09/11/2007 13:30

Image# 27990585015

### 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 08 0 1 2007 8 0 3 1 2007 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. Michael Menis Type or Print Name of Treasurer Electronically Filed by Michael Menis 09 11 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

### Image# 27990585016

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

port Covering the Period: From:	01 2007	To: 0 8 3 1 2 0 0 7
-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
a) Cash on Hand January 1		452234.24
b) Cash on Hand at Begining of Reporting Period	446856.60	
c) Total Receipts (from Line 19)	24779.23	109292.96
d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	471635.83	561527.20
otal Disbursements (from Line 31)	15526.04	105417.41
Cash on Hand at Close of		
, ,	456109.79	456109.79
Debts and Obligations owed TO		
he committee (Itemize all on	0.00	
Debts and Obligations owed BY		
`	0.00	
	(a) Cash on Hand January 1  (b) Cash on Hand at Begining of Reporting Period	COLUMN A This Period  (a) Cash on Hand January 1  (b) Cash on Hand at Begining of Reporting Period

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

0 1 м м 8 0 0 8 M 3<sup>D</sup>1 2007 2007 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 11125.00 36673.00 (i) Itemized (use Schedule A) .......... 12625.00 56848.00 (ii) Unitemized ..... (iii) TOTAL (add 23750.00 93521.00 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 23750.00 93521.00 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 8000.00 Political Committees ..... 17. Other Federal Receipts 1029.23 7771.96 (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), 24779.23 109292.96 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 24779.23 109292.96 (subtract Line 18(c) from Line 19) .....

### **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
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	26.04	3722.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	26.04	3722.41
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	14000.00	81500.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	171.00
Than Political Committees(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	171.00
Other Disbursements	1500.00	20024.00
. Other Disbursements	1000.00	23021.30
. 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
Total Disbursements (add Lines 21(c), 22,	15526.04	105417.4
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10020.04	100417.4
. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		

### **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)	23750.00	93521.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	171.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23750.00	93350.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	26.04	3722.41
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	26.04	3722.41

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 19
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   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 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) Andrew Abela			Date of Receipt
	Mailing Address 100 Highland Ave			08 / 31 / Y Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11A1.15937
	Salem	MA	01970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer North Shore Oral Surgery Group	Occupation Oral Surg		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	375.00	
3.	Full Name (Last, First, Middle Initial) Leonard Allen			Date of Receipt
	Mailing Address 1215 Virginia St E P.O. Box 11670			08 16 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.15939
	Charleston	WV	25339-1670	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Drs. Black Allen & Krajek- ian I	Occupation Oral Surg		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	375.00	
_	Full Name (Last, First, Middle Initial)			Date of Booking
J.	Joseph Anthony  Mailing Address 1111 S Grand Avenue			Date of Receipt
	Suite H			08 31 2007
	City	State	Zip Code	Transaction ID: SA11A1.15943
	Diamond Bar	CA	91765	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		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	375.00	
s	UBTOTAL of Receipts This Page (optional)			1125.00
_				
T	OTAL This Period (last page this line number onl	y)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (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	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.
NAME OF COMMITTEE (In Full)  American Association of Oral and Maxiee	illofacial Su	rgeons Political Action Comr	mitt-
Full Name (Last, First, Middle Initial)  A. Gordon Austin			Date of Receipt
Mailing Address 423 N. Lakeshore Dr.			0 8 1 6 2 0 0 7
City	State	Zip Code	Transaction ID: SA11A1.15944
Carrollton	GA	30117	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:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)  3. Joel Berger			Date of Receipt
Mailing Address 8008 Frost St. Suite 311			0 8 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.15947
San Diego	CA	92123-4205	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)  C. Kirby Bunel			Date of Receipt
Mailing Address 1701 Moores Ln			0 8
City	State	Zip Code	Transaction ID: SA11A1.15951
<u>Texarkana</u>	TX	75503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Oral & Maxillofacial Surg- eons	Occupation Oral Surg		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	375.00	
SUBTOTAL of Receipts This Page (optional)			1375.00
COLUMN TIME OF TROODING TIME F AGE (OPHORIA)			

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 19 (check only one)  X 11a 11b 11c 12 15 16 17
An or	ry information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y 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 Maxill ee	ofacial Su	rgeons Political Action Com	nitt-
Α.	Full Name (Last, First, Middle Initial) John Ciabattoni  Mailing Address 1075 Berkshire Blvd Suite 800  City  Wyomissing  FEC ID number of contributing federal political committee.  Name of Employer Berks Oral Surgery	State PA C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Oral Surg	geon e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Richard Fagin  Mailing Address 235 N San Mateo Dr  City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	San Mateo FEC ID number of contributing federal political committee.	CA	94401	Amount of Each Receipt this Period  375.00
	Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Oral Surg Aggregate		
<b>C</b> .	Full Name (Last, First, Middle Initial)  Douglas Fain  Mailing Address 3700 W. 83rd St Suite 203  City  Prairie Village  FEC ID number of contributing federal political committee.  Name of Employer Oral & Facial Surgery Associat  Receipt For:  Primary General Other (specify)	State KS  C  Occupation Oral Surg		Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: SA11A1.15967  Amount of Each Receipt this Period  500.00
s	UBTOTAL of Receipts This Page (optional)			1375.00
т.	OTAL This Period (last page this line number on	lv)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	rnot be sold or used by any perso Iress 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 Maxillo ee	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Lewis Gilbert			Date of Receipt
	Mailing Address 433 Carriage Drive			08 31 YYYY 2007
	City	State	Zip Code	Transaction ID: SA11A1.15970
	Beckley	WV	25801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Lewis D Gilbert DDS LTD	Occupation Oral Surg	geon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial) William Hunter			Date of Receipt
<b>.</b>	Mailing Address 1324 Trotwood Ave.			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: SA11A1.15983
	Columbia	TN	38401-4750	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:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
).	Full Name (Last, First, Middle Initial) Carl Kimbler			Date of Receipt
	Mailing Address 1440 15th Ave NW			0 8
	City	State	Zip Code	Transaction ID: SA11A1.15989
	Aberdeen	SD	57401-1818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Northern Plains OMS	Occupation Oral Surg	geon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
s	UBTOTAL of Receipts This Page (optional)			1375.00
			<u>-</u>	

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	ly 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 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 Maxillo ee	ofacial Sur	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Joseph Lovasko			Date of Receipt
	Mailing Address 601A Highway 30			08 10 2007
	City	State	Zip Code	Transaction ID: SA11A1.15999
	Schererville  FEC ID number of contributing federal political committee.	C	46375	Amount of Each Receipt this Period  250.00
	Northwest Oral Surgeons	Occupation Oral Surg	geon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Bryan Luna Mailing Address 505 N Cable Rd			Date of Receipt
	City	State	Zip Code	0 8 2 2 2 0 0 7  Transaction ID: SA11A1.16002
	Lima FEC ID number of contributing	OH	45805	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Affiliated Oral Surgeons	Occupation Oral Surg		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<del></del>	Full Name (Last, First, Middle Initial) James McAndrews			Date of Receipt
	Mailing Address 10601 S Paramount Blvd			0 8 1 6 2 0 0 7
	City Downey	State CA	Zip Code 90241	Transaction ID: SA11A1.16008  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	JU241	500.00
	Name of Employer Oral & Maxillofacial Surg- ery	Occupation Oral Surg		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
			<u>·</u>	

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

S	CHEDULE A (FEC Form 3X)		Lico congreto achadula(a)	FOR LINE NUMBER: PAGE 11 / 19
	EMIZED RECEIPTS		Use separate schedule(s) 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	ements may	∟	
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.
\	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) Richard Mufson			Date of Receipt
	Mailing Address 20480 W Dixie Hwy			08 / 01 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.16016
	North Miami Beach	FL	33180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Oral Surg		
	Receipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Miro Pavelka			Date of Receipt
	Mailing Address 400 South Cottonwood			08 21 2007
	City	State	Zip Code	Transaction ID: SA11A1.16023
	Richardson	TX	75080-5708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Richardson Oral & Maxillo-	Occupation		
	facia	Oral Sur		-
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Bradford Porter			Date of Receipt
	Mailing Address West Jersey Medical Pla 94 Brick Rd Suite 100	za		08 10 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.16024
	Marlton	NJ	08053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Self Employed	Occupation Oral Surg		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	375.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1125.00
Ţ	OTAL This Davied (less name this line mount)	h.A		
1	OTAL This Period (last page this line number on	ıy)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/1	9
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12	
۸۰	w information conicd from auch Donorto and Sta	stomonto mos	, not be cold or used by any norce		17
or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	name and add	frict be sold of used by any persolarities to discommittee to	solicit contributions from such committee.	•
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Oral and Maxilee	lofacial Su	rgeons Political Action Com	nitt-	
Α.	Full Name (Last, First, Middle Initial) Thomas Seidelmann			Date of Receipt	
	Mailing Address 1000 E 1st St Suite 302			08 22 2007	
	City	State	Zip Code	Transaction ID: SA11A1.16030	
	Duluth	MN	55805-2240	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		375.0	00
	Name of Employer OMS Associates	Occupation Oral Surg			
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General		375.00		
	Other (specify) ▼	0 0	373.00		
В.	Full Name (Last, First, Middle Initial) John Shroyer			Date of Receipt	
	Mailing Address 2712 Matlock Rd.			08 16 200	7
	City	State	Zip Code	Transaction ID: SA11A1.16031	
	Arlington	TX	76015	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		375.0	00
	Name of Employer Self Employed	Occupation		7	
		Oral Surg	·	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		375.00		
<u> </u>	Full Name (Last, First, Middle Initial) James Swift			Date of Receipt	
	Mailing Address Moos Tower 7-174 515 Delaware St SE			08 / 21 / Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.16041	
	Minneapolis	MN	55455-0329	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.0	00
	Name of Employer University of Minnesota	Occupation Oral Surg			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	500.00		
	Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)			1250.0	0
$\vdash$			•		
т	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/	19
	EMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12	
Ar	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	). Э.
$\overline{\ \ }$	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) Theodore Tanabe			Date of Receipt	
	Mailing Address 8135 Painter Avenue Suite 201	01-1-	7'- 0-4-	08 03 200	7
	City Whittier	State CA	Zip Code	Transaction ID: SA11A1.16042	
		CA	90602	Amount of Each Receipt this Period	a
	FEC ID number of contributing federal political committee.	C		500.	.00
	Name of Employer Self Employed	Occupation Oral Surg			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
 3.	Full Name (Last, First, Middle Initial) Charles Tucker			Date of Receipt	
	Mailing Address 17 Arentzen Blvd Suite 104			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: SA11A1.16046	
	Charleroi	PA	15022	Amount of Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C		375.	.00
	Name of Employer Oral Surgery Associates	Occupation			
		Oral Sur	,	4	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		375.00		
<b>)</b> .	Full Name (Last, First, Middle Initial) Reed Van Wagenen			Date of Receipt	
	Mailing Address 7055 N. Fresno St Suite 202			08 / 31 / 200	
	City	State	Zip Code	Transaction ID: SA11A1.16048	
	Fresno	CA	93720	Amount of Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C		375.	.00
	Name of Employer Jonke Northrop & Van Wagg- enen	Occupation Oral Surg			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		375.00		
s	UBTOTAL of Receipts This Page (optional)			1250.	00
_					
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>		

R White

City

<u>Austin</u>

Receipt For:

B. Dean Whitman

Winter Park

Receipt For:

City

Mailing Address

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Name of Employer Austin OMS Associates

Other (specify)

Full Name (Last, First, Middle Initial)

Mailing Address 2045 Lee Rd

FEC ID number of contributing

federal political committee.

Name of Employer Wilford Hall Medical Ctr

Other (specify)

Primary

Primary

Suite 270

General

General

7800 N. Mopac Expwy

PAGE 14/19 FOR LINE NUMBER: 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. American Association of Oral and Maxillofacial Surgeons Political Action Committ-Date of Receipt 0 8 10 2007 State Zip Code Transaction ID: SA11A1.16057 TX 78759-8959 Amount of Each Receipt this Period 500.00 C Occupation Oral Surgeon Aggregate Year-to-Date ▼ 500.00 Date of Receipt 8 0 3 1 2007 Zip Code Transaction ID: SA11A1.16058 State FL 32789 Amount of Each Receipt this Period C 500.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	11125.00

Occupation Oral Surgeon

Aggregate Year-to-Date ▼

500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 19 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Association of Oral and Maxil ee		•	
Full Name (Last, First, Middle Initial)  DWS Scudder Investments Servic  Mailing Address P.O. Box 219154  City  Kansas City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial) The Northern Trust Company	State MO C Occupation Aggregate	Zip Code 64121-9154 n e Year-to-Date ▼ 3064.93	Date of Receipt  M M A 24 2007  Transaction ID: SA17.15927  Amount of Each Receipt this Period  422.68  Interest
Mailing Address 1501 Woodfield Road  City  Schaumburg  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State IL  C  Occupation  Aggregate	Zip Code 60173 n e Year-to-Date ▼ 4181.52	Transaction ID: SA17.15926  Amount of Each Receipt this Period  81.04  Interest
Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 1501 Woodfield Road  City Schaumburg  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State IL C Occupation Aggregate	Zip Code 60173 n e Year-to-Date ▼ 4707.03	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA17.15925  Amount of Each Receipt this Period  525.51  CD Interest
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	1029.23
TOTAL This Period (last page this line number or	nly)		1029.23

### Image# 27990585030

_	011ED111 E D /EE0 E						
	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE	NUMBER:	PAGE	16 / 19	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	→ ⊢	25 29	26 30b
	y Information copied from such Reports and Stat- for commercial purposes, other than using the na						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
<u>/</u>	American Association of Oral and Maxille ee	facial Surgeons Political Ac	tion Commi	.tt-			
	Full Name (Last, First, Middle Initial)			Transaction ID: S	B21B.1592	28	
٩.	The Northern Trust Company						
	Mailing Address 1501 Woodfield Road			08 03	B / Y Y	0 0 7 Y	
	City Schaumburg	State Zip Code IL 60173		Amount of Each D	isbursement		od
	Purpose of Disbursement Bank Fee					26.04	
	Candidate Name		Category/ Type				
	Office Sought: House Disbut	sement For:					
	Senate	Primary General					
	President	Other (specify)					
	State: District:						

SUBTOTAL of Disbursements This Page (optional)	•	26.04
TOTAL This Period (last page this line number only)	<u> </u>	26.04

## SCHEDULE B (FEC Form 3X)

			rate schedule(s)			OR LINI check on	= NUMBI lv one)	=R:			PAG	E 1//	19
IT	EMIZED DISBURSEMENTS		category of the Summary Page		Ë	21b 27	22 28a	Х	23 28b	П	24 28c	25 29	26 30b
	y Information copied from such Reports and State												
or	for commercial purposes, other than using the nan	ne and addres	ss of any political	com	ımı	ttee to s	Olicit con	tribui	tions tr	om s	ucn cor	nmittee	!
$ \rangle$	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxillo	facial Surge	one Political	\ ctic	٦n	Comm	itt_						
L	ee	laciai Suige	ons i ontical i	TOTIC	<i>)</i>	Comm	1111-						
٨	Full Name (Last, First, Middle Initial)									_	23.159	933	
Α.	CANTOR FOR CONGRESS								isburs		nt	V V	V
	Mailing Address P. O. Box 17813						0 8	ivi	′ _ 1	1 5	<u> </u>	ž 0 ŏ	7 '
	City	State	Zip Code				Amo	unt c	of Each	n Disk	oursem	ent this	Period
	Richmond	VA	23226					-				5000	00
	Purpose of Disbursement Federal Campaign Contribution							0		-		3000	.00
	Candidate Name					gory/ pe							
	X	ement For:  ( Primary Other (spec	2008 General										
	Full Name (Last, First, Middle Initial)						Tran	sact	ion ID	·SR	23.160	 167	
В.									isburs	_		,01	
	Mailing Address P. O. Box 17813					0 <sup>M</sup> 8	М	/ D	1 5	/ Y	žoŏ	7 <sup>Y</sup>	
	City Richmond	State VA	Zip Code 23226				Amo	unt c	of Each	n Disk	oursem		
	Purpose of Disbursement Federal Campaign Contribution							-	•			5000	.00
	Candidate Name					gory/ pe							
	Office Sought:  X House Senate President  Disburs	ement For: Primary Other (spec	2008 X General cify) ▼		· ,	<u> </u>							
	State: VA District: 07												
C.	Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE						Date	of D	isburs	emer	23.159 nt		_
	Mailing Address POST OFFICE BOX 12	469					0 <sup>M</sup> 8	М	/ D	1 3	/   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	žoŏ	7 <sup>Y</sup>
	City ATLANTA	State GA	Zip Code 30355				Amo	unt c	of Each	n Disk	oursem		
	Purpose of Disbursement				0		L.		_			1000	.00
	Federal Campaign Contribution  Candidate Name					gory/ pe							
	· —	ement For: C Primary Other (spec	2008 General			-	-						
s	UBTOTAL of Disbursements This Page (optional)					<u> </u>			•		. 1	1000	.00
Т	OTAL This Period (last page this line number only	·)				•							

91	CHEDULE B (FEC Form 3	W _	1		T = = .
	•	' Use seperate s	criedule(s)	FOR LINE NUMBER: (check only one)	PAGE 18/19
IT	EMIZED DISBURSEMENT		ry of the	21b	□ 24 □ 25 □ 26
		Detailed Summ	ary Page	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
An	y Information copied from such Reports	and Statements may not be s	old or used by a	ny person for the purpose o	f solicating contributions
	for commercial purposes, other than usin				
Λ	NAME OF COMMITTEE (In Full)				
17	American Association of Oral and	Maxillofacial Surgeons	Political Action	n Committ-	
$\mathbb{L}$	ee				
٨	Full Name (Last, First, Middle Initial)	_			ID: SB23.15934
A.	NIKI TSONGAS COMMITTEE, TH	HE		Date of Disbu	
	Mailing Address PO BOX 1454			08 /	D 2 D / Y 2 O O 7 Y
	Maining Address FO BOX 1454				
	City	State Zip (	Code	Amount of Ea	ach Disbursement this Period
	LOWELL	MA 018	53		* * * * * * * * * * * * * * * * * * * *
	Purpose of Disbursement				1000.00
	Federal Campaign Contribution				
	Candidate Name		I	tegory/	
		D: 1		Гуре	
	Office Sought: X House Senate	Disbursement For:  X Primary	2008 General		
	President	Other (specify)			
	State: MA District: 05	Other (specify)	•		
	Full Name (Last, First, Middle Initial)			<b>T</b>	ID ODOO 45005
B.	RANGEL FOR CONGRESS			Date of Disbu	<b>ID:</b> SB23.15935
				M M /	
	Mailing Address PO Box 5577			0.8	$\begin{bmatrix} 27 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y & Y \\ 2007 \end{bmatrix}$
	MANHATTANVI				
	City New York	State Zip ( NY 100	Code	Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement	141 100			2000.00
	Federal Campaign Contribution				
	Candidate Name		Cat	tegory/	
				Гуре	
	Office Sought: X House	Disbursement For:	2008		
	Senate	X Primary	General		
	President	Other (specify)	▼		
	State: NY District: 15				

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	<u> </u>	14000.00

### Image# 27990585033

_			_	
5	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 19/19
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 23 24 25 26 28a 28b 28c X 29 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Association of Oral and Maxillof ee	acial Surgeons Political Ad	ction Commi	tt-
	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.15936
۹.	JOHN S FUND			Date of Disbursement
	Mailing Address 1208 W Leland Avenue			08
	City Springfield	State Zip Code IL 62704		Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Campaign Contribution			1500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President X	ement For: 2008 Primary General Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	1500.00
TOTAL This Period (last page this line number only)	<u> </u>	1500.00