

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9700 West Bryn Mawr Ave.
 Check if different than previously reported. (ACC)
Rosemont IL 60018

2. **FEC IDENTIFICATION NUMBER** C00005660
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of IL

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Colin Bell

Signature of Treasurer Electronically Filed by Dr. Colin Bell Date 12 01 2008

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. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		593676.30
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	473813.30									
(c) Total Receipts (from Line 19)	79732.80	183099.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	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 TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	22775.00	63025.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	56461.00	104831.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	79236.00	167856.00
(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)	79236.00	167856.00
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	8500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	496.80	6743.95
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))	79732.80	183099.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	79732.80	183099.95

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	61.02	4698.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	61.02	4698.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	239500.00
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	625.00
(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	625.00
29. Other Disbursements.....	1000.00	4468.00
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))..	26061.02	249291.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26061.02	249291.17

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) Dr. Randolph Alexander		Date of Receipt
	Mailing Address 2708 Aster Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Lake Charles	LA	70601-8824
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17585
Name of Employer Self Employed		Occupation Oral & Maxillofacial Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Lloyd Anseth		Date of Receipt
	Mailing Address 29 Cross Point Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Owings	MD	20736
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17589
Name of Employer Self Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

C.	Full Name (Last, First, Middle Initial) Dr. Bernard Asdell		Date of Receipt
	Mailing Address 707 N. Michigan St. suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	City	State	Zip Code
	South Bend	IN	46601-1070
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17590
Name of Employer Michiana OMS		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 375.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1075.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. G. Atwell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8		
	Mailing Address 901 Leghton Avenue Suite 401		Transaction ID: SA11AI.17591		
	City Anniston	State AL	Zip Code 36207	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation Oral & Maxillofacial Surgeon		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Dr. Anthony Bennett		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 8		
	Mailing Address 1425 N McLean Blvd Suite 200		Transaction ID: SA11AI.17610		
	City Elgin	State IL	Zip Code 60123-1279	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Century Oaks Medical Cent- er		Occupation Oral Surgeon		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Remy Blanchaert		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 8		
	Mailing Address 643 N Crest Ridge Ct		Transaction ID: SA11AI.17614		
	City Wichita	State KS	Zip Code 67230-1621	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Oral Surgeon		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Dale Bloomquist		Date of Receipt
	Mailing Address 1221 Madison Street Suite 116		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Seattle	WA	98104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17617
Name of Employer Self-Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 375.00

B.	Full Name (Last, First, Middle Initial) Dr. Kurt Bruksch		Date of Receipt
	Mailing Address 690 North Route 31		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Crystal Lake	IL	60012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17622
Name of Employer Self Employed		Occupation Oral & Maxillofacial Surgeons	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dr. Robert Burns		Date of Receipt
	Mailing Address 481 North Harbor City Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Melbourne	FL	32935
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17628
Name of Employer Self-Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1375.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. David A. Bussard		Date of Receipt
	Mailing Address 8140 Knue Road Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Indianapolis	IN	46250-1928
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17629
Name of Employer Indiana OMS Associates		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	375.00

B.	Full Name (Last, First, Middle Initial) Dr. Paul Carroll		Date of Receipt
	Mailing Address 5460 Dellwood Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 1 / 2 0 0 8
	City	State	Zip Code
	San Jose	CA	95118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17633
Name of Employer Self		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	200.00

C.	Full Name (Last, First, Middle Initial) Dr. Angelle Casagrande		Date of Receipt
	Mailing Address 1374 Shell Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Clayton	CA	94517
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17637
Name of Employer Self-Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Andrew Chang

Mailing Address 9855 Erma Road
Suite 100

City San Diego State CA Zip Code 92131

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

Name of Employer Self-Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.17641

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ira Cheifetz

Mailing Address 2303 Whitehorse Mercerville Rd.
Suite 5

City Mercerville State NJ Zip Code 08619-1944

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

Name of Employer Mercerville Prof Park Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: SA11AI.17642

Amount of Each Receipt this Period
375.00

C.

Full Name (Last, First, Middle Initial)
Tony Chu

Mailing Address 1174 Montgomery Dr

City Santa Rosa State CA Zip Code 95405-4802

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

Name of Employer Santa Rosa Oral Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.17647

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.	Full Name (Last, First, Middle Initial) Dr. William J. Clark	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	Mailing Address 1801 Solar Drive Suite 100	Transaction ID: SA11AI.17651
	City Oxnard State CA Zip Code 93030	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Marianne Coburn	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 8
	Mailing Address 1221 Hayes Avenue Suite C	Transaction ID: SA11AI.17652
	City Sandusky State OH Zip Code 44870-3345	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Marianne L. Coburn DDS Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael Cole	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 8
	Mailing Address 2630 South Carrier Pkwy Suite C	Transaction ID: SA11AI.17653
	City Grand Prairie State TX Zip Code 75052	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. H.M. Cox		Date of Receipt MM / DD / YYYY 11 / 11 / 2008		
	Mailing Address 2945 Northwoods Way		Transaction ID: SA11AI.17659		
	City Redding	State CA	Zip Code 96002	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Cyr		Date of Receipt MM / DD / YYYY 11 / 20 / 2008		
	Mailing Address 3217 Grove Ave.		Transaction ID: SA11AI.17666		
	City Richmond	State VA	Zip Code 23221	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oral Surgery Associates	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Eugene D'Amico		Date of Receipt MM / DD / YYYY 11 / 06 / 2008		
	Mailing Address 4735 Ogletown-Stanton Rd Suite 1115		Transaction ID: SA11AI.17668		
	City Newark	State DE	Zip Code 19713	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Nathan Dickerson		Date of Receipt
	Mailing Address 2918 Hillrise Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 11 / 2008
	City	State	Zip Code
	Las Cruces	NM	88011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17672
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Oral & Maxillofacial Surgeon	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Fister		Date of Receipt
	Mailing Address 224 State St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2008
	City	State	Zip Code
	Bangor	ME	04401-5434
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17687
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Oral Surgeon	<input type="text"/> 200.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Robert Fontanesi		Date of Receipt
	Mailing Address 705 West La Veta Avenue Suite 109		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 20 / 2008
	City	State	Zip Code
	Orange	CA	92868
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17692
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Oral Surgeon	<input type="text"/> 200.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.	Full Name (Last, First, Middle Initial) Stuart Fredd		Date of Receipt	
	Mailing Address 2100 N Broad St Suite 106		M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17693
	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		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Dr. Thomas Helfst		Date of Receipt	
	Mailing Address 400 Stroud Building Route 611		M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17724
	Stroudsburg	PA	18360	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		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

C.	Full Name (Last, First, Middle Initial) Grant Hogan		Date of Receipt	
	Mailing Address 9247 Jasmine Ln		M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8	
	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		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Steven Holmes

Mailing Address 7600 Red Rd.
Suite 101

City Miami State FL Zip Code 33143

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

Name of Employer South Florida Center For Corrective Ja Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 06 / 2008
Transaction ID: SA11AI.17736
 Amount of Each Receipt this Period 375.00

B. Full Name (Last, First, Middle Initial)
Dr. Julius Hyatt

Mailing Address 10 Warren Rd.
Suite 330

City Cockeysville State MD Zip Code 21030-1913

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

Name of Employer Hunt Valley Medical Center Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2008
Transaction ID: SA11AI.17746
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark Jackson

Mailing Address 20 South Park Street
Ste 506

City Madison State WI Zip Code 53715-1348

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

Name of Employer Ctr for OMS Madison Med Ctr Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2008
Transaction ID: SA11AI.17753
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Robert Jackson		Date of Receipt
	Mailing Address P.O. Box 1696 209 Mimosa Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 0 / 2 0 0 8
	City	State	Zip Code
	thomasville	GA	31799
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17754
Name of Employer Self Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	200.00

B.	Full Name (Last, First, Middle Initial) Daniel Klemmedson		Date of Receipt
	Mailing Address 3150 N Swan Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Tuscon	AZ	85712
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17772
Name of Employer Associates in OMS		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

C.	Full Name (Last, First, Middle Initial) Timothy Koob		Date of Receipt
	Mailing Address 5801 Research Park Blvd Suite 110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Madison	WI	53719
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17774
Name of Employer Madison Oral & Maxillofac- ial S		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.	Full Name (Last, First, Middle Initial) Dr. John Mascaro		Date of Receipt
	Mailing Address 4230 State Route 306 Suite 350		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 0 / 2 0 0 8
	City State Zip Code Willoughby OH 44094		Transaction ID: SA11AI.17808
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Occupation Great Lakes Jaw & Implant Surg Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael Mauck		Date of Receipt
	Mailing Address 10111 Forest Hill Blvd Suite 341		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 0 / 2 0 0 8
	City State Zip Code West Palm Beach FL 33414		Transaction ID: SA11AI.17810
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Occupation Wellington Center for OMS Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Ronald Mead		Date of Receipt
	Mailing Address 990 Boysen Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 1 / 2 0 0 8
	City State Zip Code San Luis Obispo CA 93405-1313		Transaction ID: SA11AI.17819
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Occupation Self-Employed Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Mark Mitchell	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 8
	Mailing Address 2711 Tampa Road	Transaction ID: SA11AI.17830
	City State Zip Code Palm Harbor FL 34684	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Coastal Jaw Surgery Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. John Monterubio	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 8
	Mailing Address 1034 South Brentwood Suite 1010	Transaction ID: SA11AI.17832
	City State Zip Code St. Louis MO 63117-1210	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Monterubio & Herbosa OMS Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Kent Moore	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 8
	Mailing Address 1718 E 4th St Suite 804	Transaction ID: SA11AI.17833
	City State Zip Code Charlotte NC 28204	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Drs. Barts & Moore PA Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kevin Morse		Date of Receipt
	Mailing Address PSC557 Box 1732		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 11 / 2008
	City	State	Zip Code
	FPO	AP	96379-1700
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17835
Name of Employer Self Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	200.00

B.	Full Name (Last, First, Middle Initial) Dr. James Nelson		Date of Receipt
	Mailing Address 3217 Grove Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 20 / 2008
	City	State	Zip Code
	Richmomd	VA	23221-2815
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17840
Name of Employer Oral Surgery Associates		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

C.	Full Name (Last, First, Middle Initial) Joseph Novak		Date of Receipt
	Mailing Address 15095 Woodwind Cv		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 19 / 2008
	City	State	Zip Code
	Biloxi	MS	39532-8556
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17841
Name of Employer Self Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Larry Pepper	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 8
	Mailing Address 4700 Union Deposit Road Suite 260	Transaction ID: SA11AI.17855
	City Harrisburg State PA Zip Code 17111	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Central PA OMS Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Richard Powell	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 8
	Mailing Address 1456 Kaderly St. NW	Transaction ID: SA11AI.17861
	City New Philadelphia State OH Zip Code 44663-1260	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tuscarawas OMS Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Henry Robson	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 8
	Mailing Address 1010 Chadworth Court	Transaction ID: SA11AI.17876
	City Birmingham State AL Zip Code 35242	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Regional Oral & Facial Surgery Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Dr. Ted Rosner

Mailing Address 693 Main Street

City State Zip Code
Lumberton NJ 08048-0098

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

Name of Employer Occupation
Self-Employed Oral & Maxillofacial Surgeon

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

Date of Receipt

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

Transaction ID: SA11AI.17878

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Dr. Louis Scannura

Mailing Address 3007 Spring Mill Drive

City State Zip Code
Springfield IL 62704

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

Name of Employer Occupation
Springfield Associates in OMS Oral Surgeon

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.17893

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy Schmakel

Mailing Address 31100 Telegraph Road
Suite 100

City State Zip Code
Bingham Farms MI 48025

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

Name of Employer Occupation
Self-Employed Oral Surgeon

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

Date of Receipt

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

Transaction ID: SA11AI.17894

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DR. Carina Schwartz-Dabney		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 8		
	Mailing Address 1702 Dowling Drive		Transaction ID: SA11AI.17897		
	City Irving	State TX	Zip Code 75038	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Anthony Sclar		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 8		
	Mailing Address 7600 Red Rd Suite 101		Transaction ID: SA11AI.17898		
	City Miami	State FL	Zip Code 33143	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer South Florida OMS	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Kirk Scott		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 8		
	Mailing Address 5575 Warren Pkwy Suite 206		Transaction ID: SA11AI.17900		
	City Frisco	State TX	Zip Code 75034	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stonebrair Facial & Oral Surge	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Matthew Simmons		Date of Receipt
	Mailing Address 2508 Myrtle Street		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Erie	PA	16502
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17911
Name of Employer A P King, DMD		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="200.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Thomas Skiba		Date of Receipt
	Mailing Address 690 North Route 31		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Crystal Lake	IL	60012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17913
Name of Employer Self Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Edwin Slade		Date of Receipt
	Mailing Address 101 Progress Dr.		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Doylestown	PA	18901-2509
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17915
Name of Employer Oral & Facial Surgery Ctr.		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Kimberly Swanson	Date of Receipt MM / DD / YYYY 11 / 12 / 2008
	Mailing Address 8503 Patterson Avenue	Transaction ID: SA11AI.17932
	City Richmond State VA Zip Code 23229	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Albert Sweeney	Date of Receipt MM / DD / YYYY 11 / 20 / 2008
	Mailing Address 985 Russell Ave	Transaction ID: SA11AI.17933
	City Gaithersburg State MD Zip Code 20879	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Drs. Goldblatt Sweeney & Wise Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Don Tillery	Date of Receipt MM / DD / YYYY 11 / 20 / 2008
	Mailing Address 1355 North Orange Ave. Suite 3	Transaction ID: SA11AI.17940
	City Winter Park State FL Zip Code 32789-3735	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Robert Walker		Date of Receipt
	Mailing Address 5323 Harry Hines Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Dallas	TX	75309-9109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17950
Name of Employer Self-Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 375.00

B.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Wallen		Date of Receipt
	Mailing Address 1203 48th Ave. N Suite 202		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Myrtle Beach	SC	29577
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17953
Name of Employer Jeffrey H Wallen DDS PC		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 375.00

C.	Full Name (Last, First, Middle Initial) Dr. Richard D. Walls		Date of Receipt
	Mailing Address 2155 Post Oak Tritt Road Suite 500		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Marietta	GA	30062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17954
Name of Employer Self-Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 200.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 950.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 1325 Mount Auburn Road

City State Zip Code
Cape Girardeau MO 63701

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.17955

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Russell Webb

Mailing Address 930 West Foothill Suite C

City State Zip Code
Upland CA 91786

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

Name of Employer Self-Employed Occupation
Self-Employed Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.17956

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Russell Westfall

Mailing Address 1271 7th Street

City State Zip Code
Slidell LA 70458

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

Name of Employer Northlake OMS Occupation
Northlake OMS Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: SA11AI.17960

Amount of Each Receipt this Period
375.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Mark Wohlford		Date of Receipt																					
	Mailing Address 550 West Virginia Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	6	/	2	0	0	8														
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00																						

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 34
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DWS Scudder Investments Servic		Date of Receipt
	Mailing Address P.O. Box 219154		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Kansas City	MO	64121-9154
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.17562
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 142.70
		<input type="text"/> 2084.74	Interest

B.	Full Name (Last, First, Middle Initial) The Northern Trust Company		Date of Receipt
	Mailing Address 1501 Woodfield Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Schaumburg	IL	60173
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.17977
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 81.26
		<input type="text"/> 4386.37	Interest

C.	Full Name (Last, First, Middle Initial) The Northern Trust Company		Date of Receipt
	Mailing Address 1501 Woodfield Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Schaumburg	IL	60173
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.17978
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 272.84
		<input type="text"/> 4659.21	CD Interest

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 496.80
TOTAL This Period (last page this line number only)	<input type="text"/> 496.80

**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 29 / 34

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City State Zip Code
Schaumburg IL 60173

Purpose of Disbursement
Bank fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.17979

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		0	4		2	0	0	8

Amount of Each Disbursement this Period

39.59

SUBTOTAL of Disbursements This Page (optional)

39.59

TOTAL This Period (last page this line number only)

39.59

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.17579 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8
	Mailing Address POST OFFICE BOX 12469	Amount of Each Disbursement this Period 2500.00
	City ATLANTA State GA Zip Code 30355	
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	
B.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN	Transaction ID: SB23.17572 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Mailing Address P O BOX 811	Amount of Each Disbursement this Period 2500.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO	Transaction ID: SB23.17575 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Mailing Address PO BOX 52008	Amount of Each Disbursement this Period 1000.00
	City CASPER State WY Zip Code 82605	
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	6000.00
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 31 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

Transaction ID: SB23.17573

A. FRIENDS OF SESSIONS SENATE COMMITTEE INC

Date of Disbursement

Mailing Address P O BOX 4278

10 / 23 / 2008

City MONTGOMERY State AL Zip Code 36103

Amount of Each Disbursement this Period

Purpose of Disbursement
Federal Campaign Contribution

2500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 00

Full Name (Last, First, Middle Initial)

Transaction ID: SB23.17569

B. GERLACH, JIM

Date of Disbursement

Mailing Address 649 Deep Hollow Lane

10 / 22 / 2008

City Chester Springs State PA Zip Code 19425

Amount of Each Disbursement this Period

Purpose of Disbursement
Federal Campaign Contribution

1000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 06

Full Name (Last, First, Middle Initial)

Transaction ID: SB23.17576

C. MARK PRYOR FOR US SENATE

Date of Disbursement

Mailing Address PO BOX 2720

10 / 23 / 2008

City LITTLE ROCK State AR Zip Code 72203

Amount of Each Disbursement this Period

Purpose of Disbursement
Federal Campaign Contribution

1000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AR District: 00

SUBTOTAL of Disbursements This Page (optional)

4500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS	Transaction ID: SB23.17577 Date of Disbursement 10 / 23 / 2008
	Mailing Address PO BOX 902 PO BOX 902 City GAINESVILLE State GA Zip Code 30503 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 09
Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS	Transaction ID: SB23.17570 Date of Disbursement 10 / 22 / 2008
Mailing Address PO Box 38585 City Dallas State TX Zip Code 75238 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 32	Amount of Each Disbursement this Period 3000.00 2500.00
Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE	Transaction ID: SB23.17563 Date of Disbursement 10 / 17 / 2008
Mailing Address P. O. Box 713 City Wheaton State IL Zip Code 60187 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

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

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

City State Zip Code
FORT WAYNE IN 46804

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Federal Campaign Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 03

B.

Full Name (Last, First, Middle Initial)
TEXANS FOR SENATOR JOHN CORNYN INC

Transaction ID: SB23.17578
Date of Disbursement

Mailing Address 6850 AUSTIN CENTRE BLVD
SUITE 180

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

City State Zip Code
AUSTIN TX 78731

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Federal Campaign Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 00

C.

Full Name (Last, First, Middle Initial)
WYDEN FOR SENATE

Transaction ID: SB23.17571
Date of Disbursement

Mailing Address PO BOX 3498

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

City State Zip Code
PORTLAND OR 97208

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Federal Campaign Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

25000.00

**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 34 / 34

<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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Friends of Martin O'Malley

Transaction ID: SB29.17566

Date of Disbursement

^M 1	^M 0	/	^D 2	^D 2	/	^Y 2	^Y 0	^Y 0	^Y 8
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Mailing Address 218 E Lexington St
Suite 602

City Baltimore State MD Zip Code 21202

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MD District:

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00
