FEC FORM 3X	AN	PORT O D DISBU Other Than Ar	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	, type			
American Associati	on of Oral and M	laxillofacial Surgeo		tion Committ-				
ADDRESS (number and	street)	00 West Bryn Mav	wr Ave.					
Check if differ than previously reported. (ACC	/ Bo	semont					60018 	
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE	ZIPCOD	DE 🛋
C00005660			3. IS THIS REPORT		NEW N) <b>OR</b>	AM (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M	orts: Report(Q1) Report(Q2) 5 Report(Q3) 1 Report(YE)	<ul> <li>Monthly Report Due On:</li> <li>(c) 12-Day PRE-Electi Report for</li> <li>(d) 30-Day</li> </ul>				Sep 2		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Year Only		Post -Elec Report for		General (300		Runoff (30	DR) in the State of	Special (30S)
5. Covering Period	10	16 200	) 8	through	11	24	2008	
I certify that I have exam Type or Print Name of T Signature of Treasurer	Electronically F	r. Colin Bell Filed by Dr. Col	in Bell		Da	ate 12		2008
NOTE : Submission of f	alse, erroneous,	or incomplete info	rmation may s	ubject the pers	on signing this	Report to the	penalties of 2 U.S	
Use Only							(Rev. 12/200	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Bev. 02/2003)

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISDORSEMENTS	Page 2
V	Vrite or Type Committee Name American Association of Oral and Ma ee	xillofacial Surgeons Political Action Committ-	
F		м м 10 16 <u>2008</u> То	M M         D D         Y Y Y         Y           1 1         2 4         2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2008 Y Y		593676.30
	(b) Cash on Hand at Begining of Reporting Period	473813.30	
	(c) Total Receipts (from Line 19)	79732.80	183099.95
	<ul> <li>(d) Subtotal (add lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	553546.10	776776.25
7.	Total Disbursements (from Line 31)	26061.02	249291.17
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	527485.08	527485.08
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	

X 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

FE6AN026

## DETAILED SUMMARY PAGE

OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name American Association of Oral and Maxillofacial Surgeons Political Action Committee м м 10 1<sup>D</sup>6 м м 1 1 2<sup>D</sup>4 D D 2008 2008 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 63025.00 22775.00 (i) Itemized (use Schedule A) ..... 56461.00 104831.00 (ii) Unitemized ..... (iii) TOTAL (add 79236.00 167856.00 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 79236.00 167856.00 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 8500.00 Political Committees ..... 17. Other Federal Receipts 496.80 6743.95 (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), 79732.80 183099.95 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 79732.80 183099.95 (subtract Line 18(c) from Line 19) .....

## **DETAILED SUMMARY PAGE**

	EC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
	. DISBURSEMENTS	Total This Period	COLUMN B Calendar Year-to-Date
21. Opera	ating Expenditures:		
	Activity (from Schedule H4)	0.00	0.00
(	i) Federal Share		
(	ii) Non-Federal Share	0.00	0.00
(b) (	Other Federal Operating		
	Expenditures	61.02	4698.17
	Fotal Operating Expenditures	61.02	4698.17
	add 21(a)(i), (a)(ii) and (b))  Fers to Affiliated/Other Party	01.02	4030.17
	nittees	0.00	0.00
	ibutions to al Candidates/Committees		
and C	Other Political Committees	25000.00	239500.00
	endent Expenditure Schedule E)	0.00	0.00
25. Coorc	linated Expenditures Made by Party		
(use S	nittees (2 U.S.C. 441a(d)) Schedule F)	0.00	0.00
06 1000	Repayments Made	0.00	0.00
.o. Loan			
	Made	0.00	0.00
	nds of Contributions To:		
	Than Political Committees	0.00	625.00
(b) F	Political Party Committees	0.00	0.00
	Other Political Committees		
`	such as PACs)	0.00	0.00
( )	Fotal Contribution Refunds	0.00	625.00
(	add Lines 28(a), (b), and (c)) 🕨		
9. Other	Disbursements	1000.00	4468.00
	ral Election Activity (2 U.S.C 431(20)) Shared Federal Election Activity		
. ,	rom Schedule H6)		
(	i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) "Levin" Share		
	Vith Federal Funds	0.00	0.00
	otal Federal Election Activity (add	0.00	
• • •	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total	Disbursements (add Lines 21(c), 22,		
23, 2	4, 25, 26, 27, 28(d), 29 and 30(c))	26061.02	249291.17
	Federal Disbursements		
(subt	ract Line 21(a)(ii) and Line 30(a)(ii)	26061.02	240201.1

26061.02

249291.17

from Line 31).....

# DETAILED SUMMARY PAGE

	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)	79236.00	167856.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	625.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	79236.00	167231.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	61.02	4698.17
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	61.02	4698.17

FE6AN026

SCHEDULE A		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 6/34         (check only one)       (check 112)         X       11a       11b       11c       12         13       14       15       16       17						
Any information copied or for commercial purpo	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMIT American Associ	TEE (In Full)	acial Surgeons Political Action Comn							
Full Name (Last, Fir Dr. Randolph Alexand		Date of Receipt							
Mailing Address 2		M M / D D / Y Y Y Y 11 1 18 2008							
City		State Zip Code	Transaction ID: SA11AI.17585						
Lake Charles		LA 70601-8824	Amount of Each Receipt this Period						
FEC ID number of c federal political com		C	500.00						
Name of Employer Self Employed		occupation Dral & Maxillofacial Surgeon	-						
Receipt For:	/	Aggregate Year-to-Date 🔻	]						
Primary Other (specify	General (	500.00							
Full Name (Last, Fir Lloyd Anseth	st, Middle Initial)		Date of Receipt						
Mailing Address 2	9 Cross Point Dr		M M / D D / Y Y Y Y Y 111 14 2008						
City		State Zip Code	Transaction ID: SA11AI.17589						
Owings		MD 20736	Amount of Each Receipt this Period						
FEC ID number of c federal political com		C	200.00						
Name of Employer Self Employed		occupation Dral Surgeon							
Receipt For:		Aggregate Year-to-Date ▼							
Primary Other (specify	General ) ▼	400.00							
Full Name (Last, Fir Dr. Bernard Asdell	st, Middle Initial)		Date of Receipt						
S	07 N. Michigan St. uite 300		M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8						
City		State Zip Code	Transaction ID: SA11AI.17590						
South Bend		IN 46601-1070	Amount of Each Receipt this Period						
FEC ID number of c federal political com		C	375.00						
Name of Employer Michiana OMS	c	occupation Dral Surgeon							
Receipt For: Primary Other (specify	General	Aggregate Year-to-Date ▼ 375.00							
SUBTOTAL of Receip	ts This Page (optional)	·····	1075.00						
		·····							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 7/34           (check only one)		
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	/ not be sold or used by any person 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 Max	killofacial Su	rgeons Political Action Com	mitt-		
Full Name (Last, First, Middle Initial) Dr. G. Atwell	Full Name (Last, First, Middle Initial)				
Mailing Address 901 Leghton Avenue Suite 401			M         M         /         D         D         /         Y		
City	State	Zip Code	Transaction ID: SA11AI.17591		
Anniston FEC ID number of contributing	AL	36207	Amount of Each Receipt this Period		
federal political committee.	C		200.00		
Name of Employer Self-Employed	Occupation	n axillofacial Surgeon	_		
Receipt For:	1 -	Year-to-Date			
Other (specify)	0 0	400.00	]		
Full Name (Last, First, Middle Initial) Dr. Anthony Bennett			Date of Receipt		
Mailing Address 1425 N McLean Blvd Suite 200			M M / D D / Y Y Y Y 11 1 2008		
City Elgin	State II	Zip Code 60123-1279	Transaction ID: SA11AI.17610		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer Century Oaks Medical Cent-	Occupation Oral Surg				
er Receipt For:	1 '	Year-to-Date			
Other (specify) ▼	0 0	400.00	]		
Full Name (Last, First, Middle Initial) Remy Blanchaert			Date of Receipt		
Mailing Address 643 N Crest Ridge Ct			1 1 1 4 2 0 0 8		
City	State	Zip Code	Transaction ID: SA11AI.17614		
Witchita FEC ID number of contributing	KS	67230-1621	Amount of Each Receipt this Period		
federal political committee.	C		500.00		
Name of Employer Self Employed	Occupation Oral Surg				
Receipt For:	, I Š	Year-to-Date V			
Other (specify)	0 0	500.00			
SUBTOTAL of Receipts This Page (optional)	I		900.00		
TOTAL This Period (last page this line number of		•			

SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 8 / 34 (check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a $11b$ 11c $12$			
	Detailed Summary Page				
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
American Association of Oral and ee	Maxillofacial Surgeons Political Action Comm	nitt-			
Full Name (Last, First, Middle Initial) Dr. Dale Bloomquist					
Mailing Address 1221 Madison Stre Suite 116		M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 8			
City	State Zip Code	Transaction ID: SA11AI.17617			
Seattle	WA 98104	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	375.00			
Name of Employer Self-Employed	Occupation Oral Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	750.00				
Other (specify)					
Full Name (Last, First, Middle Initial) Dr. Kurt Bruksch		_ Date of Receipt			
Mailing Address 690 North Route 3	1	M         M         /         D         D         Y			
City	State Zip Code	Transaction ID: SA11AI.17622			
Crystal Lake	IL 60012	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Self Employed	Occupation Oral & Maxillofacial Surgeons				
Receipt For:	Aggregate Year-to-Date ▼	-			
PrimaryGeneralOther (specify) ▼	500.00				
Full Name (Last, First, Middle Initial)					
Dr. Robert Burns Mailing Address 481 North Harbor	City Dive	Date of Receipt			
Maining Address 481 NOT (11 Harbor		1 1 1 7 2 0 0 8			
City	State Zip Code	Transaction ID: SA11AI.17628			
Melbourne	FL 32935	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Self-Employed	Occupation Oral Surgeon	-			
Receipt For:	Aggregate Year-to-Date V	1			
Primary General	500.00				
Other (specify)	300.00				
CUDTOTAL of Dessible This Dess (setting		1375.00			
SUBICIAL OF RECEIPTS I his Page (option	al)				
TOTAL This Period (last page this line nur	nber only)				

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9/34         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Association of Oral and Max	name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. David A. Bussard Mailing Address 8140 Knue Road Suite 200			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.17629
	Indianapolis	IN	46250-1928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Indiana OMS Associates	Occupatio Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date <b>V</b> 750.00	
– B.	Full Name (Last, First, Middle Initial) Dr. Paul Carroll			Date of Receipt
	Mailing Address 5460 Dellwood Way			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.17633
	San Jose FEC ID number of contributing federal political committee.	CA	95118	Amount of Each Receipt this Period
	Name of Employer Self	Occupatio Oral Sur		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     Image: Content of the specific content of the s	0 0	400.00	]
с. –	Full Name (Last, First, Middle Initial) Dr. Angelle Casagrande			Date of Receipt
	Mailing Address 1374 Shell Lane			M M / D D / Y Y Y Y 111 20 2008
	City	State	Zip Code	Transaction ID: SA11AI.17637
	Clayton	CA	94517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio Oral Sur	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	]
	SUBTOTAL of Receipts This Page (optional)		••••••	1075.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10/34
	· · ·		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	
[	Any information copied from such Reports and Si	tatements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	o solicit contributions from such committee.
1				
			Delitical Astice Ores	
	American Association of Oral and Max	mitt-		
	/			
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew Chang	Date of Receipt		
А.	ů			
	Mailing Address 9855 Erma Road			1 1 0 6 2 0 0 8
	Suite 100	Chata	Zin Onde	
	City	State	Zip Code	Transaction ID: SA11AI.17641
	San Diego	CA	92131	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		500.00
	federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupatio		
		Oral Sur	geon	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General	1 1	500.00	
	Other (specify)		500.00	
				1
-	Full Name (Last, First, Middle Initial)			
В.	Dr. Ira Cheifetz			Date of Receipt
	Mailing Address 2303 Whitehorse Merc			
	Suite 5			11 06 2008
	City	State	Zip Code	Transaction ID: SA11AI.17642
	Mercerville	NJ	08619-1944	Amount of Each Receipt this Period
		110	00010 1011	
	FEC ID number of contributing			375.00
	federal political committee.			
	Name of Employer	Occupatio	ก	-
	Name of Employer Mercerville Prof Park	Oral Sur		
	Receipt For:	- ·	e Year-to-Date V	-
	Primary General	Aggregat		
	Other (specify)		375.00	
-				
~	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Tony Chu Molling Addross dd 74 Maustraus ar Dr			- '
	Mailing Address 1174 Montgomery Dr			1 1 1 1 2 0 0 8
		Ctata	Zin Codo	
	City	State	Zip Code	Transaction ID: SA11AI.17647
	Santa Rosa	CA	95405-4802	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		400.00
	federal political committee.	С		
	Name of Employer	Coord	22	
	Name of Employer Santa Rosa Oral Surgery	Occupatio		
		Oral Sur	*	
	Receipt For:	Aggregat	e Year-to-Date 🔻	_
	Primary General		400.00	
	Other (specify)		+00.00	
-				
[				
	SUBTOTAL of Receipts This Page (optional)			1275.00
	,		•	-
	TOTAL This Period (last page this line number	only)		
		····, · ·····	·····	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 11/34         (check only one)       11a         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 NAME OF COMMITTEE (In Full) American Association of Oral and Max	solicit contributions from such committee.		
A.	/ ee Full Name (Last, First, Middle Initial) Dr. William J. Clark Mailing Address 1801 Solar Drive			Date of Receipt
	Suite 100	State	Zip Code	1 1 0 4 2 0 0 8 Transaction ID: SA11AI.17651
	Oxnard	CA	93030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio Oral Sur		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date <b>V</b> 500.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Marianne Coburn			Date of Receipt
	Mailing Address 1221 Hayes Avenue Suite C		7.0.	M M / D D / Y Y Y Y 11 1 17 2008
	City Sandusky	State OH	Zip Code 44870-3345	Transaction ID: SA11AI.17652
	FEC ID number of contributing federal political committee.	C	44070-3343	Amount of Each Receipt this Period
	Name of Employer Marianne L. Coburn DDS	Occupatio Oral & M	n Iaxillofacial Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00	]
- c.	Full Name (Last, First, Middle Initial) Dr. Michael Cole			Date of Receipt
	Mailing Address 2630 South Carrier Pkv Suite C			M M / D D / Y Y Y Y 111 17 2008
	City Grand Prairie	State TX	Zip Code 75052	Transaction ID: SA11AI.17653 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupatio Oral & M	<sup>n</sup> Iaxillofacial Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	]
ſ	SUBTOTAL of Receipts This Page (optional)		•	900.00
Ī	TOTAL This Period (last page this line number of	only)		

				FOR LINE NUMBER: PAGE 12/34
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
_			Botallou Guillinal y Fugo	13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Association of Oral and Ma	ımitt-		
Α.	Full Name (Last, First, Middle Initial) Dr. H.M. Cox	Date of Receipt		
	Mailing Address 2945 Northwoods Wa	•		1 1 / D D / Y Y Y Y 1 1 1 / 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.17659
	Redding	CA	96002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio Oral Sur		_
	Receipt For:	1	e Year-to-Date V	-1
	Primary General	33 - 3		
	Other (specify)		500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Cyr			Date of Receipt
	Mailing Address 3217 Grove Ave.			M M / D D / Y Y Y Y 11 1
	City	State	Zip Code	Transaction ID: SA11AI.17666
	Richmond	VA	23221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Oral Surgery Associates	Occupatio Oral Sur		
	Receipt For:	-1 ·	e Year-to-Date 🔻	
	Primary General			
	Other (specify)	0 0	400.00	
с.	Full Name (Last, First, Middle Initial) Eugene D'Amico			Date of Receipt
	Mailing Address 4735 Ogletown-Stanto Suite 1115	on Rd		M M / D D / Y Y Y Y 11 06 2008
	City	State	Zip Code	Transaction ID: SA11AI.17668
	Newark	DE	19713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Oral Sur		
	Receipt For:	- I - I	e Year-to-Date 🔻	-1
	Primary General		500.00	
	Other (specify)	0 0		
ſ	SUBTOTAL of Receipts This Page (optional).			1200.00
ŀ				
	TOTAL This Period (last page this line number	r only)		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 13/34         (check only one)       X       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) American Association of Oral and Ma	xillofacial Sur	geons Political Action Com	mitt-
لا A.	Full Name (Last, First, Middle Initial)	Date of Receipt		
<b>A</b> .	Mailing Address 2918 Hillrise Drive	M M / D D / Y Y Y Y 1 1 1 1 1 2008		
	City	State	Zip Code	Transaction ID: SA11AI.17672
	Las Cruces	NM	88011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Oral & Ma	axillofacial Surgeon	_
	Receipt For:	Aggregate	Year-to-Date V	
	Primary     General       Other (specify) ▼		500.00	]
– В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Fister			Date of Receipt
	Mailing Address 224 State St.			M M / D D / Y Y Y Y 111 17 2008
	City	State	Zip Code	Transaction ID: SA11AI.17687
	Bangor	ME	04401-5434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self	Occupation Oral Surg		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	400.00	]
– C.	Full Name (Last, First, Middle Initial) Dr. Robert Fontanesi	1		Date of Receipt
	Mailing Address 705 West La Veta Ave Suite 109			M         M         /         D         D         Y
	City	State CA	Zip Code	Transaction ID: SA11AI.17692
	Orange FEC ID number of contributing federal political committee.	C	92868	Amount of Each Receipt this Period 200.00
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date V 400.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		900.00
F	TOTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 14/34         (check only one)       11a         X       11a       11b         13       14       15         16       17         on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Max	name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Stuart Fredd			Date of Receipt
	Mailing Address 2100 N Broad St Suite 106 City	State	Zip Code	M         M         /         D         D         /         Y
	Lansdale	PA	19446-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer OMS Associates	Occupatio Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 400.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas Helfst Mailing Address 400 Stroud Building	1		Date of Receipt
	Route 611 City	State	Zip Code	
	Stroudsburg	PA	18360	Transaction ID: SA11AI.17724 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Stroud Oral & facial Surg- ery	Occupatio Oral Sur	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 375.00	]
C.	Full Name (Last, First, Middle Initial) Grant Hogan Mailing Address 9247 Jasmine Ln	1		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.17735
	Irving	TX	75063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupatio Oral Sur	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 600.00	]
	SUBTOTAL of Receipts This Page (optional)		······	775.00
	TOTAL This Period (last page this line number	only)		

			[	1				
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/34				
ľ	TEMIZED RECEIPTS		for each category of the	(check only one)				
l			Detailed Summary Page	X 11a 11b 11c 12				
_			, ,	13 14 15 16 17				
	Any information copied from such Reports and Sta	atements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)	for commercial purposes, other than using the name and address of any political committee to						
	American Association of Oral and Maxi	Ilofacial Si	Irgeons Political Action Com	mitt-				
	/ ee							
Α.	Full Name (Last, First, Middle Initial) Dr. Steven Holmes	Date of Receipt						
	Mailing Address 7600 Red Rd. Suite 101	M M / D D / Y Y Y Y 11 06 2008						
	City	State	Zip Code	Transaction ID: SA11AI.17736				
	Miami	FL	33143	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		375.00				
	Name of Employer South Florida Center For	Occupatio						
	Corrective Ja	Oral Sur	•					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼		375.00					
		0 0		1				
- B.	Full Name (Last, First, Middle Initial) Dr. Julius Hyatt			Date of Receipt				
υ.	Mailing Address 10 Warren Rd.							
	Suite 330			11 04 2008				
	City	State	Zip Code	Transaction ID: SA11AI.17746				
	Cockeysville	MD	21030-1913	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Hunt Valley Medical Center	Occupatio	on					
		Oral Sur	geon					
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General		500.00	1				
	Other (specify) ▼	0 0		1				
- C.	Full Name (Last, First, Middle Initial) Dr. Mark Jackson			Date of Receipt				
0.	Mailing Address 20 South Park Street							
	Ste 506			11 20 2008				
	City	State	Zip Code	Transaction ID: SA11AI.17753				
	Madison	WI	53715-1348	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		500.00				
	federal political committee.	C						
	Name of Employer Ctr for OMS Madison Med	Occupatio						
	Ctr	-	laxillofacial Surgeon					
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify)		500.00					
		0 0	0 0 0 0 0 0 0	1				
Г								
	SUBTOTAL of Receipts This Page (optional)		••••••	1375.00				
ſ								
	TOTAL This Period (last page this line number of	oniy)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 16/34         (check only one)       Image: Comparison of the purpose of soliciting contributions         X       11a       11b       11c       12         13       14       15       16       17         In for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Dr. Robert Jackson Mailing Address P.O. Box 1696 209 Mimosa Drive	Date of Receipt		
	City	State	Zip Code	Transaction ID: SA11AI.17754
	thomasville	GA	31799	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupatio Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 400.00	
- B.	Full Name (Last, First, Middle Initial) Daniel Klemmedson			Date of Receipt
	Mailing Address 3150 N Swan Rd			1 1 / 2 0 / Y Y Y Y 1 1 1 / 2 0 / 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.17772
	Tuscon FEC ID number of contributing federal political committee.	AZ	85712	Amount of Each Receipt this Period
	Name of Employer Associates in OMS	Occupatio Oral Sur		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	500.00	]
- С.	Full Name (Last, First, Middle Initial) Timothy Koob			Date of Receipt
	Mailing Address 5801 Research Park Bl Suite 110		7	M M / D D / Y Y Y Y 111 / 20 2008
	City Madison	State WI	Zip Code	Transaction ID: SA11AI.17774
	FEC ID number of contributing federal political committee.	C	53719	Amount of Each Receipt this Period
	Name of Employer Madison Oral & Maxillofac- ial S	Occupatio Oral Sur	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	]
	SUBTOTAL of Receipts This Page (optional)			1200.00
Ī	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 17 / 34         (check only one)       X         X       11a         11b       11c         13       14         15       16         17
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
		killofacial Surgeons Political Action Comr	
	Full Name (Last, First, Middle Initial)		
۱.	Dr. John Mascaro Mailing Address 4230 State Route 306	Date of Receipt	
	Suite 350	State Zip Code	1 1 1 0 2 0 0 8 Transaction ID: SA11AI.17808
	Willoughby	OH 44094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer Great Lakes Jaw & Implant Surg	Occupation Oral Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	1
_	Other (specify) <b>v</b>	400.00	
	Full Name (Last, First, Middle Initial) Dr. Michael Mauck		Date of Receipt
	Mailing Address 10111 Forest Hill Blvd Suite 341		1 1 / D D / Y Y Y Y 2 0 0 8
	City West Palm Beach	State Zip Code FL 33414	Transaction ID: SA11AI.17810 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Wellington Center for OMS	Occupation Oral Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify)	400.00	
-	Full Name (Last, First, Middle Initial) Dr. Ronald Mead	I	Date of Receipt
	Mailing Address 990 Boysen Ave		M M / D D / Y Y Y Y 111 11 2008
	City	State Zip Code	Transaction ID: SA11AI.17819
	San Luis Obispo	CA 93405-1313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Γ	SUBTOTAL of Receipts This Page (optional)		900.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 18/34         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
Γ	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) American Association of Oral and Maxi	illofacial Su	rgeons Political Action Com	mitt-
۷ A.	Full Name (Last, First, Middle Initial) Dr. Mark Mitchell			Date of Receipt
	Mailing Address 2711 Tampa Road			M M / D D / Y Y Y Y 1 1 2 2008
	City Dolm Horbor	State FL	Zip Code	Transaction ID: SA11AI.17830
	Palm Harbor FEC ID number of contributing federal political committee.	C	34684	Amount of Each Receipt this Period
	Name of Employer Coastal Jaw Surgery	Occupatio Oral & N	n Iaxillofacial Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 400.00	]
- В.	Full Name (Last, First, Middle Initial) Dr. John Monterubio			Date of Receipt
	Mailing Address 1034 South Brentwood Suite 1010			1 1 1 7 Y Y Y Y 1 1 1 1 1 7 2 0 0 8
	City St. Louis	State MO	Zip Code 63117-1210	Transaction ID: SA11AI.17832
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Monterubio & Herbosa OMS	Occupatio Oral & N	n Iaxillofacial Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 1000.00	]
- C.	Full Name (Last, First, Middle Initial) Dr. Kent Moore			Date of Receipt
	Mailing Address 1718 E 4th St Suite 804			M M / D D / Y Y Y Y 111 12 2008
	City	State	Zip Code	Transaction ID: SA11AI.17833
	Charlotte FEC ID number of contributing federal political committee.	NC C	28204	Amount of Each Receipt this Period
	Name of Employer Drs. Barts & Moore PA	Occupatio Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00	]
ſ	SUBTOTAL of Receipts This Page (optional)		•	1200.00
Ī	TOTAL This Period (last page this line number of	only)		

City       State       Zip Code         FPO       AP       96379-1700         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Self Employed       Occupation Oral Surgeon       200.00         Receipt For:       Aggregate Year-to-Date ▼       200.00         Primary       General       Aggregate Year-to-Date ▼       Date of Receipt         Dther (specify) ▼       VA       23221-2815       Transaction ID: SA11AL.17840         B.       Dr. James Nelson       VA       23221-2815       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       State       Zip Code         Name of Employer Oral Surgeon       Occupation Oral Surgeon       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         Name of Employer Oral Surgeon       Occupation Oral Surgeon       State       Zip Code       Transaction ID: SA11AL.17840         Mailing Address       15095 Woodwind Cv       Aggregate Year-to-Date ▼       Tit       1 1 9 / 2 0 0.8         City       State       Zip Code       Transaction ID: SA11AL.17841       Tansaction ID: SA11AL.17841         Mailing Address       15095 Woodwind Cv       Tit       1 9 / 2 0 0.8       Transaction ID: SA	ITEMIZED	copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 19 / 34           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17           on for the purpose of soliciting contributions         10         17         17
A.       Full Name (Last, First, Middle Initial) Mailing Address       Date of Receipt         Mailing Address       PSC557 Box 1732       Image: Second	NAME OF CC American A	DMMITTEE (In Full)			
City       State       Zip Code       Transaction ID: SA11AI.17335         FPO       AP       96379-1700       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Self Employed       Occupation Oral Surgeon       Occupation Oral Surgeon       Date of Receipt this 11       200.00         B.       Full Name (Last, First, Middle Initial) Dr. James Netson       Date of Receipt this Period       Maining Address       3217 Grove Ave.         City       State       Zip Code       Amount of Each Receipt this Period       Amount of Each Receipt this Period         Name of Employer       Occupation       Occupation       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date       Manount of Each Receipt this Period         Name of Employer       Occupation       Oral Surgeon       Aggregate Year-to-Date       Imamount of Each Receipt this Period         City       State       Zip Code       Imamount of Each Receipt this Period       Imamount of Each Receipt this Period         Mailing Address       15095 Woodwind Cv       Imamount of Each Receipt this Period       Imamount of Each Receipt this Period         City       State       Zip Code       Imamo	Full Name (La A. Kevin Morse	· · · ,			M M / D D / Y Y Y Y
federal political committee.       C       200.00         Name of Employer       Occupation Oral Surgeon       Occupation Oral Surgeon       Date of Receipt         B.       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         D.r. James Nelson       Mailing Address 3217 Grove Ave.       Date of Receipt         City       State       Zip Code       Transaction ID: SA11AI.17840         Receipt For:       Occupation Oral Surgeon       Occupation Oral Surgeon       Date of Receipt         Name of Employer       Occupation Oral Surgeon       Transaction ID: SA11AI.17840       Amount of Each Receipt this Period         Name of Employer       Occupation Oral Surgeon       Occupation Oral Surgeon       Transaction ID: SA11AI.17841         Mailing Address       15095 Woodwind Cv       Image Surgeon       Transaction ID: SA11AI.17841         Amount of Each Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Billoxi       Ms       39532-8556       Transaction ID: SA11AI.17841         Amount of Each Receipt For:       Occupation Oral Surgeon       Transaction ID: SA11AI.17841         Amount of Each Receipt For:       Occupation Oral Surgeon       Transaction ID: SA11AI.17841         Amount of Each Receipt For:       Occupation Oral Surgeon       Z00.00      <	FPO	er of contributing	AP	•	Transaction ID: SA11AI.17835 Amount of Each Receipt this Period
B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       3217 Grove Ave.       11       20       2008         City       State       Zip Code       Transaction ID: SA11AI.17840         Richmond       VA       23221-2815       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation Oral Surgeon       Amount of Each Receipt this Period         Name of Employer Ofter (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code         Mailing Address       15095 Woodwind Cv       1         City       State       Zip Code         Mailing Address       15095 Woodwind Cv       Mit 1         City       State       Zip Code         Biloxi       MS       39532-8556         FEC ID number of contributing federal political committee.       Occupation Oral Surgeon         Receipt For:       Occupation Oral Surgeon       Amount of Each Receipt this Period         Mailing Address       15095 Woodwind Cv       Transaction ID: SA11AI.17841         Amount of Each Receipt this Period       200.00       200.00         FEC ID number of contributing federal political committee.       C       200.00      <	federal politica Name of Emp Self Employed Receipt For: Primary	loyer	Occupation Oral Surg	jeon Year-to-Date ▼	
Richmond       VA       23221-2815       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Oral Surgery Associates       Occupation Oral Surgeon       500.00         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Joseph Novak       Date of Receipt       1 1       1 9       2 0 0.8         City       State       Zip Code       Transaction ID: SA11AI.17841         Biloxi       MS       39532-8556       FeC ID number of contributing federal political committee.       Occupation Oral Surgeon       200.00         Name of Employer Self Employer       Occupation Oral Surgeon       Occupation Oral Surgeon       200.00	Full Name (La B. Dr. James Nels	son			M M / D D / Y Y Y Y
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       State         Full Name (Last, First, Middle Initial)       Joseph Novak         Mailing Address       15095 Woodwind Cv         City       State       Zip Code         Biloxi       MS       39532-8556         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Oral Surgeon       Oral Surgeon         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	Richmomd FEC ID numb		VA	•	
C.       Joseph Novak       Date of Receipt         Mailing Address       15095 Woodwind Cv       11         City       State       Zip Code         Biloxi       MS       39532-8556         FEC ID number of contributing federal political committee.       C         Name of Employer Self Employed       Occupation Oral Surgeon         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	Receipt For: Primary	General	Oral Surg	jeon Year-to-Date ▼	
City     State     Zip Code     Transaction ID: SA11AI.17841       Biloxi     MS     39532-8556     Amount of Each Receipt this Period       FEC ID number of contributing federal political committee.     C     200.00       Name of Employer Self Employed     Occupation Oral Surgeon     200.00       Receipt For:     Aggregate Year-to-Date ▼     400.00	C. Joseph Novak	,			M M / D D / Y Y Y Y
Receipt For:     Aggregate Year-to-Date       Primary     General	Biloxi FEC ID numb		MS	•	Transaction ID: SA11AI.17841
Primary General 400.00		loyer J	Oral Surg	jeon	
	Primary		Aggregate		]
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of F	Receipts This Page (optional)			900.00

				FOR LINE NUMBER: PAGE 20/34
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Faye	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Association of Oral and Max ee	xillofacial Si	urgeons Political Action Cor	nmitt-
Α.	Full Name (Last, First, Middle Initial) Dr. Larry Pepper			Date of Receipt
	Mailing Address 4700 Union Deposit Re Suite 260	oad		1 1 / D D / Y Y Y Y 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.17855
	<u>Harrisburg</u>	PA	17111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Central PA OMS	Occupatio Oral & N	on ⁄Iaxillofacial Surgeon	
	Receipt For:	1 1	e Year-to-Date	
	Primary General		500.00	
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) Dr. Richard Powell			Date of Receipt
	Mailing Address 1456 Kaderly St. NW			M M / D D / Y Y Y Y 111 10 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.17861
	New Philadelphia	OH	44663-1260	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Tuscarawas OMS	Occupatio Oral Su		
	Receipt For:	1 1	e Year-to-Date V	
	Primary General	, iggi ogu		
	Other (specify)		400.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Henry Robson			Date of Receipt
	Mailing Address 1010 Chadworth Cour	t		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.17876
	<u>Birmingham</u>	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Regional Oral & Facial Su-	Occupation Oral Sur		
	rgery Receipt For:	1 1	e Year-to-Date V	
	Primary General	33 - 3		
	Other (specify)		400.00	
	SUBTOTAL of Receipts This Page (optional)			900.00
	TOTAL This Period (last page this line number	oniy)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 21 / 34           (check only one)				
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	American Association of Oral and Maxil ee	American Association of Oral and Maxillofacial Surgeons Political Action Comm					
Α.	Full Name (Last, First, Middle Initial) Dr. Ted Rosner	Date of Receipt					
	Mailing Address 693 Main Street		1 1 0 7 Y Y Y Y 1 1 1 0 7 2 0 0 8				
	City	State Zip Code	Transaction ID: SA11AI.17878				
	Lumberton	NJ 08048-0098	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	375.00				
	Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon					
	Receipt For:	Aggregate Year-to-Date	_				
	Other (specify)	375.00	]				
В.	Full Name (Last, First, Middle Initial) Dr. Louis Scannura		Date of Receipt				
	Mailing Address 3007 Spring Mill Drive		M M / D D / Y Y Y Y 11 24 2008				
	City	State Zip Code	Transaction ID: SA11AI.17893				
	Springfield	IL 62704	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	375.00				
	Name of Employer Springfield Associates in OMS	Occupation Oral Surgeon					
	Receipt For:	Aggregate Year-to-Date V					
	Other (specify)	375.00	]				
С.	Full Name (Last, First, Middle Initial) Dr. Timothy Schmakel		Date of Receipt				
	Mailing Address 31100 Telegraph Road Suite 100		M M / D D / Y Y Y Y Y 11 / 20 2008				
	City Binghom Formo	State Zip Code MI 48025	Transaction ID: SA11AI.17894				
	Bingham Farms FEC ID number of contributing federal political committee.	MI 48025	Amount of Each Receipt this Period 375.00				
	Name of Employer Self-Employed	Occupation Oral Surgeon					
	Receipt For:	Aggregate Year-to-Date V	-				
	Primary General Other (specify) ▼	375.00	]				
	SUBTOTAL of Receipts This Page (optional)		1125.00				
	TOTAL This Period (last page this line number or	niy)					

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 22 / 34           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and or for commercial purposes, other than using th	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) American Association of Oral and Ma	mitt-		
∡ ۹.	Full Name (Last, First, Middle Initial) DR. Carina Schwartz-Dabney	Date of Receipt		
	Mailing Address 1702 Dowling Drive			1 1 0 6 Y Y Y Y 1 1 1 0 6
	City	State	Zip Code 75038	Transaction ID: SA11AI.17897
	Irving	Irving TX		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupatio Oral Sur		
	Receipt For:	Aggregate	e Year-to-Date	1
	Other (specify)	0 0	400.00	
- 3.	Full Name (Last, First, Middle Initial) Anthony Sclar			Date of Receipt
	Mailing Address 7600 Red Rd Suite 101			M M / D D / Y Y Y Y 1 1 06 2008
	City	State	Zip Code	Transaction ID: SA11AI.17898
	Miami	FL	33143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer South Florida OMS	Occupatio Oral Sur		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	500.00	]
_ ).	Full Name (Last, First, Middle Initial) Kirk Scott			Date of Receipt
	Mailing Address 5575 Warren Pkwy Suite 206			M M / D D / Y Y Y Y 11 1 14 2008
	City	State	Zip Code	Transaction ID: SA11AI.17900
	Frisco	TX	75034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Stonebrair Facial & Oral Surge	Occupatio Oral Sur		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		700.00	]
Γ	SUBTOTAL of Receipts This Page (optional).	_I		1200.00
┝	USE IN AL OF HEURIPIS THIS FAYE (UPLIONAL).			
	TOTAL This Period (last page this line number	r only)		

An or A.	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	for each category of the Detailed Summary Page Statements may not be sold or used by any per e name and address of any political committee ename and address of any political Action Cor	to solicit contributions from such committee.
A.	for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Association of Oral and Ma ee Full Name (Last, First, Middle Initial) Dr. Matthew Simmons	e name and address of any political committee	to solicit contributions from such committee.
	American Association of Oral and Ma ee Full Name (Last, First, Middle Initial) Dr. Matthew Simmons	xillofacial Surgeons Political Action Cor	nmitt-
	Full Name (Last, First, Middle Initial) Dr. Matthew Simmons		
	Mailing Address 2508 Myrtle Street		Date of Receipt
	,	1 1 / D D / Y Y Y Y Y 2 0 0 8	
	City	State Zip Code	Transaction ID: SA11AI.17911
	Erie	PA 16502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer A P King, DMD	Occupation Oral Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	400.00	
— B.	Full Name (Last, First, Middle Initial) Dr. Thomas Skiba		Date of Receipt
	Mailing Address 690 North Route 31		M · M         /         D · D         /         Y · Y · Y · Y         Y           1 1         1 4         2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.17913
	Crystal Lake	IL 60012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Oral Surgeon	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	500.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Edwin Slade	Date of Receipt	
	Mailing Address 101 Progress Dr.	M         M         /         D         D         /         Y	
	City	State Zip Code PA 18901-2509	Transaction ID: SA11AI.17915
	Doylestown FEC ID number of contributing		Amount of Each Receipt this Period
	federal political committee.		500.00
	Name of Employer Oral & Facial Surgery Ctr.		
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
s	UBTOTAL of Receipts This Page (optional) .	1	1200.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 24/34         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17	
	Any information copied from such Reports and s	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Association of Oral and Ma	xillofacial Surgeons Political Action Comn		
لا A.	<ul> <li>v ee</li> <li>Full Name (Last, First, Middle Initial)</li> <li>Dr. Kimberly Swanson</li> </ul>	Date of Receipt		
	Mailing Address 8503 Patterson Avenu	le	M M / D D / Y Y Y Y 11 1 12 2008	
	City	State Zip Code	Transaction ID: SA11AI.17932	
	Richmond	VA 23229	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	375.00	
	Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary     General       Other (specify)	375.00		
– В.	Full Name (Last, First, Middle Initial) Albert Sweeney	1	Date of Receipt	
	Mailing Address 985 Russell Ave		M M / D D / Y Y Y Y Y 1 1 / 20 / 2008	
	City	State Zip Code	Transaction ID: SA11AI.17933	
	Gaithersburg	MD 20879	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		200.00	
	Name of Employer Drs. Goldblatt Sweeney & Wise	Occupation Oral Surgeon		
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	400.00		
– c.	Full Name (Last, First, Middle Initial) Dr. Don Tillery		Date of Receipt	
	Mailing Address 1355 North Orange A Suite 3	M M / D D / Y Y Y Y 1 1 2 0 / 2 0 0 8		
	City Winter Dark	State Zip Code	Transaction ID: SA11AI.17940	
	Winter Park FEC ID number of contributing	FL 32789-3735	Amount of Each Receipt this Period	
	federal political committee.		500.00	
	Name of Employer Self	Occupation Oral Surgeon		
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify) $\bigtriangledown$	500.00		
Γ	SUBTOTAL of Receipts This Page (optional).		1075.00	
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25/34			
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)			
I				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 ma name and ad	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 Max ee	American Association of Oral and Maxillofacial Surgeons Political Action Comm					
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Walker	Date of Receipt					
	Mailing Address 5323 Harry Hines Blvd.	1 1 2 0 2 0 0 8					
	City	State	Zip Code	Transaction ID: SA11AI.17950			
	Dallas	ТХ	75309-9109	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		375.00			
	Name of Employer Self-Employed	Occupatio Oral Sur					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		375.00	]			
- B.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Wallen			Date of Receipt			
	Mailing Address 1203 48th Ave. N Suite 202			M M / D D / Y Y Y Y Y 1 1 0 2008			
	City	State	Zip Code	Transaction ID: SA11AI.17953			
	Myrtle Beach	SC	29577	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		375.00			
	Name of Employer Jeffrey H Wallen DDS PC	Occupatio					
	Receipt For:	Oral Sur	e Year-to-Date V	_			
	Primary General	Ayyreyan		1			
	Other (specify) <b>v</b>	0 0	375.00				
с	Full Name (Last, First, Middle Initial) Dr. Richard D. Walls			Date of Receipt			
	Mailing Address 2155 Post Oak Tritt Ro Suite 500	ad		M M / D D / Y Y Y Y Y 11 04 2008			
	City	State	Zip Code	Transaction ID: SA11AI.17954			
	Marietta	GA	30062	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Self-Employed	Occupation Oral Sur					
	Receipt For:	Aggregate	e Year-to-Date 🔻	_			
	Primary General Other (specify) ▼		300.00	]			
ſ	SUBTOTAL of Receipts This Page (optional)			950.00			
┝			•				
	TOTAL This Period (last page this line number of	only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 26/34         (check only one)       X       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Association of Oral and Max	xillofacial Su	rgeons Political Action Com	mitt-
, А.	Full Name (Last, First, Middle Initial) Dr. Robert Ward			Date of Receipt
	Mailing Address 1325 Mount Auburn Re	oad		M M / D D / Y Y Y Y 11 1 11 2008
	City	State	Zip Code	Transaction ID: SA11AI.17955
	Cape Girardeau FEC ID number of contributing federal political committee.	C	63701	Amount of Each Receipt this Period 200.00
	Name of Employer Self-Employed	Occupatio Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	]
В.	Full Name (Last, First, Middle Initial) Dr. Russell Webb Mailing Address 930 West Foothill			Date of Receipt
	Suite C	State	Zip Code	1         1         7         2008           Transaction ID:         SA11AI.17956
	Upland	CA	91786	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupatio Oral & M	n Iaxillofacial Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 400.00	]
C.	Full Name (Last, First, Middle Initial) Dr. Russell Westfall			Date of Receipt
	Mailing Address 1271 7th Street			M M / D D / Y Y Y Y 11 1 11 2008
	City Slidell	State LA	Zip Code	Transaction ID: SA11AI.17960
	Since ID number of contributing federal political committee.	C	70458	Amount of Each Receipt this Period
	Name of Employer Northlake OMS	Occupatio Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	]
	SUBTOTAL of Receipts This Page (optional)	•		775.00
	TOTAL This Period (last page this line number	only)		

Α.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 27 / 34           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and sor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Association of Oral and Ma	xillofacial Surgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial) Dr. Mark Wohlford		Date of Receipt
Mailing Address 550 West Virginia Str	eet	M M / D D / Y Y Y Y 11 06 2008
City	State Zip Code	Transaction ID: SA11AI.17972
Evansville	IN 47710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer The Oral Surgery Group	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	

0 0

SUBTOTAL of Receipts This Page (optional)	►	500.00
TOTAL This Period (last page this line number only)	►	22775.00

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28/34							
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)							
	I EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12							
Γ	Any information copied from such Reports and Stat	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions							
	or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	American Association of Oral and Maxille	ofacial Su	rgeons Political Action Com	mitt-							
	/ ee		-								
Α.	Full Name (Last, First, Middle Initial) DWS Scudder Investments Servic			Date of Receipt							
<b>~</b> .	Mailing Address P.O. Box 219154										
	Maining Address F.O. DOX 219154			10 31 2008							
	City	State	Zip Code	Transaction ID: SA17.17562							
	Kansas City	MO	64121-9154	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		142.70							
	Name of Employer	Occupation	n	Interest							
	Receipt For:	Aggregate	e Year-to-Date 🔻	_							
	Primary General	Ayyreyale		1							
	Other (specify)		2084.74								
		0 0		1							
-	Full Name (Last, First, Middle Initial)										
В.	The Northern Trust Company			Date of Receipt							
	Mailing Address 1501 Woodfield Road			1 1 0 7 Y Y Y Y 1 1 1 0 7 D D 7 D Y Y Y Y Y							
		Ctoto	Zin Codo								
	City	State	Zip Code	Transaction ID: SA17.17977							
	Schaumburg		60173	Amount of Each Receipt this Period							
	FEC ID number of contributing	С		81.26							
	federal political committee.										
	Name of Employer	Occupation	n	Interest							
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		4386.37	1							
	Other (specify)										
-	Full Name (Last, First, Middle Initial)										
C.	The Northern Trust Company			Date of Receipt							
	Mailing Address 1501 Woodfield Road			M M / D D / Y Y Y Y							
				11 10 2008							
	City	State	Zip Code	Transaction ID: SA17.17978							
	<u>Schaumburg</u>	IL	60173	Amount of Each Receipt this Period							
	FEC ID number of contributing			272.84							
	federal political committee.	C		272.04							
	Name of Employer	Occupation	<u></u>	CD Interest							
	Receipt For:	Aggregate	e Year-to-Date 🔻	-1							
	Primary General	33.534		1							
	Other (specify) 🔻		4659.21								
				4							
Γ				400.00							
	SUBTOTAL of Receipts This Page (optional)		••••••	496.80							
ľ				496.80							
	TOTAL This Period (last page this line number on	ıly)									

		CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT		for each	arate schedule(s category of the Summary Page	<i>,</i>	FOR LINE (check only X 21b 27	22 23 24 25 2	26 80b
		y Information copied from such Reports a for commercial purposes, other than using							
	$\left  \right\rangle$	NAME OF COMMITTEE (In Full) American Association of Oral and ee	Maxillofa	icial Surg	jeons Political	Acti	on Commi	itt-	
Α.		Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 1501 Woodfield	Road					Transaction ID:SB21B.17979Date of Disbursement $111$ $104$ $1204$	
		City Schaumburg		State IL	Zip Code 60173			Amount of Each Disbursement this Period	_
		Purpose of Disbursement Bank fees						39.59	
		Candidate Name				C	ategory/ Type		
		Office Sought: House Senate President		nent For: Primary Other (spe	General				
		State: District:			<i>;</i> ) <b>v</b>				

	SUBTOTAL of Disbursements This Page (optional)	•	39.59
	TOTAL This Period (last page this line number only)	►	39.59
Ì	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30/34						
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check onl	nly one)						
	Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3						
Any Information copied from such Reports and State or for commercial purposes, other than using the nar									
American Association of Oral and Maxillo	ofacial Surgeons Political	Action Comm	itt-						
Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE			Transaction ID: SB23.17579 Date of Disbursement						
Mailing Address POST OFFICE BOX 12	469		111 <sup>M</sup> /20 <sup>/</sup> 2008 <sup>Y</sup>						
City ATLANTA	StateZip CodeGA30355		Amount of Each Disbursement this Period						
Purpose of Disbursement Federal Campaign Contribution			2500.00						
Candidate Name		Category/ Type							
X Senate	sement For: 2008 Primary General X Other (specify) ▼								
Full Name (Last, First, Middle Initial)	1		Transaction ID: SB23.17572						
CITIZENS FOR HARKIN			Date of Disbursement						
Mailing Address P O BOX 811			10 <sup>M</sup> / 23 <sup>J</sup> / 2008 <sup>Y</sup>						
City DES MOINES	StateZip CodeIA50304		Amount of Each Disbursement this Period						
Purpose of Disbursement Federal Campaign Contribution			2500.00						
Candidate Name		Category/ Type							
X Senate President	sement For: 2008 Primary X General Other (specify) ▼								
State: IA District: 00 Full Name (Last, First, Middle Initial)									
FRIENDS OF JOHN BARRASSO			Transaction ID: SB23.17575 Date of Disbursement						
Mailing Address PO BOX 52008			$10^{\text{M}} / 23^{\text{D}} / 2008^{\text{Y}}$						
City CASPER	StateZip CodeWY82605		Amount of Each Disbursement this Period						
Purpose of Disbursement Federal Campaign Contribution			1000.00						
Candidate Name		Category/ Type							
X Senate President	sement For: 2008 Primary X General Other (specify) ▼								
State: WY District: 00									
SUBTOTAL of Disbursements This Page (optional	)	<b>)</b>	6000.00						
TOTAL This Period (last page this line number only	y)	►							
E6AN026			FEC Schedule B ( Form 3X) (Revised						

	SCHEDULE B (FEC Form 3X)		5)	-		NUMBE	R:			F	AGE	31 /	34
ar 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 Committee Full Name (Last, First, Middle Initial) FRIENDS OF SESSIONS SENATE COMMITTEE INC Mailing Address P O BOX 4278 City Office Sought: Node Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) City Category Type Office Sought: X House Disbursement For: 2008 City State Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Category Type Office Sought: X House Disbursement For: 2008 City Context Springs PA 19425 Full Name (Last, First, Middle Initial) Category Type Office Sought: X House Disbursement For: 2008 City Context Springs PA 19425 Full Name (Last, First, Middle Initial) Category Type Office Sought: X House Disbursement For: 2008 City Context Springs PA 19425 Full Name (Last, First, Middle Initial) Category Type Office Sought: X House Disbursement For: 2008 City Context Springs PA 19425 Full Name (Last, First, Middle Initial) Category Type Office Sought: X House Disbursement For: 2008 City Context Springs PA 19425 Full Name (Last, First, Middle Initial) Category Type Office Sought: X House Disbursement For: 2008 City Context Springs PA 292 Code City Context		Detailed Summary Page			21b 27	22 28a	X	28b		280		29	
NAME OF COMMITTEE (In Full)         American Association of Oral and Maxillofacial Surgeons Political Action Committee         Full Name (Last, First, Middle Initial)         FRIENDS OF SESSIONS SENATE COMMITTEE INC         Maling Address       P 0 BOX 4278         City       State       Zip Code         Purpose of Disbursement       President         Pederal Campaign Contribution       Disbursement For:       2008         Office Sought:       X Senate       Disbursement For:       2008         Purpose of Disbursement       President       Other (specify)       Transaction ID:       SB23,17569         City       State: AL       Disbursement For:       2008       Amount of Each Disbursement this Period         City State: AL       Disbursement For:       2008       President       1000:00         City       State: AL       Disbursement For:       2008       Amount of Each Disbursement this Period         City       Senate       President       State       Zip Code       Amount of Each Disbursement this Period         City       Category/       Transaction ID:       SB23,17569       Each Disbursement this Period         City       State: AL       District: 06       President       Transaction ID:       SB23,17576         Category													S
American Association of Oral and Maxillofacial Surgeons Political Action Committee         Full Name (Last, First, Middle Initial)         FRIENDS OF SESSIONS SENATE COMMITTEE INC         Mailing Address       P O BOX 4278         City       State       Zip Code         MONTGOMERY       AL       36103         Purpose of Disbursement       Product Category/ Type       Transaction ID: SB23.17569         Office Sought:       House       Disbursement For:       2008         Amount of Each Disbursement       Other (specify)       Transaction ID: SB23.17569         Data of Disbursement       Disbursement For:       2008         Chip       State: AL       District: 00       Disbursement For:       2008         Full Name (Last, First, Middle Initial)       GERLACH, JIM       Transaction ID: SB23.17569         Mailing Address       649 Deep Hollow Lane       Transaction ID: SB23.17569         City       State: AL       Disbursement For:       2008         Purpose of Disbursement For:       2008       Primary       X General         Office Sought:       X House       Disbursement For:       2008       Amount of Each Disbursement         Foderal Campaign Contribution       Category       Type       Transaction ID: SB23.17576       Date of Disbursement <td></td> <td>e name and address of any pointe</td> <td></td> <td></td> <td>00 10 30</td> <td></td> <td>ibut</td> <td></td> <td></td> <td>11 3001</td> <td>com</td> <td>milloc</td> <td></td>		e name and address of any pointe			00 10 30		ibut			11 3001	com	milloc	
FRIENDS OF SESSIONS SENATE COMMITTEE INC       Date of Disbursement         Mailing Address       P O BOX 4278         City       State       Zip Code         MONTGOMERY       AL       36103         Purpose of Disbursement       Federal Campaign Contribution       Category         Category       Type       Category         Office Sought:       House       Disbursement For:       2008         State: AL       Disbursement For:       2008         Year       Senate       President         Other (specify)       State: AL       Disbursement For:         Federal Campaign Contribution       Category       Transaction ID:       SE23.17569         Date of Disbursement       President       Disbursement       President         Full Name (Last, First, Middle Initia)       Babursement For:       2008       Amount of Each Disbursement         Federal Campaign Contribution       Category       Transaction ID:       SE23.17569         Office Sought:       X House       Disbursement For:       2008         State: PA       19425       Y 2 0 0 8       Amount of Each Disbursement         Foderal Campaign Contribution       Category       Transaction ID:       SE23.17576         Category       Transaction	American Association of Oral and Ma	axillofacial Surgeons Politica	Acti	on (	Commi	tt-							
City       AL       Zip Code         MONTGOMERY       AL       36103         Purpose of Disbursement       Category/         Category/       Type         Office Sought:       House         X Senate       President         Preseried Campaign Contribution       Category/         Category/       Type         Office Sought:       House         X Senate       President         President       Disbursement For:         2008       President         GERLACH, JIM       Transaction ID:         Mailing Address       649 Deep Hollow Lane         City       State:         City       State         City       State         Purpose of Disbursement         Percident Rame       Disbursement For:         2008       President         Office Sought:       X House         Senate       President         President       Disbursement For:       2008         City       Senate       President         Office Sought:       X House       Disbursement For:       2008         City       State: 20       Code       Amount of Each Disbursement this Period		COMMITTEE INC						isburs	ser	nent	3.17	573	
MONTGOMERY       AL       36103         Purpose of Disbursement       Percent Camagian Contribution       Category/ Type       2500.00         Office Sought:       House       Disbursement For:       2008         President       District: 00       Primary       X General         Full Name (Last, First, Middle Initial)       GERLACH, JIM       Transaction ID:       SB23,17569         Mailing Address       649 Deep Hollow Lane       100       100       0         City       State:       Zip Code       Amount of Each Disbursement this Period         Office Sought:       X House       Disbursement For:       2008         Purpose of Disbursement       Disbursement For:       2008       Amount of Each Disbursement this Period         Office Sought:       X House       Disbursement For:       2008       1000.00         Category/       Type       Transaction ID:       SB23,17576         District: 06       Disbursement For:       2008       Transaction ID:       SB23,17576         Category/       Type       Office Sought:       House       Disbursement For:       2008         City       X House       State       Zip Code       Amount of Each Disbursement this Period         City       State       Zip	Mailing Address P O BOX 4278						М	/ D	2:	<sup>D</sup> 3	Y	źoóa	З <sup>ү</sup>
Pederal Cardidate Name       Category/ Type         Office Sought:       House X Senate President       Disbursement For:       2008 Primary       Y General Other (specify) ▼         Full Name (Last, First, Middle Initial) GERLACH, JIM       Fall Name (Last, First, Middle Initial) GERLACH, JIM       Transaction ID:       SB23.17569         Mailing Address       649 Deep Hollow Lane       Transaction ID:       SB23.17569         City Chester Springs       State       Zip Code PA       Amount of Each Disbursement this Period         Purpose of Disbursement Pederal Campaign Contribution       Category/ Type       1000.00         Office Sought:       X House President       Disbursement For:       2008 Primary       X General         Office Sought:       X House President       Disbursement For:       2008       Transaction ID:       SB23.17576 Date of Disbursement         Mailing Address       PO BOX 2720       Disbursement For:       2008       Amount of Each Disbursement         Mailing Address       PO BOX 2720       State       Zip Code Tobursement       Amount of Each Disbursement this Period         Mailing Address       PO BOX 2720       Disbursement For:       2008       Amount of Each Disbursement this Period         The Cardidate Name       Disbursement For:       2008       Amount of Each Disbursement this Period       1000.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td>Amou</td> <td>int o</td> <td>f Eacl</td> <td>h C</td> <td>Disburs</td> <td></td> <td></td> <td></td>						Amou	int o	f Eacl	h C	Disburs			
Office Sought:       House Senate President       Disbursement For: President       2008 Other (specify) ▼         Full Name (Last, First, Middle Initial) GERLACH, JIM       Transaction ID: State: AL       SB23.17569 Data of Disbursement         Mailing Address       649 Deep Hollow Lane       If 0 M ( 0 2 0 ) ( 2 0 0 8)         City Chester Springs       Pat       Zip Code Purpose of Disbursement         Pederal Campaign Contribution Candidate Name       Disbursement For: Prosident       2008 Primary         State: PA       District: 06       Disbursement For: Prosident       2008 Primary         Full Name (Last, First, Middle Initial) Malling Address       Disbursement For: Prosident       2008 Primary       Transaction ID: Category/ Type         Office Sought:       X House Senate       Disbursement For: Primary       2008 Chester Springs       Transaction ID: SE23.17576         Malling Address       PO BOX 2720       Amount of Each Disbursement this Period         Malling Address       PO BOX 2720       Amount of Each Disbursement this Period         City       State       Zip Code AR       Amount of Each Disbursement this Period         Office Sought:       House Primary       State       Zip Code AR       Amount of Each Disbursement this Period         Office Sought:       House President       Disbursement For: President       2008 Chester Primary						L.					2	500.0	0
x       Senate       Primary       X       General         Other (specify)       Other (specify)       Image: Control of the control o													
Full Name (Last, First, Middle Initial)       Transaction ID: SB23.17569         GERLACH, JIM       Mailing Address       649 Deep Hollow Lane         City       State       Zip Code         City       PA       19425         Purpose of Disbursement       Federal Campaign Contribution       Category/ Type         Office Sought:       X       House         State: PA       Disbursement For:       2008         President       Other (specify)       Image: Category/ Type       Transaction ID: SB23.17576         Office Sought:       X       House       Disbursement For:       2008         State: PA       District: 06       Other (specify)       Transaction ID: SB23.17576         Mailing Address       PO BOX 2720       Transaction ID: SB23.17576         Mailing Address       PO BOX 2720       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       2008         Purpose of Disbursement       Gategory/ Type       Y       2 0 0 8Y         Office Sought:       House       Disbursement For:       2008         Purpose of Disbursement       Disbursement For:       2008       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:	X Senate President	Primary X General											
GERLACH, JIM       Date of Disbursement         Mailing Address       649 Deep Hollow Lane         City       State       Zip Code         Chester Springs       PA       19425         Purpose of Disbursement       Federal Campaign Contribution       Category/ Type         Office Sought:       X House       Disbursement For:       2008         Senate       Primary       X General       Transaction ID:       SB23,17576         Other (specify)       Other (specify)       Transaction ID:       SB23,17576         Mailing Address       PO BOX 2720       Transaction ID:       SB23,17576         City       State       Zip Code       Transaction ID:       SB23,17576         Mailing Address       PO BOX 2720       Amount of Each Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period         Mailing Address       PO BOX 2720       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       2008         Purpose of Disbursement       Disbursement For:       2008       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       2008       Category/         Office Sought:<													
City       State       Zip Code         Purpose of Disbursement       PA       19425         Purpose of Disbursement       Federal Campaign Contribution       Category/ Type         Office Sought:       X       House       Disbursement For:       2008         President       Disbursement For:       2008       Transaction ID:       SB23.17576         State:       PA       Disbursement       Transaction ID:       SB23.17576         MARK PRYOR FOR US SENATE       Other (specify) ▼       Transaction ID:       SB23.17576         Mailing Address       PO BOX 2720       Manount of Each Disbursement this Period         City       State       Zip Code       Mount of Each Disbursement this Period         UTTLE ROCK       AR       72203       Amount of Each Disbursement this Period         Purpose of Disbursement       Category/ Type       1000.00       1000.00         Office Sought:       House       Disbursement For:       2008       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       2008       Category/ Type       1000.00       1000.00         Office Sought:       House       Disbursement For:       2008       Category/ Type       1000.00         Office Sought:       House </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>Date</td> <td>of D</td> <td>isburs</td> <td>ser</td> <td>nent</td> <td></td> <td></td> <td></td>						Date	of D	isburs	ser	nent			
Chester Springs       PA       19425         Purpose of Disbursement       Federal Campaign Contribution       Category/ Type         Office Sought:       X       House       Disbursement For:       2008         State: PA       District: 06       Other (specify) ▼       Transaction ID:       SB23.17576         Full Name (Last, First, Middle Initial)       MARK PRYOR FOR US SENATE       Transaction ID:       SB23.17576         Mailing Address       PO BOX 2720       Total of Disbursement       Total of Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period         LITTLE ROCK       AR       72203       Amount of Each Disbursement this Period         Purpose of Disbursement       Category/ Type       1000.00       1000.00         Office Sought:       House       Disbursement For:       2008         Candidate Name       Category/ Type       1000.00       1000.00         Office Sought:       House       Disbursement For:       2008         Y president       Other (specify) ▼        4500.00	Mailing Address 649 Deep Hollow La	ane				1 <sup>M</sup> 0	м	/ D	22	<sup>D</sup> /	Ŷ	źoó	3 <sup>°</sup>
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Federal Campaign Contribution         Candidate Name         Office Sought:       House         X       Senate         President       Other (specify)         State: AR       District: 00						Amou	int o	f Eacl	h C	Disburs			
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x     Senate     Primary     X     General       President     Other (specify)     ▼				-	-								
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FEC Schedule B ( Form 3X) (Revised 02/2003)

	(FEC Form 3X) BURSEMENTS	Use separate schedule for each category of the Detailed Summary Pag	(check only	NUMBER:     PAGE 32/34       y one)     22     X     23     24     25     23       28a     28b     28c     29     33
NAME OF COMM	boses, other than using the		cal committee to so	for the purpose of soliciting contributions licit contributions from such committee tt-
Full Name (Last, F	FOR CONGRESS       PO BOX 902       PO BOX 902       sement       Contribution       X     House       Senate     Dist	State Zip Code GA 30503 pursement For: 2008 Primary X Genera	Category/ Type	Transaction ID:       SB23.17577         Date of Disbursement       Image: Comparison of the second se
Full Name (Last, F	President District: 09 First, Middle Initial) NS FOR CONGRESS PO Box 38585	Other (specify)		Transaction ID:       SB23.17570         Date of Disbursement
City Dallas Purpose of Disbur Federal Campaign Candidate Name		State Zip Code TX 75238	Category/ Type	Amount of Each Disbursement this Period 2500.00
Office Sought: State: TX Full Name (Last, F	Senate President District: 32	Dursement For: 2008 Primary X Genera Other (specify) ▼		
· · ·	P. O. Box 713	TEE		Transaction ID:SB23.17563Date of Disbursement $10^{M}$ $10^{M}$ $17^{D}$ $17^{V}$ $2008^{V}$
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	I			6500.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)	[	FOR LINE NUMBER: PAGE 33/34
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n		any person for the purpose of soliciting contributions
American Association of Oral and Maxil	lofacial Surgeons Political Action	on Committ-
Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.		Transaction ID: SB23.17564 Date of Disbursement
Mailing Address P.O. BOX 40233 P.O. BOX 40233		
City FORT WAYNE	State Zip Code IN 46804	Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution		1000.00
Candidate Name	· · · ·	ategory/ Type
Office Sought: X House Disbu Senate President State: IN District: 03	Primary X General Other (specify) ▼	
Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORN	YN INC	Transaction ID: SB23.17578 Date of Disbursement
Mailing Address 6850 AUSTIN CENTR SUITE 180	E BLVD	
City AUSTIN	State Zip Code TX 78731	Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution		2000.00
Candidate Name	· · · ·	ategory/ Type
Office Sought: House Disbu X Senate President State: TX District: 00	Primary X General Other (specify) ▼	
Full Name (Last, First, Middle Initial) WYDEN FOR SENATE		Transaction ID: SB23.17571 Date of Disbursement
Mailing Address PO BOX 3498		10 <sup>M</sup> / 22 / YYYYY
City PORTLAND	State Zip Code OR 97208	Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution		5000.00
Candidate Name	· · ·	ategory/ Type
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FEC Schedule B ( Form 3X) (Revised 02/2003)

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		NAME OF COMMITTEE (In Full) American Association of Oral ee	and Maxillof	acial Surg	eons Political	Actic	on C	ommi	t-							
Α.	-	Full Name (Last, First, Middle Initia Friends of Martin O'Malley Mailing Address 218 E Lexin							Date	e of D	isburs	seme	5B29.1 nt / Y		56 0 ð 8	Y
		City Baltimore		State MD	Zip Code 21202				Amo	ount c	of Eacl	n Dis	burser	-		
		Purpose of Disbursement State Campaign Contribution											<u> </u>	10	00.00	
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