

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

Office Use Only

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

ADDRESS (number and street)

9700 West Bryn Mawr Ave.

☐Check if different
than previously
reported. (ACC)

Rosemont

IL

60018

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005660

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

19

2006

through

11

27

2006

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. Vincent DiFazio

Signature of Treasurer

Electronically Filed by Dr. Vincent DiFazio

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2006		488464.93
(b) Cash on Hand at Beginning of Reporting Period	324457.22	
(c) Total Receipts (from Line 19)	68922.31	180014.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	393379.53	668479.01
7. Total Disbursements (from Line 31)	12226.73	287326.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	381152.80	381152.80
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M
1 0D D
1 9Y Y Y Y
2 0 0 6

To:

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

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	19700.00	64475.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	39923.00	78903.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	59623.00	143378.00
(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) ➡	59623.00	143378.00
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	8000.00	27500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1299.31	9136.08
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))	68922.31	180014.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68922.31	180014.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	226.73	3563.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	226.73	3563.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	255500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	263.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	263.00
29. Other Disbursements.....	3000.00	28000.00
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))..	12226.73	287326.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12226.73	287326.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	59623.00	143378.00
34. Total Contribution Refunds (from Line 28(d))	0.00	263.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59623.00	143115.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	226.73	3563.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	226.73	3563.21

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. James Adams		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 750 Almar Pkwy Suite 102		Transaction ID: SA11A1.14744	
City State Zip Code Bourbonnais IL 60914		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Drs Slaby Adams & Assoc Ltd		Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	
B. Full Name (Last, First, Middle Initial) Dr. Jay Arlick		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 109 Front Street		Transaction ID: SA11A1.14943	
City State Zip Code Clearfield PA 16830		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Clearfield Center for OMS		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	
C. Full Name (Last, First, Middle Initial) Dr. Bernard Asdell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 707 N. Michigan St. suite 300		Transaction ID: SA11A1.14968	
City State Zip Code South Bend IN 46601-1070		Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Michiana OMS		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. Tilden Bobbitt		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 6	
Mailing Address 2801 Dudley Ave Suite C		Transaction ID: SA11A1.15021	
City Parkersburg State WV Zip Code 26101		Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Noorbakhsh & Bobbitt Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	
B. Full Name (Last, First, Middle Initial) Dr. Paul Boerman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address 44 Timber Lane		Transaction ID: SA11A1.14816	
City South Burlington State VT Zip Code 05403		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Vermont OMS Occupation Oral & Maxillofacial Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	
C. Full Name (Last, First, Middle Initial) Dr. William J. Clark		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 1801 Solar Drive Suite 100		Transaction ID: SA11A1.14921	
City Oxnard State CA Zip Code 93030		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 ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 29

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

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

NAME OF COMMITTEE (In Full)

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

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

1000.00

Date of Receipt

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

Transaction ID: SA11A1.14788

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Kevin Corry

Mailing Address 990 Rahway Ave

City State Zip Code
Union NJ 07083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Oral & Maxillofacial
Sur

Occupation
Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11A1.14946

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. H.M. Cox

Mailing Address 2945 Northwoods Way

City State Zip Code
Redding CA 96002

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
1 1 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.15022

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 29

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Michael Cusatis Mailing Address 1507 S Otsego Ave Suite B City State Zip Code Gaylord MI 49735 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Self Employed Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.14948 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Eugene D'Amico Mailing Address 4735 Ogletown-Stanton Rd Suite 1115 City State Zip Code Newark DE 19713 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Self Employed Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 825.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.14765 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Gregory Edmonds Mailing Address 10827 South 51st Street Suite 204 City State Zip Code Phoenix AZ 85044 FEC ID number of contributing federal political committee. C Name of Employer Ahwatukee OMS Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.14828 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Dr. Neal Freeman
Mailing Address 39200 Madre Vista Road

City State Zip Code
Murrieta CA 92562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oral Surgery Assoc & Tema-
li

Occupation
Oral Surgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.14834

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Dr. Jonathan Friedman
Mailing Address 290 Madison Avenue

City State Zip Code
Morristown NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morristown OMS Associates

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.14972

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Arthur Helgerson
Mailing Address 200 East Washington Street

City State Zip Code
Appleton WI 54911-5468

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMS Associates

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11A1.15005

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. Mark Hoffrichter		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address 5701 Traveview Court Apt. B12		Transaction ID: SA11A1.14839	
City State Zip Code Frederick MD 21703		Amount of Each Receipt this Period 100.00	
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 ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Dr. Julius Hyatt		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 10 Warren Rd. Suite 330		Transaction ID: SA11A1.14791	
City State Zip Code Cockeysville MD 21030-1913		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hunt Valley Medical Center		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. Mark Jackson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 20 South Park Street Ste 506		Transaction ID: SA11A1.14927	
City State Zip Code Madison WI 53715-1348		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ctr for OMS Madison Med Ctr		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	

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

Dr. Richard W. Joseph

Mailing Address 820 Prudential Drive
Suite 312

City State Zip Code
Jacksonville FL 32207-8205

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
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.14775

Amount of Each Receipt this Period

375.00

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

Dr. Dan W. Kaspar

Mailing Address 929 W. Carl Sandburg Drive

City State Zip Code
Galesburg IL 61401-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oral & Maxillofacial Surg-
ery

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 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.14738

Amount of Each Receipt this Period

500.00

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

Brent Kincaid

Mailing Address 518 Cross Creek Dr

City State Zip Code
Colorado Springs CO 80920

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 1 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.14951

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Timothy Koob Mailing Address 5801 Research Park Blvd Suite 110 City Madison State WI Zip Code 53719 FEC ID number of contributing federal political committee. C Name of Employer Madison Oral & Maxillofac- ial S Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>11 / 17 / 2006</div> Transaction ID: SA11A1.14928 Amount of Each Receipt this Period <div>500.00</div>
B. Full Name (Last, First, Middle Initial) Dr. Steve Leighty Mailing Address 1663 Dominican Way Suite 112 City Santa Cruz State CA Zip Code 95060 FEC ID number of contributing federal political committee. C Name of Employer Alta Mesa Prof Ctr Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>11 / 14 / 2006</div> Transaction ID: SA11A1.14881 Amount of Each Receipt this Period <div>500.00</div>
C. Full Name (Last, First, Middle Initial) Dr. Stuart E. Lieblich Mailing Address 34 Dale Road Suite 105 City Avon State CT Zip Code 06001-3659 FEC ID number of contributing federal political committee. C Name of Employer Avon OMS Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>375.00</div>		Date of Receipt <div>11 / 08 / 2006</div> Transaction ID: SA11A1.14752 Amount of Each Receipt this Period <div>375.00</div>

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. Matthew Lowe		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address 2711 South Rouse Suite A		Transaction ID: SA11A1.14843	
City State Zip Code Pittsburgh KS 66762		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Michael Mansfield		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 6677 W Thunderbird Rd Suite H120		Transaction ID: SA11A1.14932	
City State Zip Code Glendale AZ 85306		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer SW Center for Oral/Facial & Ja		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Taylor L. Markle		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address 1010 Carondelet Drive Suite 316		Transaction ID: SA11A1.14844	
City State Zip Code Kansas City MO 64114		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. Gene Martin			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 195 Haddon Avenue			Transaction ID: SA11A1.14734	
City State Zip Code Haddonfield NJ 08033			Amount of Each Receipt this Period 250.00	
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 ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Ronald McCombs			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address 10217 125th St., Ct E Suite 300			Transaction ID: SA11A1.14845	
City State Zip Code Payallup WA 98373			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Dr. Ronald Mead			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 990 Boysen Ave			Transaction ID: SA11A1.14954	
City State Zip Code San Luis Obispo CA 93405-1313			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. Robert Morris		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1636 Nicholasville Road Suite B-103		Transaction ID: SA11A1.14792
City Lexington State KY Zip Code 40503	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Dr. Randal Patterson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address 140 Allison Way		Transaction ID: SA11A1.14955
City Hollidayburg State PA Zip Code 16648	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Drs Patterson Pyle & Asso- ciate	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Dr. Robert Payne		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 1140 Goodlette Road		Transaction ID: SA11A1.14883
City Naples State FL Zip Code 34102	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. William Phillips Mailing Address 3100 Monticello Suite 110 City State Zip Code Dallas TX 75205 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 ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.15020 Amount of Each Receipt this Period 500.00
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: SA11A1.14756 Amount of Each Receipt this Period 375.00
C. Full Name (Last, First, Middle Initial) Dr. Lee Pollan Mailing Address 4415 Buffalo Road City State Zip Code North Chili NY 14514-1024 FEC ID number of contributing federal political committee. C Name of Employer Lee D. Pollan DMD PC Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.14937 Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. Donald Rebhun Mailing Address 2301 Evesham Rd. Suite 211 City Voorhees State NJ Zip Code 08043-4503 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 ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.15011 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Ignatius Scalia Mailing Address 869 Bergen Ave City Jersey City State NJ Zip Code 07306 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.14857 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Louis Scannura Mailing Address 3007 Spring Mill Drive City Springfield State IL Zip Code 62704 FEC ID number of contributing federal political committee. C Name of Employer Springfield Associates in OMS Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: SA11A1.14759 Amount of Each Receipt this Period 375.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas Skiba
Mailing Address 690 North Route 31

City State Zip Code
Crystal Lake IL 60012

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
1 1 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.14742

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Edwin Slade
Mailing Address 101 Progress Dr.

City State Zip Code
Doylestown PA 18901-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oral & Facial Surgery Ctr.

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
1 1 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.14916

Amount of Each Receipt this Period

375.00

C. Full Name (Last, First, Middle Initial)
Michael Steinle
Mailing Address 8617 Augusta Farm Ln

City State Zip Code
Laytonsville MD 20882

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
1 1 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.15019

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) John Tidwell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 1801 Northwest Market Street Suite 108		Transaction ID: SA11A1.14867
City State Zip Code Seattle WA 98107	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 ▼ 375.00	

B. Full Name (Last, First, Middle Initial) Dr. Paul Tiernan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 30 Doctors Park Drive		Transaction ID: SA11A1.15037
City State Zip Code Santa Rosa CA 95405	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Dr. Bradford Towne		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 310 Fisher Rd. Suite 1		Transaction ID: SA11A1.14868
City State Zip Code Berlin VT 05602-9802	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Northern Vermont Oral Sur- gery	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 29

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. W. Tucker Mailing Address 724 Druid Hills Rd. City State Zip Code Temple Terrace FL 33617-3810 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.14870 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Terrence M. Wall Mailing Address 7400 College Drive City State Zip Code Palos Heights IL 60463-1149 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 ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.14735 Amount of Each Receipt this Period 325.00
C. Full Name (Last, First, Middle Initial) Dr. Michael Whitehouse Mailing Address 3020 Maplewood Avenue City State Zip Code Winston-Salem NC 27103 FEC ID number of contributing federal political committee. C Name of Employer Salem OMS Occupation Oral surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: SA11A1.14760 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. Daniel Williams		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 8687 Louetta Road Suite 100		Transaction ID: SA11A1.14917	
City Spring	State TX	Zip Code 77379	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest OMS	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		
B. Full Name (Last, First, Middle Initial) Russell Williams		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 6	
Mailing Address 3007 Spring Mill Dr		Transaction ID: SA11A1.15027	
City Springfield	State IL	Zip Code 62704-6558	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. C			
Name of Employer Springfield Associates in OMS	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		
C. Full Name (Last, First, Middle Initial) Hooman Zarrinkelk		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 2859 Loma Vista Rd Suite A		Transaction ID: SA11A1.14965	
City Ventura	State CA	Zip Code 93003	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

John Zuniga

Mailing Address 5323 Harry Hines Blvd
Dept of OMS

City State Zip Code
Dallas TX 75390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Texas Southwestern
Med

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.14877

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

19700.00

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

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

FOR LINE NUMBER: PAGE 24 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF MIKE FERGUSON

Mailing Address c/o Ron Gravino P.O. Box 225

City State Zip Code
 Colonia NJ 07067

FEC ID number of contributing
federal political committee.

C C00366195

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: SA16.15051

Amount of Each Receipt this Period

5000.00

Refund of Contribution

B. Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code
 SALT LAKE CITY UT 84101

FEC ID number of contributing
federal political committee.

C C00104752

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: SA16.15050

Amount of Each Receipt this Period

3000.00

Return of Contribution

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

8000.00

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

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

FOR LINE NUMBER: PAGE 25 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Northern Trust Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.15047
City Chicago	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.02
Name of Employer	Occupation	interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4923.64	

B. Full Name (Last, First, Middle Initial) Northern Trust Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.15048
City Chicago	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 530.83
Name of Employer	Occupation	CD interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5454.47	

C. Full Name (Last, First, Middle Initial) Scudder Investments Service Company		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 219154		Transaction ID: SA17.14732
City Kansas City	State MO	Zip Code 64121-7197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 367.62
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3312.77	

SUBTOTAL of Receipts This Page (optional)

930.47

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 29

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Scudder Investments Service Company

Mailing Address P.O. Box 219154

City State Zip Code
 Kansas City MO 64121-7197

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3681.61

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 0 6

Transaction ID: SA17.15046

Amount of Each Receipt this Period

368.84

interest

SUBTOTAL of Receipts This Page (optional)

368.84

TOTAL This Period (last page this line number only)

1299.31

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 / 29

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Bank

Mailing Address 8501 W. Higgins Road

City
Chicago

State
IL

Zip Code
60631

Purpose of Disbursement
bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.15049

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

226.73

SUBTOTAL of Disbursements This Page (optional)

226.73

TOTAL This Period (last page this line number only)

226.73

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 28 / 29

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MIKE FERGUSON

Mailing Address c/o Ron Gravino P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: NJ District: 07

Debt

Transaction ID: SB23.15044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District:

Transaction ID: SB23.15039

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 South 5th Ave
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: SB23.15042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

9000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. COMMITTEE FOR A DEMOCRATIC MAJORITY

Mailing Address 301 4th St. NE Suite 202
SUITE 202

City Washington State DC Zip Code 20002

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB29.15045

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00