

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 lines
American 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** 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 (12G)
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 11 28 2006 through 12 31 2006

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. John Freihaut

Signature of Treasurer Electronically Filed by Dr. John Freihaut Date 01 24 2007

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

**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-
ee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		488464.93
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	381152.80									
(c) Total Receipts (from Line 19)	82097.76	262111.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	463250.56	750576.77								
7. Total Disbursements (from Line 31)	11016.32	298342.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	452234.24	452234.24								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	3795.00									

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 20463

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	29450.00	93925.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	51654.00	130557.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	81104.00	224482.00
(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)	81104.00	224482.00
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	27500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	993.76	10129.84
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))	82097.76	262111.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82097.76	262111.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	16.32	3579.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	16.32	3579.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	266500.00
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	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 (add Lines 28(a), (b), and (c))	0.00	263.00
29. Other Disbursements.....	0.00	28000.00
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))..	11016.32	298342.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11016.32	298342.53

DETAILED SUMMARY PAGE
of Disbursements

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
Dr. James Adams

Mailing Address 455 S. Washington St.
Suite 14

City State Zip Code
Gettysburg PA 17325-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self 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
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.15125

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Randolph Alexander

Mailing Address 2708 Aster Street

City State Zip Code
Lake Charles LA 70601-8824

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Oral & Maxillofacial 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
1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.15127

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Harvey Allen

Mailing Address 1701 Fall Hill Ave

City State Zip Code
Fredericksburg VA 22401

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed 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
1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15128

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
Dr. Paul Allen

Mailing Address 4700 Union Deposit Road

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Central PA OMS Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15130

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert Allen

Mailing Address 1015 Phillips Avenue

City State Zip Code
Petaluma CA 94952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.15131

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Rocklin Alling

Mailing Address 1957 Hoover Court
Suite 206

City State Zip Code
Birmingham AL 35226-3618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.15132

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Eric Alltucker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 990 Boysen Ave.		Transaction ID: SA11A1.15071	
City State Zip Code San Luis Obispo CA 93401		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. John Ames		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 101 West Cascade Way Suite 103		Transaction ID: SA11A1.15134	
City State Zip Code Spokane WA 99208		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Cascade Oral & Maxillofacial Surg PS Occupation Oral & Maxillofacial Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Joseph Andrews		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 315 McHugh Blvd		Transaction ID: SA11A1.15135	
City State Zip Code Camp Lejeune NC 28542		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Naval Dental Center Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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) Lloyd Anseth Mailing Address 29 Cross Point Dr City Owings State MD Zip Code 20736 FEC ID number of contributing federal political committee. C		Date of Receipt <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>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.15136 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	6	200.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	5		2	0	0	6														
200.00																							
Name of Employer Self Employed Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>350.00</td> </tr> </table>		350.00																					
350.00																							

B. Full Name (Last, First, Middle Initial) Kathy Banks Mailing Address 9 Hospital Dr Suite 6 City Toms River State NJ Zip Code 08755 FEC ID number of contributing federal political committee. C		Date of Receipt <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>1</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.15142 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	6		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	6		2	0	0	6														
500.00																							
Name of Employer Coastal Oral Surgery Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

C. Full Name (Last, First, Middle Initial) Dr. Richard Barsan Mailing Address 1745 S Imperial Ave Suite 107 City El Centro State CA Zip Code 92243 FEC ID number of contributing federal political committee. C		Date of Receipt <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>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.15147 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	6	200.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	1		2	0	0	6														
200.00																							
Name of Employer Self-Employed Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>350.00</td> </tr> </table>		350.00																					
350.00																							

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Beattie		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 45 W. Columbia St. Suite 10		Transaction ID: SA11A1.15148
City State Zip Code Orlando FL 32806	Amount of Each Receipt this Period 102.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) B. Dr. Colin Bell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 4015 Worth Street		Transaction ID: SA11A1.15150
City State Zip Code Dallas TX 75246-1606	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oral & maxillofacial Surgeon Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David Bitonti		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 133 Kent Oaks Way		Transaction ID: SA11A1.15155
City State Zip Code Gaithersburg MD 20878	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer National Naval Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	802.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
Dr. Gerald Bonnington

Mailing Address 19791 SW Boones Ferry Road

City State Zip Code
Tualatin OR 97062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Gerald J. Bonnington DDS Oral & Maxillofacial Surgeon
PC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.15161

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. David A. Bussard

Mailing Address 8140 Knue Road
Suite 200

City State Zip Code
Indianapolis IN 46250-1928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Indiana OMS Associates Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 248.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.15107

Amount of Each Receipt this Period
248.00

C. Full Name (Last, First, Middle Initial)
Dr. David A. Bussard

Mailing Address 8140 Knue Road
Suite 200

City State Zip Code
Indianapolis IN 46250-1928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Indiana OMS Associates Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15177

Amount of Each Receipt this Period
252.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
Dr. Roger Byrne

Mailing Address 2450 Fondren
Suite 130

City State Zip Code
Houston TX 77063

FEC ID number of contributing federal political committee. **C**

Name of Employer Self 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
1 2 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.15181

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
David Carlton

Mailing Address 1403 Peterman Dr
P.O. Box 13258

City State Zip Code
Alexandria LA 71315-3258

FEC ID number of contributing federal political committee. **C**

Name of Employer Alexandria Oral Surgery Associ 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
1 1 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.15055

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Terry Cisler

Mailing Address 1602 N. Randall Ave.

City State Zip Code
Janesville WI 53545

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Wisconsin OMS 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
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.15190

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
Dr. Thomas Connolly

Mailing Address 44 Timber Lane

City State Zip Code
South Burlington VT 05403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VT Oral & Maxillofacial Surgery Assoc. Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.15194

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard Crinzi

Mailing Address 15955 NE 85th St.
Suite 104

City State Zip Code
Redmond WA 98052-3550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.15196

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul Cullum

Mailing Address 105 Berrywood Dr.

City State Zip Code
Columbia TN 38401-4750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Oral Surgon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.15197

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
Dr Manuel Davila

Mailing Address 55 Whitcher St
Suite 140

City Marietta State GA Zip Code 30060

FEC ID number of contributing federal political committee. **C**

Name of Employer Midtown Oral & Facial Surgery
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15202

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher L. Davis

Mailing Address 2260 South Church Street
Suite 603

City Burlington State NC Zip Code 27215

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.15203

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Todd Dingman

Mailing Address 77 West Forest Avenue
Suite 107

City Flagstaff State AZ Zip Code 86001

FEC ID number of contributing federal political committee. **C**

Name of Employer OMS of Northern Arizona
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15210

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 / 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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) Dr. Arlet Dunsworth Mailing Address 8201 Preston Rd. Suite 260 City Dallas State TX Zip Code 75225-6402 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.15212 Amount of Each Receipt this Period 200.00
Name of Employer Self Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		

B. Full Name (Last, First, Middle Initial) Dr. Joseph Dusek Mailing Address 15831 Sylvan Lake City Houston State TX Zip Code 77062 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6 Transaction ID: SA11A1.15213 Amount of Each Receipt this Period 500.00
Name of Employer Oral Surgery Associates Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Dr. Mark Egbert Mailing Address P.O. Box 5371 CH-19 City Seattle State WA Zip Code 98104 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.15108 Amount of Each Receipt this Period 500.00
Name of Employer Children's Memorial Hospital Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Lawrence Falender		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 9670 East Washington Street Suite 210		Transaction ID: SA11A1.15219
City Indianapolis	State IN	Zip Code 46229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen Gadiant		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address Village Center Professional Bldg. 700 Village Center Dr, Ste. 170		Transaction ID: SA11A1.15227
City North Oaks	State MN	Zip Code 55127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Leroy E. Alsiera DDS & As-soc.	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Brent T. Garrison		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6
Mailing Address 8140 Knue Road Suite 200		Transaction ID: SA11A1.15230
City Indianapolis	State IN	Zip Code 46250
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Lanny Garvar		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 7401 North University Drive Suite 102		Transaction ID: SA11A1.15231
City State Zip Code Tamarac FL 33321-2991	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Garvar & Steward DMD	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Paul German		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 5140 Dorsey Hall Dr		Transaction ID: SA11A1.15232
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Elliot H. Goldman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 970 Clifton Ave		Transaction ID: SA11A1.15236
City State Zip Code Clifton NJ 07013-1802	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	775.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) Dr. Donald Gordon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 720 MacDade Blvd		Transaction ID: SA11A1.15237
City Folsom	State PA	Zip Code 19033-2320
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 375.00
Name of Employer Self Employed	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B. Full Name (Last, First, Middle Initial) Dr. Ralph Green		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 3809-B Poplar Level Road		Transaction ID: SA11A1.15242
City Louisville	State KY	Zip Code 40213-1429
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Ralph M. Green DMD	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Dr. John Guariglia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 1 Galloway Court		Transaction ID: SA11A1.15243
City East Setauket	State NY	Zip Code 11733
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Suffolk Oral Surgery Associate	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	775.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Robert Hale		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 18546 Roscoe Blvd. Suite 120		Transaction ID: SA11A1.15249
City Northridge State CA Zip Code 91324	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Harold Haney		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address State College 232 S. Burrows St.		Transaction ID: SA11A1.15252
City State College State PA Zip Code 16801	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oral & Maxillofacial Surgery Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr. James Hargan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 1105 Mary T Meagher Drive		Transaction ID: SA11A1.15255
City Elizabethtown State KY Zip Code 42701	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oral & Facial Surgery Center of Kentuc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oral surgeon Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1075.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
Dr. Barry Hendler

Mailing Address 7901 Bustleton Avenue
Suite 304

City Philadelphia State PA Zip Code 19152-3302

FEC ID number of contributing federal political committee. **C**

Name of Employer University of PA Med Center Occupation Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.15261

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. William Hendrix

Mailing Address 306 Walnut Street
Suite 26

City San Diego State CA Zip Code 92103-4936

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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15262

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Dr. Bruce Hicke

Mailing Address 600 N Mountain Avenue
Suite C105

City Upland State CA Zip Code 91786

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.15265

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. P. Hiser		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 5565 Grossmont Center Drive Bldg 1 Suite 129		Transaction ID: SA11A1.15270
City State Zip Code La Mesa CA 91942	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer P. Thomas Hiser DDS MS In-c.	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven Holmes		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 7600 Red Rd. Suite 101		Transaction ID: SA11A1.15274
City State Zip Code Miami FL 33143	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer South Florida Center For Corrective Ja	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr. Murray Jacobs		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1213 Coffee Rd. Suite D		Transaction ID: SA11A1.15281
City State Zip Code Modesto CA 95355	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) Roger Janitz Mailing Address 5676 W Skelly Dr Suite B City State Zip Code Tulsa OK 74107 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.15287 Amount of Each Receipt this Period 200.00
Name of Employer Self Employed Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Dr. Arthur Jee Mailing Address 13934 Baltimore Ave. City State Zip Code Laurel MD 20707 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.15288 Amount of Each Receipt this Period 200.00
Name of Employer Self Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Dr. Guenter Jonke Mailing Address 1 Abbey Lane City State Zip Code East Setauket NY 11733 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 Transaction ID: SA11A1.15290 Amount of Each Receipt this Period 200.00
Name of Employer Suffolk OMS Associates Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
Dr. Stephen Kahn

Mailing Address 1857 Oak Tree Rd.

City Edison State NJ Zip Code 08820

FEC ID number of contributing federal political committee. **C**

Name of Employer Edison Clark Oral Surgery Associates 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
 1 2 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.15293

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
Michael Karakourtis

Mailing Address 720 S Brom Dr Suite 103

City Naperville State IL Zip Code 60540-6595

FEC ID number of contributing federal political committee. **C**

Name of Employer Michael J Karakourtis DDS Ltd Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.15059

Amount of Each Receipt this Period
 375.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Kelly

Mailing Address 2530 North 8th Street Suite 103

City Grand Junction State CO Zip Code 81501

FEC ID number of contributing federal political committee. **C**

Name of Employer Colorado West OMS Occupation Self-Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.15299

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► **825.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Daniel Klemmedson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 3150 N Swan Rd		Transaction ID: SA11A1.15306	
City State Zip Code Tucson AZ 85712	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Associates in OMS	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Markell Kohn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 14299 Mango Dr.		Transaction ID: SA11A1.15308	
City State Zip Code Del Mar CA 92014-2926	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer San Diego Dtr for Plastic Oral & Maxil	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Dr. Pritchard Lam		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1925 Parkside Dr.		Transaction ID: SA11A1.15316	
City State Zip Code Concord CA 94519-2525	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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) Dale Lentz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 7350 S McClintock Suite 101		Transaction ID: SA11A1.15321	
City State Zip Code Tempe AZ 85283-3268	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dale D Lentz DDS PC	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

B. Full Name (Last, First, Middle Initial) Dr. Paul Levy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 187 North State Street		Transaction ID: SA11A1.15322	
City State Zip Code Concord NH 03301	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

C. Full Name (Last, First, Middle Initial) Dr. Robert Levy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 301 4th Street		Transaction ID: SA11A1.15323	
City State Zip Code Alexandria LA 71301-8423	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	775.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
Dr. Steven Levy

Mailing Address 110 Spalding Ridge Way

City Atlanta State GA Zip Code 30350

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
1 2 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.15324

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Patrick Lorge

Mailing Address 6425 Odana Rd.

City Madison State WI Zip Code 53719

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.15327

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas E. Love

Mailing Address 401 29th Street Suite 211

City Oakland State CA Zip Code 94609-3519

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15085

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. B. Lyons		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2150 Appian Way Suite 201		Transaction ID: SA11A1.15328
City Pinole State CA Zip Code 94564-2525	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Oral Surgeon	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Matzkin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 475 Chase Parkway		Transaction ID: SA11A1.15331
City Waterbury State CT Zip Code 06708-3339	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OMS Associates Occupation Oral Surgeon	Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James Maxwell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 2210 Olympic Street		Transaction ID: SA11A1.15332
City Springfield State OH Zip Code 45503-2737	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer James A. Maxwell Jr. DDS Inc Occupation Oral & Maxillofacial Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1075.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
Dr. Charles McNamara

Mailing Address 800 West Morse Blvd
Suite 2

City State Zip Code
Winter Park FL 32789

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Oral & Maxillofacial 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
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15340

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Kimberly Meng

Mailing Address 608 Tchoupitoulas St

City State Zip Code
New Orleans LA 70130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed 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
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.15341

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Coletta Miller

Mailing Address 3740 E. Lake Center

City State Zip Code
Quincy IL 62301

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self 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
1 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.15343

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Kenneth Miller		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 327 Washington Avenue suite 105		Transaction ID: SA11A1.15344	
City State Zip Code Scranton PA 18503	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Dr. John Monterubio		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 1034 South Brentwood Suite 1010		Transaction ID: SA11A1.15350	
City State Zip Code St. Louis MO 63117-1210	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Monterubio & Herbosa OMS	Occupation Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Patrick Morris		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 336 S Spoede		Transaction ID: SA11A1.15358	
City State Zip Code St Louis MO 63141	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Oral Facial Surgery Insti- tute	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) Dr. Bryan Neuwirth		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 905 10th Avenue Drive NW		Transaction ID: SA11A1.15365	
City State Zip Code Hickory NC 28601-9200		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Brown & Neuwirth Oral & Cosmetic Surg		Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Dr. Miriam O'Malley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 327 North Washington Ave Suite 105		Transaction ID: SA11A1.15370	
City State Zip Code Scranton PA 18503		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Kenneth G. Miller DDS		Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) Dr. Kevin Patterson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 180 Adams Suite 100		Transaction ID: SA11A1.15371	
City State Zip Code Denver CO 80206		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Cosby James & Patterson		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Larry Pepper		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4700 Union Deposit Road Suite 260		Transaction ID: SA11A1.15375	
City State Zip Code Harrisburg PA 17111		Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Central PA OMS Oral & Maxillofacial Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) B. Dr. Lynn Philippe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 7777 Hennessy Blvd. Suite 610		Transaction ID: SA11A1.15376	
City State Zip Code Baton Rouge LA 70808-4392		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael Pollock		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 3721 Roosevelt Blvd		Transaction ID: SA11A1.15091	
City State Zip Code Middletown OH 45044-6514		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-Employed Oral & Maxillofacial Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	775.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) Dr. Daniel Quon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5800 Ridgewood Suite 102		Transaction ID: SA11A1.15379	
City Jackson State MS Zip Code 39211-2667	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Dr. Jay Reznick		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 5363 Balboa Blvd Suite 233		Transaction ID: SA11A1.15384	
City Encino State CA Zip Code 91316	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

C. Full Name (Last, First, Middle Initial) Dr. James Robbins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 200 E. State St. Suite 103		Transaction ID: SA11A1.15387	
City Media State PA Zip Code 19063	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	1075.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. David Rothstein		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 400 North Bucks Town Road Suite 2A		Transaction ID: SA11A1.15094
City State Zip Code Langhorne PA 19047	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oxford Valley Professional Ctr	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Dr. Nicholas Salaita		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 17731 Heron Lane		Transaction ID: SA11A1.15394
City State Zip Code Fair Oak Ranch CA 91351	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Dr. Terry Sawyer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 5651 Frist Blvd Suite 301		Transaction ID: SA11A1.15395
City State Zip Code Hermitage TN 37076	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	1075.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Dr. Curtis Schalit		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 855 Mason Avenue		Transaction ID: SA11A1.15396	
City State Zip Code Daytona Beach FL 32117		Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation John O. Akers DDS Oral & Maxillofacial Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul Schaner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 1000 Johnson Ferry Rd		Transaction ID: SA11A1.15397	
City State Zip Code Marietta GA 30068		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Atlanta Oral & Facial Surgery Oral & Maxillofacial Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dale Schutte		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 741 W State St Suite 3		Transaction ID: SA11A1.15095	
City State Zip Code O'Fallon IL 62269		Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Richard Singer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 1463 Klondike Rd. Suite C		Transaction ID: SA11A1.15414	
City State Zip Code Conyers GA 30207-5103	Amount of Each Receipt this Period 48.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Oral & Maxillofacial Surgery A	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 548.00		

Full Name (Last, First, Middle Initial) B. Richard Singer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 1463 Klondike Rd. Suite C		Transaction ID: SA11A1.15413	
City State Zip Code Conyers GA 30207-5103	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Oral & Maxillofacial Surgery A	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1048.00		

Full Name (Last, First, Middle Initial) C. Dr. Terry Slaughter		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 420 East Romie Lane		Transaction ID: SA11A1.15097	
City State Zip Code Salinas CA 93901-4017	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Associates for OMS	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1048.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) A. Stanley Stewart		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 7401 North University Drive Suite 102		Transaction ID: SA11A1.15430
City Tamarac	State FL	Zip Code 33321-2991
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Garver & Stewart DMD	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen Sutley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 1919 Lathrop Street Suite 107		Transaction ID: SA11A1.15111
City Fairbanks	State AK	Zip Code 99701
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Alaska OMS Center	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Terrence M. Wall		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 7400 College Drive		Transaction ID: SA11A1.15460
City Palos Heights	State IL	Zip Code 60463-1149
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 42	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
Dr. Bruce Whitcher

Mailing Address 990 Boysen Ave.

City	State	Zip Code
San Luis Obispo	CA	93401-1313

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Oral Surgeon
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	6

Transaction ID: SA11A1.15103

Amount of Each Receipt this Period
375.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Full Name (Last, First, Middle Initial) Northern Trust Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.15113
City State Zip Code Chicago IL 60631	Amount of Each Receipt this Period 24.37	
FEC ID number of contributing federal political committee. C		bank interest
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5478.84	

Full Name (Last, First, Middle Initial) Northern Trust Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.15112
City State Zip Code Chicago IL 60631	Amount of Each Receipt this Period 513.69	
FEC ID number of contributing federal political committee. C		CD Interest
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5992.53	

Full Name (Last, First, Middle Initial) Scudder Investments Service Company		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 219154		Transaction ID: SA17.15114
City State Zip Code Kansas City MO 64121-7197	Amount of Each Receipt this Period 455.70	
FEC ID number of contributing federal political committee. C		Interest
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4137.31	

SUBTOTAL of Receipts This Page (optional) ▶	993.76
TOTAL This Period (last page this line number only) ▶	993.76

**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 39 / 42

<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

Full Name (Last, First, Middle Initial)
A. Northern Trust Bank

Transaction ID: SB21B.15115

Date of Disbursement

Mailing Address 8501 W. Higgins Road

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		0	5		2	0	0	6

City Chicago State IL Zip Code 60631

Amount of Each Disbursement this Period

16.32

Purpose of Disbursement
Bank Fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

16.32

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

16.32

**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 40 / 42

<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BOB CORKER FOR SENATE 2012

Mailing Address 832 GEORGIA AVE STE 221

City CHATTANOOGA State TN Zip Code 37402

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼
debt reduction

State: TN District: 00

Transaction ID: SB23.15121

Date of Disbursement

1 2 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SHERROD BROWN

Mailing Address 2280 KRESGE DRIVE
Suite 800

City AMHERST State OH Zip Code 44001

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼
debt reduction

State: OH District: 00

Transaction ID: SB23.15122

Date of Disbursement

1 2 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.15124

Date of Disbursement

1 2 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

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 41 / 42

<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. POE FOR CONGRESS

Mailing Address P.O. Box 14222

City Humble State TX Zip Code 77347

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 02

Transaction ID: SB23.15120

Date of Disbursement

12 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

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

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 / 42
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" 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 Owed for 2006 activity
Mailing Address PO Box 19008	
City State ZIP Code Springfield IL 62794-9008	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.15480	
Amount Incurred This Period 284.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 284.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Northern Trust Bank	Nature of Debt (Purpose): Federal Tax Owed for 2006 activity
Mailing Address 8501 W. Higgins Road	
City State ZIP Code Chicago IL 60631	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.15479	
Amount Incurred This Period 3511.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3511.00

1) SUBTOTALS This Period This Page (optional).....	3795.00
2) TOTALS This Period (last page this line number only).....	3795.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	