FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Association of Oral and Maxillofacial Surgeons Political Action Committ-9700 West Bryn Mawr Ave. ADDRESS (number and street) Check if different than previously Rosemont IL 60018 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00005660 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2006 8 0 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Vincent DiFabio Type or Print Name of Treasurer Electronically Filed by Dr. Vincent DiFabio 09 19 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26950473142

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Rep	port Covering the Period: From:	B 0 1 Y Y Y Y 2 0 0 6	To: 0 8 3 1 2 0 0 6
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 Y2006		488464.93
(1	b) Cash on Hand at Begining of Reporting Period	327342.17	
(c) Total Receipts (from Line 19)	19401.78	75442.76
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	346743.95	563907.69
'. T	otal Disbursements (from Line 31)	25141.78	242305.52
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	321602.17	321602.17
tl	Debts and Obligations owed TO he committee (Itemize all on Schedule C and/or Schedule D)	0.00	
tl	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
)		didate committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

Report Covering the Period:

From:

м м 8 0 01

^Y 2 0 0 6

To:

м м 0 8 ^D 3 1

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. C	ontributions (other than loans) From: i) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	8725.00	24900.00
	(ii) Unitemized	4800.00	29705.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	13525.00	54605.00
(b	o) Political Party Committees	0.00	0.00
(c	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13525.00	54605.00
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	0.00
	pan Repayments Receivedffsets To Operating Expenditures	0.00	0.00
(F (C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	Federal candidates and Other olitical Committees	5000.00	14500.00
	ther Federal Receipts Dividends, Interest, etc.)	876.78	6337.76
-	ransfers from Non-Federal and Levin Funds		
(-	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	19401.78	75442.76
	otal Federal Receipts	19401.78	75442.76

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements Page 4 COLUMN A COLUMN B

	EMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expendit (a) Shared Federa Activity (from States 	al/Non-Federal	0.00	0.00
(i) Federal S	Share	0.00	0.00
` '	eral Share	0.00	0.00
		28.78	3042.52
(c) Total Operating (add 21(a)(i),	g Expenditures (a)(ii) and (b))	28.78	3042.52
Transfers to Affiliat	•	0.00	0.00
Contributions to	:/Committees		
and Other Political Independent Exper 	Committees	16000.00	222500.00
		0.00	0.00
Committees (2 U.S	.C. 441a(d))	0.00	0.00
6. Loan Repayments	Made	0.00	0.00
		0.00	0.00
B. Refunds of Contrib (a) Individuals/Pe Than Political		113.00	263.00
(b) Political Party	Committees	0.00	0.00
(c) Other Political (such as PAC	Committees s)	0.00	0.00
(d) Total Contribution (add Lines 28)	tion Refunds (a), (b), and (c))	113.00	263.00
9. Other Disbursemer	nts	9000.00	16500.00
) Federal Election Δ	ctivity (2 U.S.C 431(20))		
(a) Shared Federa			
(from Schedule	e H6) are	0.00	0.00
.,	are	0.00	0.00
(b) Federal Election	on Activity Paid Entirely	0.00	0.00
(c) Total Federal E	Election Activity (add , 30(a)(ii) and 30(b))	0.00	0.00
	ats (add Lines 21(c), 22, 28(d), 29 and 30(c))	25141.78	242305.52
2. Total Federal Disk	pursements		
(subtract Line 21(a	a)(ii) from Line 30(a)(ii)	25141.78	242305.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
al Contributions (other than loans) n Line 11(d), page 3)	13525.00	54605.00
 al Contribution Refunds m Line 28(d))	113.00	263.00
Contributions (other than loans) otract Line 34 from Line 33)	13412.00	54342.00
al Federal Operating Expenditures I Line 21(a)(i) and Line 21(b))	28.78	3042.52
sets to Operating Expenditures m Line 15, page 3)	0.00	0.00
Operating Expenditures tract Line 37 from Line 36)	28.78	3042.52

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 21
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Association of Oral and Maxillo	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dr. Kirby Bunel			Date of Receipt
	Mailing Address 6 Woodmont Crossing			08 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.14503
	Texarkana	TX	75503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Oral & Facial Surgery of	Occupation		
	Texarkana Receipt For:	Oral Surg	geon • Year-to-Date ▼	\dashv
	Primary General	Aggregate	Todi-10-Date ▼	
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Dr. John Ciabattoni			Date of Receipt
	Mailing Address 1075 Berkshire Blvd Suite 800			08 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.14477
	Wyomissing	PA	19610-2034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Berks Oral Surgery	Occupation	n axillofacial Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	_ · · ·	500.00	
	Other (specify) ▼	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Robert Crooks			Date of Receipt
	Mailing Address 1920 Bull St.			08 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.14447
	Columbia	SC	29201-2508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Oral Surg		
	Receipt For:		Year-to-Date ▼	-
	Primary General			
	Other (specify) ▼		250.00	
SI	UBTOTAL of Receipts This Page (optional)			1000.00
т,	OTAL This Period (last nage this line number only	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/21
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	ay not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	American Association of Oral and Maxillo ee	ofacial Su	urgeons Political Action Comm	nitt-
۹.	Full Name (Last, First, Middle Initial) Eugene D'Amico			Date of Receipt
	Mailing Address 4735 Ogletown-Stanton F Suite 1115	08 / 000 / 2006		
	City	State	Zip Code	Transaction ID: SA11A1.14472
	Newark	DE	19713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Solf Employed 1	Occupation		1
		Oral Surg	<u> </u>	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	325.00	
3.	Full Name (Last, First, Middle Initial) Mark Degen			Date of Receipt
	Mailing Address 4730 S Fort Apache Rd Suite 390			08 30 2006
	City	State	Zip Code	Transaction ID: SA11A1.14513
	Las Vegas	NV	89147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Pod Pook Oral 2 Maxillofa	Occupation Oral Surg		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Vincent DiFabio			Date of Receipt
	Mailing Address 198 Thomas Suite 101			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.14496
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Solf Employed 1	Occupation Oral Surg		1
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		500.00	
 S	UBTOTAL of Receipts This Page (optional)			1075.00
-	and a description of a description and a de			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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Any information copied from such Reports and St or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Association of Oral and Maxiee	illofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial) Dr. Leonard Goldman			Date of Receipt
Mailing Address 10230 New Hampshire	Ave.		08 / 30 / 4 9 9
City	State	Zip Code	Transaction ID: SA11A1.14482
Silver Springs	MD	20903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self	Occupatio Oral Sur		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. Gregg Hosch			Date of Receipt
Mailing Address 10000 Watson Rd Suite A			08 / 28 / 2006
City	State	Zip Code	Transaction ID: SA11A1.14497
St Louis	MO	63126-1841	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Southwest Oral Surgery	Occupatio Oral Sur		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Scott Hum			Date of Receipt
Mailing Address 2500 Blue Ridge Road Suite 201			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.14488
Raleigh	NC	27607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Scott A. Hum DMD PA	Occupatio Oral Sur	geon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
		<u> </u>	
TOTAL This Period (last page this line number of	only))	

0				FOR LINE NUMBER: PAGE 9 / 21
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	13 14 15 16 17
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Association of Oral and Maxiee	llofacial Su	rgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) Dr. William Hunter			Date of Receipt
	Mailing Address 1324 Trotwood Ave.			08 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.14467
	Columbia	TN	38401-4750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Oral Surg		
	Receipt For:	`	e Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify)		500.00	_
_	Full Name (Lost First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) Dr. Anthony Indovina			Date of Receipt
	Mailing Address 5132 Lapalco Boulevard	M M / D D / Y Y Y Y		
	Cit.	Ctata	7in Oada	08 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.14461
	Marrero	LA	70072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	7
	Self-Employed	Oral Sur		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify) ▼	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jay Johnson			Date of Receipt
	Mailing Address 96 Willard Street Suite 105			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.14509
	Cocoa	FL	32922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Oral Surg		
	Receipt For:		e Year-to-Date ▼	7
	Primary General	33 5		7
	Other (specify) ▼		250.00	
				-
5	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash	ago (optional)			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 10 / 21 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxille		• •	
_	ee Full Name (Last, First, Middle Initial)			
۹.	Dr. Michael Menis			Date of Receipt
	Mailing Address 5911 Northwest Hwy Suite 104			08 17 2006
	City	State	Zip Code	Transaction ID: SA11A1.14500
	Crystan Lake	IL	60014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Lehman & Menix Oral & Max-	Occupation		7
	illofacial Su	Oral Surg	<u></u>	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00	
3	Full Name (Last, First, Middle Initial) Dr. Miriam O'Malley			Date of Receipt
	Mailing Address 327 North Washington A	ve		M M / D D / Y Y Y Y
	Suite 105 City	State	Zip Code	0 8 2 8 2 0 0 6 Transaction ID: SA11A1.14516
	Scranton	PA	18503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kenneth G. Miller DDS	Occupation Oral & Ma	axillofacial Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Dr. Miro Pavelka			Date of Receipt
Mailing Address 400 South Cottonwood				08 29 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.14485
	Richardson	TX	75080-5708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Richardson OMS	Occupation Oral Surg		
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	1 1	250.00	
9	UBTOTAL of Receipts This Page (optional)			1000.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 21 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillo			
۹.	Full Name (Last, First, Middle Initial) Dr. William Phillips			Date of Receipt
	Mailing Address 3100 Monticello Suite 110			08 / 29 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.14515
	Dallas FEC ID number of contributing federal political committee.	C	75205	Amount of Each Receipt this Period 500.00
	Name of Employer self employed	Occupation Oral Surg	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Donald Pricco			Date of Receipt
	Mailing Address 10401 W. Lincoln Ave. Suite 101			0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City West Allis	State WI	Zip Code 53227-1255	Transaction ID: SA11A1.14469
	FEC ID number of contributing federal political committee.	C	55227-1255	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Oral Surg	geon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
D.	Full Name (Last, First, Middle Initial) Dr. Shelby Smithey			Date of Receipt
	Mailing Address 431 Keisler Drive Suite 101			08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cary	State NC	Zip Code 27511	Transaction ID: SA11A1.14475 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27311	325.00
	Name of Employer Shelby R. Smithey DDS		axillofacial Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
S	UBTOTAL of Receipts This Page (optional)			1325.00
	. 5 (1 57			

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/21
	MIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any or fo	information copied from such Reports and Stat r commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\ N	IAME OF COMMITTEE (In Full)			
	American Association of Oral and Maxillee	ofacial Su	rgeons Political Action Comr	nitt-
	full Name (Last, First, Middle Initial) Dr. Daniel Spagnoli			Date of Receipt
N	Mailing Address 8738 University City Blvd	d		08 30 7 2006
C	City	State	Zip Code	Transaction ID: SA11A1.14494
<u>C</u>	Charlotte	NC	28213	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N	lame of Employer Jniversity OMS	Occupation Oral Surg		
R	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	rull Name (Last, First, Middle Initial) Dr. Leonard Spector			Date of Receipt
N	Mailing Address 6808 New Cut Rd.			08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.14486
<u> </u>	Kingsville	MD	21087	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N S	lame of Employer Spector & Krupp DDS PA	Occupation Oral Surg		
R	Receipt For:	•	e Year-to-Date ▼	
	Primary General	-	250.00	
	Other (specify) 🔻	0 0		
C. <u>N</u>	ull Name (Last, First, Middle Initial) Iorman Stern			Date of Receipt
N	Mailing Address 40 Hidden Ravines Dr			08 / 28 / 2006
	Dity	State	Zip Code	Transaction ID: SA11A1.14484
_	Powell	ОН	43065-8736	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
N S	lame of Employer Self Employed	Occupation Oral Surg		
R	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
SUE	BTOTAL of Receipts This Page (optional)		·····	750.00
тот	TAL This Period (last page this line number on	ly)	>	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 21	
	EMIZED RECEIPTS		or each category of the	(check only one)	
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An	v information copied from such Reports and Sta	tements may	unot be sold or used by any perso		17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	American Association of Oral and Maxil ee	lofacial Su	rgeons Political Action Comr	nitt-	
۹.	Full Name (Last, First, Middle Initial) Dr. James Swift			Date of Receipt	
	Mailing Address Moos Tower 7-174 515 Delaware St SE	01-1-	7'n Oada	08 29 2006	
	City Minneapolis	State MN	Zip Code 55455-0329	Transaction ID: SA11A1.14471	
			33433-0323	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		325.00	
	Name of Employer Univ. of Minnesota Divisi- on of OMS	Occupation Oral Surg			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		325.00		
 3.	Full Name (Last, First, Middle Initial) Dr. Theodore Tanabe			Date of Receipt	
	Mailing Address 8135 Painter Avenue Suite 201			0 8 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.14506	
	Whittier	CA	90602	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self-Employed	Occupation			
	· · · · · · · · · · · · · · · · · · ·	Oral Sur		4	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼	0 0	500.00		
).	Full Name (Last, First, Middle Initial) Dr. David Todd			Date of Receipt	
	Mailing Address 120 Southwestern Drive			08 / 29 / 2006	
	City	State	Zip Code	Transaction ID: SA11A1.14502	
	Lakewood	NY	14750	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation Oral Surg			
	Receipt For:		e Year-to-Date ▼	1	
	Primary General Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)			1075.00	
					7
T	OTAL This Period (last page this line number or	nly)	>		4

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 14/21 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c 12 **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

\setminus	NAME OF COMMITTEE (In Full)		
\rangle	American Association of Oral and Max ee	illofacial Surgeons Political Action Commi	tt-
Α.	Full Name (Last, First, Middle Initial) Dr. R. Triplett Mailing Address P.O. Box 660677		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Dallas	State Zip Code TX 75266-0677	Transaction ID: SA11A1.14452 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Baylor College of Dentist- ry Receipt For: Primary General Other (specify) ▼	Occupation Oral & Maxillofacial Surgeon Aggregate Year-to-Date ▼ 250.00	
В.	Mailing Address 17 Arntzen Blvd Suite 104		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11A1.14499
	Charleroi FEC ID number of contributing federal political committee.	PA 15022	Amount of Each Receipt this Period 250.00
	Name of Employer Oral Surgery Associates Receipt For: Primary General Other (specify)	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	→	8725.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15/21 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 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-Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Date of Receipt Mailing Address P.O. Box 5458 8 0 25 2006 PO BOX 5458 City State Zip Code Transaction ID: SA16.14540 Springfield IL 62705 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C C00258855 federal political committee. Refund of Contribution Name of Employer Occupation Receipt For: 2006 Aggregate Year-to-Date ▼ Primary X General 5000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 21 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillo ee	facial Su	rgeons Political Action Com	nitt-
Α.	Full Name (Last, First, Middle Initial) Northern Trust Bank Mailing Address 8501 W. Higgins Road City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60631	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation	Year-to-Date ▼ 3723.50	cd interest
3.	Full Name (Last, First, Middle Initial) Northern Trust Bank Mailing Address 8501 W. Higgins Road City	State	Zip Code	Date of Receipt M M M
	Chicago FEC ID number of contributing federal political committee.	C Occupation	60631	Amount of Each Receipt this Period 48.29 Interest
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3771.79	
Э.	Full Name (Last, First, Middle Initial) Scudder Investments Service Company Mailing Address P.O. Box 219154 City	State	Zip Code	Date of Receipt M M M
	Kansas City FEC ID number of contributing federal political committee.	MO C	64121-7197	Amount of Each Receipt this Period 377.29
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 2565.97	interest
s	UBTOTAL of Receipts This Page (optional)			876.78
Т	OTAL This Period (last page this line number only	<i>γ</i>)		876.78

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50	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 17/21
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	<u>^</u> ^ — — — —
		Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Λn	y Information copied from such Reports and Stat	pmonte may not be cold or used by		
	for commercial purposes, other than using the na		, , ,	' '
\	NAME OF COMMITTEE (In Full)			
/	American Association of Oral and Maxill ee	ofacial Surgeons Political Ac	tion Commi	itt-
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.14525
۹.	Northern Trust Bank			Date of Disbursement
				08 08 7 03 7 7 7 7 7 7
	Mailing Address 8501 W. Higgins Road			08 03 2006
	City	State Zip Code		Amount of Each Disbursement this Period
	Chicago	IL 60631		
	Purpose of Disbursement	Г		28.78
	Bank Fees			
	Candidate Name		Category/	
		_	Туре	
	9 🗎	sement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

CURTOTAL (CRishway and This Rose (selfons))						-	-	28.78
SUBTOTAL of Disbursements This Page (optional)					-			20.70
			-	-	-			
TOTAL This Period (last page this line number only)	•							28.78

SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check				L PA	AGE	18 / 21	1
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b		22 X 28a	23 28b	24 28c	\vdash	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam									•
NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to	SOIICIL	CONTINU	tions ire	om Such	COMMIN	шее	
American Association of Oral and Maxillot	acial Surgeons Political Ac	tion Com	mitt-						
Full Name (Last, First, Middle Initial)			1			SB23.1	4531		
• CANTOR FOR CONGRESS					Disburse		V V	V ,	V
Mailing Address P. O. Box 17813				0 ^M 8 M	0	3 /	2 (o ŏ 6	
City Richmond	State Zip Code VA 23226		Α	mount o	of Each	Disburse	ement	this Pe	eriod
Purpose of Disbursement	VA 23226		. [•		25	500.00	0
Federal Campaign Contribution			'						
Candidate Name		Category/ Type							
Office Sought: X House Disburs Senate President	ement For: 2006 Primary X General Other (specify)								
State: VA District: 07									
Full Name (Last, First, Middle Initial)						SB23.1	4535		
3. JON KYL FOR U S SENATE				ate of D	Disburse		Y Y	Υ ,	Υ
Mailing Address PO BOX 10246				0"8 "	1	6 /	2 () Ó 6	
City PHOENIX	State Zip Code AZ 85064		A	mount o	of Each	Disburse			-
Purpose of Disbursement Federal Campaign Contribution					-		25	500.00	0
Candidate Name		Category/ Type							
X Senate President	ement For: 2006 Primary X General Other (specify)								
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Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS				ate of D	Disburse		4536		
Mailing Address 29 RUFF CIRCLE				0 ^M 8 M	[/] 2	^D /	Ž (o Ď 6	Y
City GLASTONBURY	State Zip Code CT 06033		A	mount o	of Each	Disburse	-		-
Purpose of Disbursement	1	0 0	ΠL				20	00.00	0
Federal Campaign Contribution Candidate Name		Category/ Type							
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50	CHEDULE B (FEC Form 3X)	Use sepe	rate schedule(s)		FOR LINE		₹:	PA	GE 19/	21
IT	EMIZED DISBURSEMENTS	for each o	ategory of the Summary Page		(check onl 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				ny person	for the pur	pose of so	olicating c	ontribution	
\rangle	NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofa ee									
۹.	Full Name (Last, First, Middle Initial) MELISSA BEAN FOR CONGRESS						ction ID:		4537	
	Mailing Address POST OFFICE BOX 3068	3				08	/ D2	5 / Y	ž 0 ŏ (5 Y
	BARRINGTON	State IL	Zip Code 60010			Amour	t of Each	Disburse	ment this	
	Purpose of Disbursement Federal Campaign Contribution Candidate Name				tegory/				1000.	00
		ment For: Primary Other (spec	2006 X General		Гуре					
	State: IL District: 08 Full Name (Last, First, Middle Initial)					Transa	ction ID:	SB23 1/	1533	
3.	TALENT FOR SENATE COMMITTEE						Disburse		2 0 0 c	Y
	Mailing Address 9467 DIELMAN ROCK IS									
	SŤ LOUIS	State MO	Zip Code 63132			Amour	t of Each	Disburse	ment this 1000.	
	Purpose of Disbursement Federal Campaign Contribution Candidate Name				h/				1000.	00
			2000		tegory/ Γype					
	Office Sought: House Disburser X Senate President State: MO District: 00	ment For: Primary Other (spe	2006 X General cify) ▼							
Э.	Full Name (Last, First, Middle Initial) TALENT FOR SENATE COMMITTEE					Date of	ction ID: Disburse	ement	4534	
	Mailing Address 9467 DIELMAN ROCK IS	SLAND INE	D DR			0 8 M	/ DO	3 / Y	ŽOŎ	5 Y
		State MO	Zip Code 63132			Amour	t of Each	Disburse	ment this	
	Purpose of Disbursement Federal Campaign Contribution							-	2000.	00
	Candidate Name				tegory/ Гуре					
	Office Sought: House Disburse X Senate President State: MO District: 00	ment For: Primary Other (spec	2006 X General cify) ▼							
s	UBTOTAL of Disbursements This Page (optional)			<u></u>	▶				4000.	00
T	OTAL This Period (last page this line number only)				•					

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S	CHEDULE B (FEC Form 3X)	Use sepe	rate schedule(s)		NUMBER: PAGE 20 / 21	
Τ	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only	y one) 22 X 23 24 25 28a 28b 28c 29 1	26 30b
	y Information copied from such Reports and for commercial purposes, other than using the	•		, , ,		
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
<u>/</u>	American Association of Oral and Mee	axillofacial Surge	eons Political Ac	tion Commi	tt-	
	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.14539	
٩.	VOLUNTEERS FOR SHIMKUS				Date of Disbursement	
	Mailing Address P.O. Box 5458 PO BOX 5458				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & O & G \\ Y & Q & O & G \end{bmatrix} $	
	City Springfield	State IL	Zip Code 62705		Amount of Each Disbursement this Perio	d
	Purpose of Disbursement Federal Campaign Contribution				5000.00	
	Candidate Name		-	Category/ Type		
	Office Sought: X House Senate President	isbursement For: Primary Other (spec	2006 X General cify) ▼			
	State: IL District: 19					

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	16000.00

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50	CHEDULE B (FEC Form 3)	Use seperate	schedule(s)	FOR LINE		PAGE 21 / 21
IT	EMIZED DISBURSEMENTS	for each categ	gory of the	(check only	- ´ — —	од По <u>г</u> Поо
		Detailed Sum		21b 27	22 23 28a 28b	24 25 26 28c X 29 30b
	y Information copied from such Reports an for commercial purposes, other than using					
	· · ·	the name and address of	arry political co			Juli Committee
\rangle	NAME OF COMMITTEE (In Full) American Association of Oral and Nee	Maxillofacial Surgeons	s Political Ac	tion Commit	t-	
	Full Name (Last, First, Middle Initial)				Transaction ID: CD	100 1 1500
۹.	KPAC				Transaction ID: SB Date of Disburseme	
	N. W. A.I.I.				08 03	2006
	Mailing Address PO BOX 820365				00 03	2000
	City		Code		Amount of Each Dis	bursement this Period
	DALLAS	TX 75	5382			5000.00
	Purpose of Disbursement Federal Contribution		Ir			3000.00
	Candidate Name			Category/		
				Type		
		Disbursement For:	2006			
	Senate President	Primary X Other (specify)	General			
	State: District:	A Other (specify)	•			
	Full Name (Last, First, Middle Initial)				Transaction ID: SB	20 1/538
3.	SHORE PAC				Date of Disburseme	
	Mailing Address PO BOX 3157				08 / 25	['] 2006
	Mailing Address PO BOX 3157				20	2000
	City		Code		Amount of Each Dis	bursement this Period
	LONG BRANCH	NJ 07	7740			4000.00
	Purpose of Disbursement Federal Contribution					1000.00
	Candidate Name		-	Category/		
				Туре		
	_	Disbursement For:	2006			
	Senate President	Primary X Other (specify)	General			
	State: District:	A Other (apecity)	•			

SUBTOTAL of Disbursements This Page (optional)	>	9000.00
TOTAL This Period (last page this line number only)	•	9000.00