contributing federal political committee.	C	00700-5359	Amount of Each Receipt this Period 375.00
	Name of Employer OMS Associates	Occupation Oral Surg		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
).	Full Name (Last, First, Middle Initial) Dr. James Maxwell			Date of Receipt
	Mailing Address 2210 Olympic Street			12 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Springfield	State OH	Zip Code 45503-2737	Transaction ID: SA11A1.15332 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer James A. Maxwell Jr. DDs Inc		axillofacial Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1075.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxille ee	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dr. Charles McNamara			Date of Receipt
	Mailing Address 800 West Morse Blvd Suite 2			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.15340
	Winter Park FEC ID number of contributing	FL	32789	Amount of Each Receipt this Period
	federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation Oral & Ma	n axillofacial Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
3	Full Name (Last, First, Middle Initial) Kimberly Meng			Date of Receipt
-	Mailing Address 608 Tchoupitoulas St			1 2 2 7 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.15341
	New Orleans	LA	70130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Self Employed	Occupation Oral Surg		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Coletta Miller			Date of Receipt
	Mailing Address 3740 E. Lake Center			12 13 2006
	City	State	Zip Code	Transaction ID: SA11A1.15343
	Quincy	<u>IL</u>	62301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Oral Surg		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			900.00
			<u>·</u>	

SCH	EDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 42
	NIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any inf	formation copied from such Reports and Stat commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\ NA	ME OF COMMITTEE (In Full)			
An ee	nerican Association of Oral and Maxill	ofacial Su	rgeons Political Action Comr	nitt-
_	l Name (Last, First, Middle Initial) Kenneth Miller			Date of Receipt
Mai	iling Address 327 Washington Avenue suite 105			12 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11A1.15344
	ranton	PA	18503	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		200.00
Nar Sel	me of Employer f-Employed	Occupation Oral Surg		_
Red	ceipt For:	`	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
_	I Name (Last, First, Middle Initial) John Monterubio			Date of Receipt
Mai	iling Address 1034 South Brentwood Suite 1010			12 / 13 / 2006
City		State	Zip Code	Transaction ID: SA11A1.15350
	Louis	MO	63117-1210	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		500.00
Nar Mo	me of Employer nterubio & Herbosa OMS	Occupation Oral & M	n axillofacial Surgeon	
Red	ceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
		0 0	0 0 0 0 0 0 0	
_	l Name (Last, First, Middle Initial) rick Morris			Date of Receipt
Mai	iling Address 336 S Spoede			12 12 2006
City		State	Zip Code	Transaction ID: SA11A1.15358
	Louis	MO	63141	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		200.00
Nar Ora tute	me of Employer al Facial Surgery Insti-	Occupation Oral Surg		
	ceipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼		350.00	
SUBT	**TOTAL of Receipts This Page (optional)			900.00
			<u> </u>	
TOTA	AL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 42
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	atements may	∟ v not be sold or used by any perso	
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Association of Oral and Maxi ee	llofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial) A. Dr. Bryan Neuwirth			Date of Receipt
Mailing Address 905 10th Avenue Drive	NW		12 21 2006
City	State	Zip Code	Transaction ID: SA11A1.15365
Hickory	NC	28601-9200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Brown & Neuwirth Oral &	Occupation	n	7
Cosmetic Surg		axillofacial Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Miriam O'Malley			Date of Receipt
Mailing Address 327 North Washington Suite 105	Ave		1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.15370
Scranton	PA	18503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Kenneth G. Miller DDS	Occupation	n laxillofacial Surgeon	
Receipt For:		e Year-to-Date V	+
Primary General	7.99.094.0		1
Other (specify) ▼		450.00	
Full Name (Last, First, Middle Initial) Dr. Kevin Patterson			Date of Receipt
Mailing Address 180 Adams Suite 100			1 2 1 4 2 0 0 6
City	State	Zip Code	Transaction ID: SA11A1.15371
Denver	CO	80206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Cosby James & Patterson	Occupation Oral Surg		
		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00	
SUBTOTAL of Receipts This Page (optional)			900.00
TOTAL This Pariod (last page this line number of	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxil			
A .	Full Name (Last, First, Middle Initial) Dr. Larry Pepper Mailing Address 4700 Union Deposit Ros Suite 260 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Central PA OMS Receipt For: Primary General Other (specify) Cull Name (Last, First, Middle Initial) Dr. Lynn Philippe Mailing Address 7777 Hennessy Blvd.	State PA C Occupation Oral & M	Zip Code 17111 n axillofacial Surgeon e Year-to-Date ▼ 625.00	Date of Receipt M M
	Suite 610 City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	State LA C Occupation Oral Surg Aggregate		Transaction ID: SA11A1.15376 Amount of Each Receipt this Period 200.00
Э.	Full Name (Last, First, Middle Initial) Dr. Michael Pollock Mailing Address 3721 Roosevelt Blvd City Middletown FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 45044-6514 n axillofacial Surgeon e Year-to-Date ▼	Date of Receipt M M M / 29 / 2006 Transaction ID: SA11A1.15091 Amount of Each Receipt this Period 200.00
s	UBTOTAL of Receipts This Page (optional)		·····	775.00
т	OTAL This Period (last page this line number o	nlv))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 42
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	
or		me and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
/	American Association of Oral and Maxillo ee	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dr. Daniel Quon			Date of Receipt
	Mailing Address 5800 Ridgewood Suite 102			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.15379
	Jackson	MS	39211-2667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation Oral Surg		1
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Jay Reznick			Date of Receipt
	Mailing Address 5363 Balboa Blvd Suite 233			12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.15384
	Encino	CA	91316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Self-Employed	Occupation Oral & M	n axillofacial Surgeon	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
).	Full Name (Last, First, Middle Initial) Dr. James Robbins			Date of Receipt
	Mailing Address 200 E. State St. Suite 103			12 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.15387
	Media	PA	19063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Self	Occupation Oral Surg		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1075.00
_	OTAL This Davied (lost new Abis line must be seen	L.A		
- 1	OTAL This Period (last page this line number on	ıy)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 42
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Association of Oral and Maxill ee	lofacial Su	rgeons Political Action Com	mitt-
A.	Full Name (Last, First, Middle Initial) Dr. David Rothstein			Date of Receipt
	Mailing Address 400 North Bucks Town F Suite 2A	Road		11 29 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.15094
	Langhorne	PA	19047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Oxford Valley Professional Ctr	Occupation Oral & M	n axillofacial Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	525.00	1
	Other (specify)	0 0	323.00	
В.	Full Name (Last, First, Middle Initial) Dr. Nicholas Salaita			Date of Receipt
	Mailing Address 17731 Heron Lane			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.15394
	Fair Oak Ranch	CA	91351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	325.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Terry Sawyer			Date of Receipt
	Mailing Address 5651 Frist Blvd Suite 301			12 18 2006
	City	State	Zip Code	Transaction ID: SA11A1.15395
	Hermitage	TN	37076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Self-Employed	Occupation Oral & M	n axillofacial Surgeon	
	Receipt For:	_	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		375.00	
s	UBTOTAL of Receipts This Page (optional)			1075.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 42 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofaee			
Α.	Full Name (Last, First, Middle Initial) Dr. Curtis Schalit Mailing Address 855 Mason Avenue City Daytona Beach FEC ID number of contributing federal political committee. Name of Employer John O. Akers DDS		Zip Code 32117 n axillofacial Surgeon Year-to-Date ▼ 375.00	Date of Receipt 1 2 20 2006 Transaction ID: SA11A1.15396 Amount of Each Receipt this Period 375.00
3.	Full Name (Last, First, Middle Initial) Dr. Paul Schaner Mailing Address 1000 Johnson Ferry Rd	Stata	7in Code	Date of Receipt 1 2 0 4 2 0 0 6
	City Marietta FEC ID number of contributing federal political committee.	State GA	Zip Code 30068	Transaction ID: SA11A1.15397 Amount of Each Receipt this Period 500.00
	Atlanta Oral & Facial Surgery		axillofacial Surgeon Year-to-Date ▼ 500.00	
C.	Name of Employer Self Employed C	State IL Coccupation Dral Surg		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	Receipt For: Primary General Other (specify) ▼ UBTOTAL of Receipts This Page (optional)	1 1	375.00	1250.00
т	OTAL This Period (last page this line number only)	١)	

01	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 35 / 42
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δη	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Association of Oral and Maxiee	llofacial Su	rgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) Richard Singer			Date of Receipt
	Mailing Address 1463 Klondike Rd. Suite C			12 18 2006
	City	State	Zip Code	Transaction ID: SA11A1.15414
	Conyers	GA	30207-5103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		48.00
	Name of Employer Oral & Maxillofacial Surg-	Occupation Oral Surg		7
	ery A Receipt For:	`	Year-to-Date V	_
	Primary General	00 0		1
	Other (specify) ▼		548.00	
				-
В.	Full Name (Last, First, Middle Initial) Richard Singer			Date of Receipt
	Mailing Address 1463 Klondike Rd.			M M / D D / Y Y Y Y
	Suite C			12 22 2006
	City	State	Zip Code	Transaction ID: SA11A1.15413
	Conyers	GA	30207-5103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	 1	\dashv
	Name of Employer Oral & Maxillofacial Surg- ery A	Oral Surg		
	Receipt For:	!`	Year-to-Date ▼	7
	Primary General			7
	Other (specify)	0 0	1048.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Terry Slaughter			Date of Receipt
	Mailing Address 420 East Romie Lane			M M / D D / Y Y Y Y
	2.			11 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.15097
	Salinas	CA	93901-4017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Associates for OMS	Occupation Oral Surg		7
	Receipt For:		e Year-to-Date ▼	7
	Primary General			7
	Other (specify) ▼		500.00	
_				
s	UBTOTAL of Receipts This Page (optional)		b	1048.00
\vdash				-

SCHEDULE A (FEC Form 3X)		[FOR LINE NUMBER: PAGE 36 / 42
	•	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Association of Oral and Maxill ee	ofacial Su	rgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) Stanley Stewart			Date of Receipt
	Mailing Address 7401 North University Dr Suite 102			12 22 2006
	City	State	Zip Code	Transaction ID: SA11A1.15430
	<u>Tamarac</u>	FL	33321-2991	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Garver & Stewart DMD	Occupation Oral & Ma	n axillofacial Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		350.00	
В.	Full Name (Last, First, Middle Initial) Dr. Stephen Sutley			Date of Receipt
	Mailing Address 1919 Lathrop Street Suite 107			11 30 7 9 9 9
	City	State	Zip Code	Transaction ID: SA11A1.15111
	<u>Fairbanks</u>	AK	99701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Alaska OMS Center	Occupation Oral Surg		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	350.00	
C .	Full Name (Last, First, Middle Initial) Dr. Terrence M. Wall			Date of Receipt
	Mailing Address 7400 College Drive			12 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.15460
	Palos Heights	IL	60463-1149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 525.00	
s	UBTOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Other (specify)

FOR LINE NUMBER: PAGE 37/42 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 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) American Association of Oral and Maxillofacial Surgeons Political Action Committ-Full Name (Last, First, Middle Initial) A. Dr. Bruce Whitcher Date of Receipt Mailing Address 990 Boysen Ave. 29 2006 City Zip Code State Transaction ID: SA11A1.15103 San Luis Obispo CA 93401-1313 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Name of Employer Self Occupation Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00

SUBTOTAL of Receipts This Page (optional)	•	375.00
TOTAL This Period (last page this line number only)	•	29450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 42 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	/ not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillo ee	ofacial Su	rgeons Political Action Com	nitt-
<u>΄</u> Α.	Full Name (Last, First, Middle Initial) Northern Trust Bank Mailing Address 8501 W. Higgins Road			Date of Receipt
	City Chicago	State IL	Zip Code 60631	1 2 0 7 2 0 0 6 Transaction ID: SA17.15113 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		24.37
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	e Year-to-Date ▼ 5478.84	bank interest
3.	Full Name (Last, First, Middle Initial) Northern Trust Bank Mailing Address 8501 W. Higgins Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State IL	Zip Code 60631	Transaction ID: SA17.15112 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		513.69 CD Interest
	Name of Employer Receipt For: Primary General Other (specify) ▼	Aggregate Aggregate	e Year-to-Date ▼ 5992.53	
 C.	Full Name (Last, First, Middle Initial) Scudder Investments Service Company Mailing Address P.O. Box 219154			Date of Receipt 1 2 2 9 2 0 0 6
	City Kansas City	State MO	Zip Code 64121-7197	Transaction ID: SA17.15114 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		455.70
	Name of Employer	Occupation	n	Interest
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4137.31	
s	UBTOTAL of Receipts This Page (optional)			993.76
T	OTAL This Period (last page this line number on	v)		993.76

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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE N	
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only c	one) 22
	y Information copied from such Reports and Sta for commercial purposes, other than using the n			
\	NAME OF COMMITTEE (In Full)			
<u>/</u>	American Association of Oral and Maxil ee	ofacial Surgeons Political Act	ion Committ-	
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.15115
١.	Northern Trust Bank			Date of Disbursement
	Mailing Address 8501 W. Higgins Road	1		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $
	City Chicago	State Zip Code IL 60631		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee			16.32
	Candidate Name		Category/ Type	
	Office Sought: House Disbu	rsement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	16.32
TOTAL This Period (last page this line number only)	•	16.32

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAG (check only one)				AGE 40) / 42		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofaee									
۸.	Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE 2012 Mailing Address 832 GEORGIA AVE STE	221			Transaction ID: SB23.15121 Date of Disbursement 1 2 1 2 2 0 0 6				ý 6 ^Ý	
	,	State Zip Code TN 37402			Amount of Each Disbursement this Period					
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	TN 37402		•				250	0.00	
	Office Sought: House X Senate President Disburse	ment For: 2006 Primary Genera Other (specify)		ategory/ Type						
3.	State: TN District: 00 debt reduction Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN				Date o	action ID: f Disburse	ement			
	Mailing Address 2280 KRESGE DRIVE Suite 800				M M / D D / Y Y Y O O O O					
	,	State Zip Code OH 44001			Amour	nt of Each	Disburse			
	Purpose of Disbursement Federal Campaign Contribution Candidate Name			ategory/				500	0.00	
	χ Senate	ment For: 2006 Primary Genera Other (specify)		Туре	_					
Э.	Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS				Date o	action ID: f Disburse	ement			
	Mailing Address 21301 POWERLINE ROAD SUITE 204				1 2 ^M	/ D 1	2 /	žo	Ď 6 [×]	
	,	State Zip Code FL 33433			Amour	nt of Each	Disburse			
Purpose of Disbursement Federal Campaign Contribution Candidate Name				rategory/		250	0.00			
		ment For: 2008		Type						
_		Primary Genera Other (specify) ▼	d 							
s	UBTOTAL of Disbursements This Page (optional) .			▶				1000	0.00	
T	OTAL This Period (last page this line number only)			•		•				

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 41 / 42		
IT	EMIZED DISBURSEMENTS		(check only 21b 27	7 one) 22		
	y Information copied from such Reports and for commercial purposes, other than using th					
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
	American Association of Oral and Ma ee	axillofacial Surgeons Political Act	tion Commi	tt-		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.15120		
۹.	POE FOR CONGRESS			Date of Disbursement		
	Mailing Address P.O. Box 14222			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 1 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} $		
	City Humble	State Zip Code TX 77347		Amount of Each Disbursement this Period		
		17 11341		1000.00		
Purpose of Disbursement Federal Campaign Contribution				1000.00		
	Candidate Name		Category/ Type			
	Office Sought: X House Di Senate President	sbursement For: 2008 X Primary General Other (specify)				
	State: TX District: 02	- (-) J) V				

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	11000.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each

PAGE 42 / 42 FOR LINE NUMBER: (check only one) 9

Excluding Loans	
NAME OF COMMITTEE (In Full)	

cluding Loans		numbered line)	X 10			
IAME OF COMMITTEE (In Full)	10 D. 177 - 1. A. 77 - 0		· ·			
American Association of Oral and Maxillofacia e	al Surgeons Political Action Com	mitt-				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue			Nature of Debt (Purpose): State Tax Owed for 2006 activity			
Mailing Address PO Box 19008						
City State Springfield IL	ZIP Code 62794-9008					
Outstanding Balance Beginning This Period		Transa	ction ID: SD10.15480			
0.00 Amount Incurred This Period	Payment This Period	Outstanding E	Balance at Close of This Period			
284.00	0.00		284.00			
B. Full Name (Last, First, Middle Initial) of Debtor Northern Trust Bank	or Creditor	Nature of Debt Federal Tax activity	(Purpose): Owed for 2006			
Mailing Address 8501 W. Higgins Road						
City State Chicago IL	ZIP Code 60631					
Outstanding Balance Beginning This Period		Transa	ction ID: SD10.15479			
0.00						
Amount Incurred This Period	Payment This Period	Outstanding E	Balance at Close of This Period			
3511.00	0.00		3511.00			
SUBTOTALS This Period This Page (optional)		•	3795.00			
			3795.00			
TOTALS This Period (last page this line number of	•		3133.00			
TOTALS OUTSTANDING LOANS from Schedu	le C (last page only)		* * * * * * * * * * * * * * * * * * * *			
) ADD 2) and 3) and carry forward to appropriate li	ine of Summary Page (last page only)	>				