

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 12 01 2009 through 12 31 2009

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. David Prindiville

Signature of Treasurer Electronically Filed by Dr. David Prindiville Date 01 28 2010

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

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		598204.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	623894.58									
(c) Total Receipts (from Line 19)	55689.66	250261.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	679584.24	848466.03								
7. Total Disbursements (from Line 31)	32946.80	201828.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	646637.44	646637.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	333.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	912.00									

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: To:

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		
(i) Itemized (use Schedule A)	18455.00	89403.00
(ii) Unitemized	37100.00	145651.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	55555.00	235054.00
(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)	55555.00	235054.00
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	12500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	134.66	2707.07
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))	55689.66	250261.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55689.66	250261.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	22246.80	81716.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22246.80	81716.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	119000.00
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	200.00	907.00
(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))	200.00	907.00
29. Other Disbursements.....	0.00	205.00
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))..	32946.80	201828.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32946.80	201828.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	55555.00	235054.00
34. Total Contribution Refunds (from Line 28(d))	200.00	907.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55355.00	234147.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22246.80	81716.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22246.80	81716.59

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 / 31
	<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. James Adams		Date of Receipt
	Mailing Address 455 S. Washington St. Suite 14		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gettysburg	PA	17325-2516
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19387
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 ▼ 750.00	<input type="text" value="375.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Thomas Auyong		Date of Receipt
	Mailing Address 724-B North Diamond Bar		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Diamond Bar	CA	91765-1038
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19392
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" value="375.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Tilden Bobbitt		Date of Receipt
	Mailing Address 2801 Dudley Ave Suite C		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Parkersburg	WV	26101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19412
Name of Employer Noorbakhsh & Bobbitt		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" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Paul Bocciarelli		Date of Receipt MM / DD / YYYY 12 / 16 / 2009		
	Mailing Address 506 Cromwell Ave.		Transaction ID: SA11AI.19413		
	City Rocky Hill	State CT	Zip Code 06067	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rocky Hill Medical Arts	Occupation Oral Surgeon	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. David A. Bussard		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 8140 Knue Road Suite 200		Transaction ID: SA11AI.19430		
	City Indianapolis	State IN	Zip Code 46250-1928	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Indiana OMS Associates	Occupation Oral Surgeon	Aggregate Year-to-Date 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Walter Busse		Date of Receipt MM / DD / YYYY 12 / 29 / 2009		
	Mailing Address 550 East 162nd Street Suite E West		Transaction ID: SA11AI.19431		
	City South Holland	State IL	Zip Code 60473	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	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: (check only one)	PAGE 8 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Stephen Cameron		Date of Receipt
	Mailing Address 1212 York Road Suite A201		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lutherville	MD	21083-6206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19432
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 ▼ 400.00	<input type="text" value="200.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Robert Chames		Date of Receipt
	Mailing Address 32572 Woodbrook		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wayne	MI	48184
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19433
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	<input type="text" value="200.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Terry Cisler		Date of Receipt
	Mailing Address 1602 N. Randall Ave.		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Janesville	WI	53545
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19439
Name of Employer Southern Wisconsin 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	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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 9 / 31
	<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 Conlon

Mailing Address 312 Center Street

City State Zip Code
Lake Geneva WI 53147-1813

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.19444

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Theodore Corcoran

Mailing Address 6319 Castle Place
Suite 1E

City State Zip Code
Falls Church VA 22044

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

Name of Employer Self-Employed Occupation Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.19446

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Clifford Cornelius

Mailing Address 11461 East Calle del Rincon

City State Zip Code
Tuscon AZ 85749

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

Name of Employer Arizona OMS Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.19447

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 31
(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. Mary Delsol

Mailing Address 32241 Crown Valley Pkwy
Suite 220

City Dana Point State CA Zip Code 92629

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

Name of Employer Self-Employed Occupation Oral & Maxillofacial surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.19452

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Joseph Dusek

Mailing Address 15831 Sylvan Lake

City Houston State TX Zip Code 77062

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

Name of Employer Oral Surgery Associates Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.19461

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lawrence Falender

Mailing Address 9670 East Washington Street
Suite 210

City Indianapolis State IN Zip Code 46229

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

Name of Employer Self-Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.19470

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31
(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. Howard Fisher

Mailing Address 1755 Lewis Turner Blvd

City State Zip Code
Fort Walton Beach FL 32547-1221

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

Name of Employer Oral & Maxillofacial Surgery
Occupation 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 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.19474

Amount of Each Receipt this Period
200.00

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

Mailing Address 3800 Commerce St
Apt 202

City State Zip Code
Dallas TX 75226

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 ▼ 700.00

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

Transaction ID: SA11AI.19478

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard Fugler

Mailing Address 45 Flag Lake Plaza

City State Zip Code
Lake Jackson TX 77566

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

Name of Employer Self-Employed
Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

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

Transaction ID: SA11AI.19483

Amount of Each Receipt this Period
380.00

SUBTOTAL of Receipts This Page (optional) ► **780.00**

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 12 / 31
(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)
John Gagnon

Mailing Address 3510 N Ridge Rd
Suite 500

City State Zip Code
Wichita KS 67205

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

Name of Employer Occupation
Self Employed Oral Surgeon

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

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

Transaction ID: SA11AI.19484

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Lanny Garvar

Mailing Address 7401 North University Drive
Suite 102

City State Zip Code
Tamarac FL 33321-2991

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

Name of Employer Occupation
Garvar & Steward DMD Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 575.00

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

Transaction ID: SA11AI.19487

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael J. Garvey

Mailing Address 6490 Main Street
Suite 4

City State Zip Code
Williamsville NY 14221

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

Name of Employer Occupation
Self-Employed Oral Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.19488

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 31
	<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) Paul German		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 9		
	Mailing Address 5140 Dorsey Hall Dr		Transaction ID: SA11AI.19495		
	City Ellicott City	State MD	Zip Code 21042	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

B.	Full Name (Last, First, Middle Initial) Dr. Ralph Green		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9		
	Mailing Address 3809-B Poplar Level Road		Transaction ID: SA11AI.19502		
	City Louisville	State KY	Zip Code 40213-1429	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ralph M. Green DMD	Occupation Oral & Maxillofacial Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Dr. Murray Jacobs		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 9		
	Mailing Address 1213 Coffee Rd. Suite D		Transaction ID: SA11AI.19520		
	City Modesto	State CA	Zip Code 95355	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 ▼ 1000.00			

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 14 / 31
	<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. J David Johnson		Date of Receipt
	Mailing Address 420 Laboratory 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 12 / 11 / 2009
	City	State	Zip Code
	Oak Ridge	TN	37830
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19521
Name of Employer OMS Specialists		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 ▼ 800.00	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) Dr. John Johnson		Date of Receipt
	Mailing Address 4608-C S Harvard		<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 12 / 11 / 2009
	City	State	Zip Code
	Tulsa	OK	74135-2907
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19522
Name of Employer John N. Johnson DDS Inc.		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 ▼ 400.00	<input type="text"/> 200.00

C.	Full Name (Last, First, Middle Initial) Dr. Claudia Kaplan		Date of Receipt
	Mailing Address 47 East 77th Street Suite 216		<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 12 / 28 / 2009
	City	State	Zip Code
	New York	NY	10021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19530
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	<input type="text"/> 200.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
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 15 / 31
(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. Spiro Karras

Mailing Address 6677 North Lincoln Avenue
Suite 330

City Lincolnwood State IL Zip Code 60712

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19531

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Daniel Klemmedson

Mailing Address 3150 N Swan Rd

City Tuscon State AZ Zip Code 85712

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

Name of Employer Associates in OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.19538

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Brian Kloberdanz

Mailing Address 2580 Foxfield Road
Suite 100

City St. Charles State IL Zip Code 60174

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

Name of Employer Kruzan & Kloberdanz DDS Ltd Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.19539

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 31
(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. John Lavieri

Mailing Address 206 Marquette Street
Suite 311

City LaSalle State IL Zip Code 61301

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

Name of Employer La Salle 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 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.19548

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
John Leib

Mailing Address 16 Terrace Gardens

City St Louis State MO Zip Code 63131

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

Name of Employer Oral Surgeons of Southern IL Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.19550

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 372 Washington St.

City Quincy State MA Zip Code 02169

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

Name of Employer Self Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.19552

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 31
(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. Michael Loftus

Mailing Address 9600 Roosevelt Blvd
Suite 101

City Philadelphia State PA Zip Code 19115

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

Name of Employer Oral Surgical Associates Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.19555

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Gregg Lombardo

Mailing Address 1510 Medical Center Dr

City Wilmington State NC Zip Code 28401

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

Name of Employer Coastal Carolina OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.19558

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 6425 Odana Rd.

City Madison State WI Zip Code 53719

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

Name of Employer Madison OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: SA11AI.19559

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 18 / 31

(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. Coletta Miller

Mailing Address 3740 E. Lake Center

City State Zip Code
Quincy IL 62301

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

Name of Employer Self Occupation Oral Surgeon

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

Date of Receipt

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

Transaction ID: SA11AI.19569

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dale Misiek

Mailing Address 8738 University City Blvd

City State Zip Code
Charlotte NC 28213

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

Name of Employer University OMS Occupation 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
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.19571

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jackrit Mongkollugsana

Mailing Address 154 West Schrock Road
Suite B

City State Zip Code
Westerville OH 43081

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19572

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 31
	<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. Jack Mrazik		Date of Receipt MM / DD / YYYY 12 / 30 / 2009		
	Mailing Address Sentara Careplex 3000 Coliseum Dr./Suite 204		Transaction ID: SA11AI.19575		
	City Hampton	State VA	Zip Code 23666-0680	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 ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. James Nelson		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 3217 Grove Ave.		Transaction ID: SA11AI.19579		
	City Richmomd	State VA	Zip Code 23221-2815	Amount of Each Receipt this Period 500.00	
	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 ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Steven Nelson		Date of Receipt MM / DD / YYYY 12 / 16 / 2009		
	Mailing Address 6850 East Hampden Avenue Suite 202		Transaction ID: SA11AI.19578		
	City Denver	State CO	Zip Code 80224	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rocky Mtn OMS	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)	▶	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 20 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Bryan Neuwirth	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	Mailing Address 905 10th Avenue Drive NW	Transaction ID: SA11AI.19580
	City State Zip Code Hickory NC 28601-9200	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Brown & Neuwirth Oral & Cosmetic Surg Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Terry Olejko	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 9
	Mailing Address 615 Copeland Mill Rd. Suite 2A	Transaction ID: SA11AI.19584
	City State Zip Code Westerville OH 43081-8904	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Carlo Pagni	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	Mailing Address 4435 W 95th St	Transaction ID: SA11AI.19588
	City State Zip Code Oak Lawn IL 60453-2625	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kasper Heaton Wright Pagni & A 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 / 31
(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. Scott Podlesh

Mailing Address 885 Scott Blvd
Suite 1

City State Zip Code
Santa Clara CA 95050

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

Name of Employer Scott W. Podlesh DDS Occupation Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.19595

Amount of Each Receipt this Period
375.00

B. Full Name (Last, First, Middle Initial)
Dr. Frederick Reinbold

Mailing Address 4200 Lake Otis Parkway
Suite 201

City State Zip Code
Anchorage AK 99508

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

Name of Employer Anchorage OMS Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.19608

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven Roser

Mailing Address 1365-B Clifton Road, NE
Suite 2300-B

City State Zip Code
Atlanta GA 30322

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

Name of Employer Emory School of Medicine Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.19613

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 31		
	<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

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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. Lawrence Ryan		Date of Receipt MM / DD / YYYY 12 / 15 / 2009		
	Mailing Address 11 South Main Street		Transaction ID: SA11AI.19615		
	City Marlborough	State CT	Zip Code 06447	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 375.00		
	Name of Employer Self Employed		Occupation Oral Surgeon		

B.	Full Name (Last, First, Middle Initial) Dr. Curtis Schalit		Date of Receipt MM / DD / YYYY 12 / 14 / 2009		
	Mailing Address 855 Mason Avenue		Transaction ID: SA11AI.19619		
	City Daytona Beach	State FL	Zip Code 32117	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 375.00		
	Name of Employer John O. Akers DDS		Occupation Oral & Maxillofacial Surgeon		

C.	Full Name (Last, First, Middle Initial) John Shank		Date of Receipt MM / DD / YYYY 12 / 22 / 2009		
	Mailing Address 2121 E Dupont Rd Suite C		Transaction ID: SA11AI.19624		
	City Fort Wayne	State IN	Zip Code 46845	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
	Name of Employer Self Employed		Occupation Oral Surgeon		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 31
	<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. Kimberly Swanson		Date of Receipt
	Mailing Address 8503 Patterson Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Richmond	VA	23229
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19640
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"/>
		<input type="text"/> 375.00	<input type="text"/> 375.00

B.	Full Name (Last, First, Middle Initial) W Mark Tucker		Date of Receipt
	Mailing Address 724 Druid Hills Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Tampa	FL	33617-3810
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19645
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"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

C.	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 Y
	City	State	Zip Code
	Myrtle Beach	SC	29577
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19649
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 ▼	<input type="text"/>
		<input type="text"/> 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: PAGE 24 / 31
(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)
Russell Williams

Mailing Address 3007 Spring Mill Dr

City Springfield State IL Zip Code 62704-6558

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

Name of Employer Springfield Associates in OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 22 / 2009
Transaction ID: SA11AI.19656
Amount of Each Receipt this Period 375.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mauricio Wiltz

Mailing Address 1625 Poplar St. Suite 225

City Bronx State NY Zip Code 10701

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

Name of Employer Self Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.19660
Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Scott Woodbury

Mailing Address 800 Cooper Avenue Suite 7

City Saginaw State MI Zip Code 48602

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 ▼ 400.00

Date of Receipt 12 / 28 / 2009
Transaction ID: SA11AI.19665
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)	775.00
TOTAL This Period (last page this line number only)	18455.00

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

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

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

<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 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

Mailing Address P.O. Box 219154

City

Kansas City

State

MO

Zip Code

64121-9154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

231.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA17.19377

Amount of Each Receipt this Period

4.83

Interest

B.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2416.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: SA17.19375

Amount of Each Receipt this Period

71.20

CD Interest

C.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA17.19376

Amount of Each Receipt this Period

58.63

Interest

SUBTOTAL of Receipts This Page (optional)

134.66

TOTAL This Period (last page this line number only)

134.66

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

Transaction ID: SB21B.19386

American Association of Oral and Maxillofacial Surgeons

Date of Disbursement

Mailing Address 9700 W. Bryn Mawr

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

City Rosemont State IL Zip Code 60018

Amount of Each Disbursement this Period

Purpose of Disbursement
4th Qtr Staff Support

22170.69

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Transaction ID: SB21B.19379

B. Paypal

Date of Disbursement

Mailing Address 2211 N. First Street

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

Purpose of Disbursement
Paypal collection fee

9.30

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Transaction ID: SB21B.19380

C. Paypal

Date of Disbursement

Mailing Address 2211 N. First Street

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

Purpose of Disbursement
Paypal collection fee

14.80

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

22194.79

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 27 / 31

<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 Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.19378

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.01

SUBTOTAL of Disbursements This Page (optional)

52.01

TOTAL This Period (last page this line number only)

22246.80

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)

<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)
BILIRAKIS FOR CONGRESS

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 09

Transaction ID: SB23.19384
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.19381
Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF GINNY BROWN-WAITE

Mailing Address PO Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 05

Transaction ID: SB23.19385
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

2000.00

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 29 / 31

<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 Committee

Full Name (Last, First, Middle Initial)

A. MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: AR District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.19383

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

2000.00

B. PASCRELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: NJ District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.19382

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

10500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 / 31	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 20-08 carryover 09
Mailing Address PO Box 19008	
City Springfield State IL ZIP Code 62794-9008	

Outstanding Balance Beginning This Period 326.00	Transaction ID: SD9.18338	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 326.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 20-09 carryover 2010
Mailing Address PO Box 19008	
City Springfield State IL ZIP Code 62794-9008	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD9.19670	
Amount Incurred This Period 7.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.00

1) SUBTOTALS This Period This Page (optional).....	333.00
2) TOTALS This Period (last page this line number only).....	333.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	333.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 / 31	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Northern Trust Company	Nature of Debt (Purpose): Federal Tax Owed for 2009 activity
Mailing Address 1501 Woodfield Road	
City State ZIP Code Schaumburg IL 60173	

Outstanding Balance Beginning This Period	Transaction ID: SD10.19669	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
912.00	0.00	912.00

1) SUBTOTALS This Period This Page (optional).....	912.00
2) TOTALS This Period (last page this line number only).....	912.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	912.00