

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

Office Use Only

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

ADDRESS (number and street)

9700 West Bryn Mawr Ave.

☐Check if different  
than previously  
reported. (ACC)

Rosemont

IL

60018

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005660

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (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

08

01

2007

through

08

31

2007

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

Michael Menis

Signature of Treasurer

Electronically Filed by Michael Menis

Date

09

11

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.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# 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	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		452234.24
(b) Cash on Hand at Beginning 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
7. Total Disbursements (from Line 31) .....	15526.04	105417.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	456109.79	456109.79
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

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	11125.00	36673.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	12625.00	56848.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	23750.00	93521.00
(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) ..... ➤	23750.00	93521.00
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	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1029.23	7771.96
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)) .....	24779.23	109292.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24779.23	109292.96

**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)	0.00	0.00
(i) Federal Share.....		
(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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	81500.00
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	171.00
(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	171.00
29. Other Disbursements.....	1500.00	20024.00
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))..	15526.04	105417.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15526.04	105417.41

**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

# **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 / 19

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)

Andrew Abela

Mailing Address 100 Highland Ave

City State Zip Code  
 Salem MA 01970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Oral Surgery  
Group

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  
 0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.15937

Amount of Each Receipt this Period

375.00

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

Leonard Allen

Mailing Address 1215 Virginia St E  
 P.O. Box 11670

City State Zip Code  
 Charleston WV 25339-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs. Black Allen & Krajek-  
ian I

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  
 0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.15939

Amount of Each Receipt this Period

375.00

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

Joseph Anthony

Mailing Address 1111 S Grand Avenue  
 Suite H

City State Zip Code  
 Diamond Bar CA 91765

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.15943

Amount of Each Receipt this Period

375.00

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

1125.00

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 7 / 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gordon Austin Mailing Address 423 N. Lakeshore Dr. City State Zip Code Carrollton GA 30117 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Self Employed Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>08 / 16 / 2007</div> <b>Transaction ID:</b> SA11A1.15944 Amount of Each Receipt this Period <div>500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Joel Berger Mailing Address 8008 Frost St. Suite 311 City State Zip Code San Diego CA 92123-4205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Self Employed Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>08 / 22 / 2007</div> <b>Transaction ID:</b> SA11A1.15947 Amount of Each Receipt this Period <div>500.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Kirby Bunel Mailing Address 1701 Moores Ln City State Zip Code Texarkana TX 75503 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Oral & Maxillofacial Surgeons Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>375.00</div>		Date of Receipt <div>08 / 31 / 2007</div> <b>Transaction ID:</b> SA11A1.15951 Amount of Each Receipt this Period <div>375.00</div>

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

1375.00

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 8 / 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) John Ciabattoni Mailing Address 1075 Berkshire Blvd Suite 800 City State Zip Code Wyomissing PA 19610-2034 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Berks Oral Surgery Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 31 / 2007 <b>Transaction ID:</b> SA11A1.15959 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Fagin Mailing Address 235 N San Mateo Dr City State Zip Code San Mateo CA 94401 FEC ID number of contributing federal political committee. <b>C</b> 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		Date of Receipt MM / DD / YYYY 08 / 10 / 2007 <b>Transaction ID:</b> SA11A1.15966 Amount of Each Receipt this Period 375.00
<b>C.</b> Full Name (Last, First, Middle Initial) Douglas Fain Mailing Address 3700 W. 83rd St Suite 203 City State Zip Code Prairie Village KS 66208-5120 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Oral & Facial Surgery Ass-ociat Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 16 / 2007 <b>Transaction ID:</b> SA11A1.15967 Amount of Each Receipt this Period 500.00

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

1375.00

**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 9 / 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Lewis Gilbert		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 433 Carriage Drive		
City	State	Zip Code
Beckley	WV	25801
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.15970
Name of Employer Lewis D Gilbert DDS LTD		Amount of Each Receipt this Period 500.00
Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) William Hunter		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 7
Mailing Address 1324 Trotwood Ave.		
City	State	Zip Code
Columbia	TN	38401-4750
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.15983
Name of Employer Self Employed		Amount of Each Receipt this Period 500.00
Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Carl Kimbler		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address 1440 15th Ave NW		
City	State	Zip Code
Aberdeen	SD	57401-1818
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.15989
Name of Employer Northern Plains OMS		Amount of Each Receipt this Period 375.00
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) .....

1375.00

**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 10 / 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joseph Lovasko

Mailing Address 601A Highway 30

City State Zip Code  
 Schererville IN 46375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Oral SurgeonsOccupation  
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  
 0 8 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.15999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bryan Luna

Mailing Address 505 N Cable Rd

City State Zip Code  
 Lima OH 45805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliated Oral SurgeonsOccupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.16002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James McAndrews

Mailing Address 10601 S Paramount Blvd

City State Zip Code  
 Downey CA 90241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oral & Maxillofacial Surg-  
eryOccupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.16008

Amount of Each Receipt this Period

500.00

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: PAGE 11 / 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Mufson  
Mailing Address 20480 W Dixie Hwy

City State Zip Code  
North Miami Beach FL 33180

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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.16016

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Miro Pavelka  
Mailing Address 400 South Cottonwood

City State Zip Code  
Richardson TX 75080-5708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Richardson Oral & Maxillo-  
facial

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  
0 8 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.16023

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Bradford Porter  
Mailing Address West Jersey Medical Plaza  
94 Brick Rd Suite 100

City State Zip Code  
Marlton NJ 08053

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.16024

Amount of Each Receipt this Period

375.00

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

1125.00

**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 12 / 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Thomas Seidelmann

Mailing Address 1000 E 1st St  
Suite 302

City State Zip Code  
Duluth MN 55805-2240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OMS Associates

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  
0 8 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.16030

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B.** John Shroyer

Mailing Address 2712 Matlock Rd.

City State Zip Code  
Arlington TX 76015

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.16031

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C.** James Swift

Mailing Address Moos Tower 7-174  
515 Delaware St SE

City State Zip Code  
Minneapolis MN 55455-0329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Minnesota

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  
0 8 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.16041

Amount of Each Receipt this Period

500.00

**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: PAGE 13 / 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)

Theodore Tanabe

Mailing Address 8135 Painter Avenue  
Suite 201

City State Zip Code  
Whittier CA 90602

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  
0 8 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.16042

Amount of Each Receipt this Period

500.00

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

Charles Tucker

Mailing Address 17 Arentzen Blvd  
Suite 104

City State Zip Code  
Charleroi PA 15022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oral Surgery Associates

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  
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.16046

Amount of Each Receipt this Period

375.00

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

Reed Van Wagenen

Mailing Address 7055 N. Fresno St  
Suite 202

City State Zip Code  
Fresno CA 93720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jonke Northrop & Van Waggenen

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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.16048

Amount of Each Receipt this Period

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: PAGE 14 / 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)

R White

Mailing Address 7800 N. Mopac Expwy  
Suite 270

City State Zip Code  
Austin TX 78759-8959

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin OMS Associates

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  
0 8 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.16057

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Dean Whitman

Mailing Address 2045 Lee Rd

City State Zip Code  
Winter Park FL 32789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wilford Hall Medical Ctr

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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.16058

Amount of Each Receipt this Period

500.00

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

1000.00

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

11125.00

# **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

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

NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
eeA. Full Name (Last, First, Middle Initial)  
DWS Scudder Investments Servic

Mailing Address P.O. Box 219154

City State Zip Code  
 Kansas City MO 64121-9154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3064.93

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 4 / 2 0 0 7

Transaction ID: SA17.15927

Amount of Each Receipt this Period

422.68

Interest

B. Full Name (Last, First, Middle Initial)  
The Northern Trust Company

Mailing Address 1501 Woodfield Road

City State Zip Code  
 Schaumburg IL 60173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4181.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 0 7 / 2 0 0 7

Transaction ID: SA17.15926

Amount of Each Receipt this Period

81.04

Interest

C. Full Name (Last, First, Middle Initial)  
The Northern Trust Company

Mailing Address 1501 Woodfield Road

City State Zip Code  
 Schaumburg IL 60173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4707.03

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 0 8 / 2 0 0 7

Transaction ID: SA17.15925

Amount of Each Receipt this Period

525.51

CD Interest

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

1029.23

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

1029.23

# **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 16 / 19

<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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** The Northern Trust Company

Mailing Address 1501 Woodfield Road

City State Zip Code  
Schaumburg IL 60173

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.15928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

26.04

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

26.04

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

26.04



# **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 17 / 19

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: SB23.15933

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: SB23.16067

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. CHAMBLISS FOR SENATE**

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 00

Transaction ID: SB23.15932

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

11000.00

**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 18 / 19

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NIKI TSONGAS COMMITTEE, THE**

Mailing Address PO BOX 1454

City  
LOWELL

State  
MA

Zip Code  
01853

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 05

Transaction ID: SB23.15934

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RANGEL FOR CONGRESS**

Mailing Address PO Box 5577  
MANHATTANVILLE STA

City  
New York

State  
NY

Zip Code  
10027

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: SB23.15935

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

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

3000.00

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

14000.00

# **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 19 / 19

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOHN S FUND**

Mailing Address 1208 W Leland Avenue

City  
Springfield

State  
IL

Zip Code  
62704

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

**Transaction ID: SB29.15936**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

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

1500.00

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

1500.00