12/07/2006 14:47

Image# 26930636152

# 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 Х 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) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 07 2006 IL 11 Election on State of 10 19 2006 27 2006 11 through Covering Period 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 12 07 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# 26930636153

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

R	eport Covering the Period: From:	19 2006	To: 11 27 2006
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
•	(a) Cash on Hand January 1 Y2006		488464.93
	(b) Cash on Hand at  Begining 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
	Total Disbursements (from Line 31)	12226.73	287326.21
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	381152.80	381152.80
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

## 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

м м 1 0 1 9 м м 1 1 2<sup>D</sup>7 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 19700.00 64475.00 (i) Itemized (use Schedule A) .......... 39923.00 78903.00 (ii) Unitemized ..... (iii) TOTAL (add 59623.00 143378.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 59623.00 143378.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 8000.00 27500.00 Political Committees ..... 17. Other Federal Receipts 1299.31 9136.08 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 68922.31 180014.08 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 68922.31 180014.08 (subtract Line 18(c) from Line 19) .....

## **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)  (i) Federal Share	0.00	0.00
	(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
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	9000.00	255500.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
Ο.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
Ο.	(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
9.	Other Disbursements	3000.00	28000.00
0.	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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12226.73	287326.21
2.			
	(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
	e 11(d), page 3)	59623.00	143378.00
	ntribution Refunds ne 28(d))	0.00	263.00
	tributions (other than loans) t Line 34 from Line 33)	59623.00	143115.00
	deral Operating Expenditures e 21(a)(i) and Line 21(b))	226.73	3563.21
	to Operating Expenditures ne 15, page 3)	0.00	0.00
•	rating Expenditures t Line 37 from Line 36)	226.73	3563.21

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 29
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Association of Oral and Maxil ee	lofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial)  A. Dr. James Adams			Date of Receipt
Mailing Address 750 Almar Pkwy Suite 102			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: SA11A1.14744
Bourbonnais	IL	60914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Drs Slaby Adams & Assoc	Occupation	n axillofacial Surgeon	
Ltd Receipt For:		e Year-to-Date ▼	-
Primary General	00 0	050.00	1
Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial)  3. Dr. Jay Arlick			Date of Receipt
Mailing Address 109 Front Street			11 20 7 2006
City	State	Zip Code	Transaction ID: SA11A1.14943
Clearfield	<u>PA</u>	16830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Clearfield Center for OMS	Occupation Oral Surg		
Receipt For:		e Year-to-Date ▼	
Primary General		350.00	1
Other (specify)	0 0	330.00	
Full Name (Last, First, Middle Initial) Dr. Bernard Asdell			Date of Receipt
Mailing Address 707 N. Michigan St. suite 300			11 21 7 2006
City	State	Zip Code	Transaction ID: SA11A1.14968
South Bend	IN	46601-1070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Michiana OMS	Occupation Oral Surg	geon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		375.00	
Other (specify)			
SUBTOTAL of Receipts This Page (optional)			775.00
TOTAL This Period (last page this line number or	าly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 7 / 29
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	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 dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
$\rangle$	American Association of Oral and Maxille	ofacial Su	rgeons Political Action Comr	nitt-
Δ	Full Name (Last, First, Middle Initial) Dr. Tilden Bobbitt			Date of Receipt
٠.	Mailing Address 2801 Dudley Ave			M M / D D / Y Y Y Y
	Suite C	State	7in Codo	11 26 2006
	City Parkersburg	WV	Zip Code 26101	Transaction ID: SA11A1.15021
	•	VVV	20101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Noorbakhsh & Bobbitt	Occupation Oral Surg		
	Receipt For:	`	Year-to-Date ▼	
	Primary General			
	Other (specify)	0 0	525.00	
3.	Full Name (Last, First, Middle Initial) Dr. Paul Boerman			Date of Receipt
	Mailing Address 44 Timber Lane			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: SA11A1.14816
	South Burlington	VT	05403	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer Vermont OMS	Occupation		
			axillofacial Surgeon	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		350.00	
_	Full Name (Last, First, Middle Initial)			
j.	Dr. William J. Clark			Date of Receipt
	Mailing Address 1801 Solar Drive Suite 100			11 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.14921
	Oxnard	CA	93030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For:		e Year-to-Date ▼	1
	Primary General		075.00	
	Other (specify) ▼		375.00	
s	UBTOTAL of Receipts This Page (optional)			950.00
	,		<u> </u>	
T	OTAL This Period (last page this line number on	ly)	<b></b>	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	r not be sold or used by any perso Iress 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 Maxillo ee	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dr. Robert Conlon			Date of Receipt
	Mailing Address 312 Center Street	1 1 1 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: SA11A1.14788
	Lake Geneva	WI	53147-1813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Oral Surg		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
2	Full Name (Last, First, Middle Initial) Dr. Kevin Corry			Date of Receipt
<b>.</b>	Mailing Address 990 Rahway Ave			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: SA11A1.14946
	Union	NJ	07083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Union Oral & Maxillofacial	Occupation		_
	Sur Receipt For:		axillofacial Surgeon  Year-to-Date ▼	_
	Primary General Other (specify) ▼	riggregate	650.00	
).	Full Name (Last, First, Middle Initial) Dr. H.M. Cox			Date of Receipt
	Mailing Address 2945 Northwoods Way	11 26 7 2006		
	City	State	Zip Code	Transaction ID: SA11A1.15022
	Redding FEC ID number of contributing	CA	96002	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Oral Surg	geon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
	,			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/29
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and Staten	nents mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Association of Oral and Maxillofee	acial Sur	geons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Michael Cusatis			Date of Receipt
	Mailing Address 1507 S Otsego Ave Suite B			11 20 7 4 9 9
	City	State	Zip Code	Transaction ID: SA11A1.14948
	Gayloard	MI	49735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Self Employed	Occupation Oral Surg		
			Year-to-Date ▼	-
	Primary General	39 - 3		
	Other (specify) ▼	0 0	350.00	
3.	Full Name (Last, First, Middle Initial) Eugene D'Amico			Date of Receipt
	Mailing Address 4735 Ogletown-Stanton Rd Suite 1115			11 09 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.14765
	Newark	DE	19713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Self Employed	Occupation		
		Oral Surg		_
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		825.00	
<b>-</b> C.	Full Name (Last, First, Middle Initial) Dr. Gregory Edmonds			Date of Receipt
	Mailing Address 10827 South 51st Street Suite 204			11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.14828
	Phoenix	AZ	85044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Ahwatukaa OMS	Occupation		7
			axillofacial Surgeon	-
	Receipt For:  Primary General	-ggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1200.00
			<u>.                                    </u>	
T	OTAL This Period (last nage this line number only)		<b>•</b>	

_				FOR LINE NUMBER DAGE 19 191
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 29
ITEMIZED RECEIPTS			or each category of the	(check only one)
• • •	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Association of Oral and Maxill ee	ofacial Su	rgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) Dr. Neal Freeman			Date of Receipt
	Mailing Address 39200 Madre Vista Road	t		11 1 13 2006
	City	State	Zip Code	Transaction ID: SA11A1.14834
	Murrieta	CA	92562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Oral Surgery Assoc & Tema- li	Occupation Oral Surg		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	275.00	1
	Other (specify)		375.00	]
В.	Full Name (Last, First, Middle Initial) Dr. Jonathan Friedman			Date of Receipt
	Mailing Address 290 Madison Avenue			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: SA11A1.14972
	Morristown	NJ	07960	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Morristown OMS Associates	Occupation Oral Surg		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	1
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Arthur Helgerson			Date of Receipt
	Mailing Address 200 East Washington St	reet		1 1 2 2 2 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.15005
	Appleton	WI	54911-5468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer	Occupation	n	7
	OMS Associatés	Oral Sur		
	Receipt For:		e Year-to-Date ▼	7
	Primary General	1 1	100.00	1
	Other (specify) ▼		400.00	]
Г				1275.00
S	UBTOTAL of Receipts This Page (optional)			1275.00

COUEDING A (FEC Form 2V)				FOR LINE NUMBER: PAGE 11 / 29
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		
•			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Association of Oral and Maxil ee	lofacial Su	rgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) Dr. Mark Hoffrichter			Date of Receipt
	Mailing Address 5701 Traveview Court Apt. B12			111 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.14839
	Frederick	MD	21703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
				1
— В.	Full Name (Last, First, Middle Initial) Dr. Julius Hyatt			Date of Receipt
	Mailing Address 10 Warren Rd.			M M / D D / Y Y Y Y
	Suite 330			11 10 2006
	City	State	Zip Code	Transaction ID: SA11A1.14791
	Cockeysville	MD	21030-1913	Amount of Each Receipt this Period
	FEC ID number of contributing	-		
	federal political committee.	C		500.00
	Name of Employer Hunt Valley Medical Center	Occupation	1	7
	Hunt Valley Medical Center	Oral Surg		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General			1
	Other (specify) ▼		500.00	
				4
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Mark Jackson			Date of Receipt
	Mailing Address 20 South Park Street Ste 506			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: SA11A1.14927
	Madison	WI	53715-1348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ctr for OMS Madison Med	Occupation	axillofacial Surgeon	
	Ctr Receipt For:	·	Year-to-Date ▼	$\dashv$
	Primary General	, iggregate	Tout to Buto	1
	Other (specify)		500.00	
	Other (appeals) \		0 0 0 0 0 0 0	1
_				
				1100.00
S	UBTOTAL of Receipts This Page (optional)			, 1100.00
$\vdash$				-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/29
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and Sta	tomonte may	rnot he cold or used by any norse	
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Association of Oral and Maxill	lofacial Su	rgeons Political Action Com	mitt-
/ ee			
Full Name (Last, First, Middle Initial)  1. Dr. Richard W. Joseph			Date of Receipt
Mailing Address 820 Prudential Drive	M M / D D / Y Y Y Y		
Suite 312			11 09 2006
City	State	Zip Code	Transaction ID: SA11A1.14775
<u>Jacksonville</u>	FL	32207-8205	Amount of Each Receipt this Period
FEC ID number of contributing	С		375.00
federal political committee.			
Name of Employer Self-Employed			
	Oral Surg	<u>-                                      </u>	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	' '	375.00	
		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)			
Dr. Dan W. Kaspar	Date of Receipt		
Mailing Address 929 W. Carl Sandburg D	11 06 2006		
City	Transaction ID: SA11A1.14738		
Galesburg	IL	61401-1342	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		500.00
Name of Employer	Occupation	 1	$\dashv$
Name of Employer Oral & Maxillofacial Surg- ery	Oral Surg		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		500.00	1
Other (specify)	0 0	000.00	
Full Name (Last, First, Middle Initial)			
Brent Kincaid			Date of Receipt
Mailing Address 518 Cross Creek Dr			1 1 2 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: SA11A1.14951
Colorado Springs	CO	80920	Amount of Each Receipt this Period
FEC ID number of contributing		111111	
federal political committee.	C		400.00
Name of Employer	Occupation	2	_
Name of Employer Self Employed	Occupation Oral Surg		
Receipt For:	·	Year-to-Date ▼	_
Primary General			1
Other (specify) ▼		400.00	
OUDTOTAL (D. 11 THE D. 11 THE			1275.00
SUBTOTAL of Receipts This Page (optional)		······	
TOTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ 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.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxil ee			
Α.	Full Name (Last, First, Middle Initial) Timothy Koob  Mailing Address 5801 Research Park Blv Suite 110  City Madison  FEC ID number of contributing federal political committee.  Name of Employer Madison Oral & Maxillofacial S	State WI  C  Occupation Oral Surg	geon	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Steve Leighty  Mailing Address 1663 Dominican Way Suite 112  City Santa Cruz  FEC ID number of contributing federal political committee.  Name of Employer Alta Mesa Prof Ctr  Receipt For: Primary General Other (specify)		Zip Code 95060  n axillofacial Surgeon e Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>-</b> .	Full Name (Last, First, Middle Initial) Dr. Stuart E. Lieblich  Mailing Address 34 Dale Road Suite 105  City  Avon  FEC ID number of contributing federal political committee.  Name of Employer Avon OMS  Receipt For: Primary General Other (specify)	State CT C Occupation Oral Surg		Date of Receipt  M M M / D D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	1375.00
T	OTAL This Period (last page this line number or	ılv)	<b>)</b>	

SCHEDULE A (FEC Form 3)	<b>X</b> )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/29
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Association of Oral and ee	Maxillofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial)  A. Dr. Matthew Lowe			Date of Receipt
Mailing Address 2711 South Rouse Suite A			111 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Pittsburgh</u>	State KS	Zip Code 66762	Transaction ID: SA11A1.14843  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00702	500.00
Name of Employer Self-Employed	Occupation	n	-
	Oral Sur	•	
Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)  3. Michael Mansfield			Date of Receipt
Mailing Address 6677 W Thunderbi Suite H120			11 1 7 2006
Clandala	State	Zip Code	Transaction ID: SA11A1.14932
Glendale	AZ	85306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer SW Center for Oral/Facial	Occupation Oral Surg		
<u>&amp; Ja</u> Receipt For:		yeon e Year-to-Date ▼	$\dashv$
Primary General	33 13		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  Dr. Taylor L. Markle			Date of Receipt
Mailing Address 1010 Carondelet D Suite 316	rive		1 1 1 1 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.14844
Kansas City	MO	64114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Oral Surg	geon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (option	al)		1100.00
TOTAL THE Description of the	ala ara ara la N		
TOTAL This Period (last page this line nur	nber only)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 15/29					
	EMIZED RECEIPTS		or each category of the	(check only one)						
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c   12					
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14	15 16 17					
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	n for the purpose of solicit solicit contributions from s	ing contributions such committee.							
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,							
$ \rangle$	American Association of Oral and Maxiee	llofacial Su	rgeons Political Action Com	mitt-						
<u>/</u>	Full Name (Last, First, Middle Initial)			<u> </u>						
A.	Dr. Gene Martin			Date of Receipt						
	Mailing Address 195 Haddon Avenue			M M / D D						
				10 30	2006					
	City	State	Zip Code	Transaction ID: SA						
	Haddonfield	NJ	08033	Amount of Each Re	ceipt this Period					
	FEC ID number of contributing federal political committee.	C			250.00					
	Name of Employer Self-Employed	Occupation								
		Oral Sur	geon e Year-to-Date ▼	_						
	Receipt For:  Primary  General	Aggregate	rear-to-Date V	1						
	Other (specify)		250.00							
				1						
В.	Full Name (Last, First, Middle Initial) Dr. Ronald McCombs			Date of Receipt						
	Mailing Address 10217 125th St., Ct E			M M / D D	/ <b>Y                                   </b>					
	Suite 300			11 13						
	City	State	Zip Code	Transaction ID: SA						
	Payallup	WA	98373	Amount of Each Re	ceipt this Period					
	FEC ID number of contributing federal political committee.	С			500.00					
	Name of Employer Self	Occupation	n							
		Oral Sur								
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		500.00							
	Other (specify)		0 0 0 0 0 0 0							
C.	Full Name (Last, First, Middle Initial) Dr. Ronald Mead			Date of Receipt						
	Mailing Address 990 Boysen Ave			1 1 2 0	2006					
	City	State	Zip Code	Transaction ID: SA	11A1.14954					
	San Luis Obispo	CA	93405-1313	Amount of Each Re						
	FEC ID number of contributing				500.00					
	federal political committee.	C			500.00					
	Name of Employer Self-Employed	Occupation	n axillofacial Surgeon							
	Receipt For:		e Year-to-Date ▼	-						
	Primary General	7.99.094.0	Tour to Bate V	1						
	Other (specify) ▼		500.00							
				1						
					1050.00					
s	UBTOTAL of Receipts This Page (optional)		1250.00							
			<u> </u>							
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>							

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 29
	TEMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ry information copied from such Reports and State for commercial purposes, other than using the r	atements may name 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.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Association of Oral and Maxiee	llofacial Su	rgeons Political Action Comr	nitt-
A.	Full Name (Last, First, Middle Initial) Dr. Robert Morris			Date of Receipt
	Mailing Address 1636 Nicholasville Road Suite B-103	d 		11 1 10 2006
	City	State	Zip Code	Transaction ID: SA11A1.14792
	Lexington	KY	40503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For:	`	Year-to-Date ▼	-
	Primary General	199.19		
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Randal Patterson			Date of Receipt
	Mailing Address 140 Allison Way			1 1 2 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: SA11A1.14955
	Hollidayburg	PA	16648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Drs Patterson Pyle & Asso-	Occupation Oral Surg		_
	ciate Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼	39.59	350.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Robert Payne			Date of Receipt
	Mailing Address 1140 Goodlette Road			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: SA11A1.14883
	Naples	FL	34102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Oral Surg		
	Receipt For:		e Year-to-Date ▼	7
	Primary General		350.00	
	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)		·····	650.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/29
ITEMIZED RECEIPTS			or each category of the	(check only one)
•	LIMIZED RESENTS		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	y information copied from such Reports and Statem	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
/	American Association of Oral and Maxillofa ee	acial Sur	geons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) Dr. William Phillips			Date of Receipt
	Mailing Address 3100 Monticello Suite 110			11 25 2006
	·	State	Zip Code	Transaction ID: SA11A1.15020
	Dallas	TX	75205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	self employed *	ccupation		
		ral Surg	•	
	Receipt For: A Primary General	aggregate	Year-to-Date ▼	
	Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Scott Podlesh			Date of Receipt
	Mailing Address 885 Scott Blvd Suite 1			1 1 0 8 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.14756
	Santa Clara	CA	95050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Scott W Podloch DDS	ccupation	axillofacial Surgeon	
	•		Year-to-Date ▼	-
	Primary General	1 1	075.00	
	Other (specify) ▼	0 0	375.00	
).	Full Name (Last, First, Middle Initial) Dr. Lee Pollan			Date of Receipt
	Mailing Address 4415 Buffalo Road			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: SA11A1.14937
	North Chili	NY	14514-1024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
		ccupation		
			axillofacial Surgeon Year-to-Date ▼	-
	Primary General	.ggi ogale		
Other (specify) ▼			375.00	
s	UBTOTAL of Receipts This Page (optional)		······	1250.00
_	OTAL The Board #			
Т	OTAL This Period (last nage this line number only)		<b>•</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 29 (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 ime and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxille ee			
۹.	Full Name (Last, First, Middle Initial) Dr. Donald Rebhun  Mailing Address 2301 Evesham Rd. Suite 211  City  Voorhees	State NJ	Zip Code 08043-4503	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Oral Surg Aggregate		200.00
3.	Full Name (Last, First, Middle Initial) Ignatius Scalia Mailing Address 869 Bergen Ave City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Jersey City  FEC ID number of contributing federal political committee.	NJ C	07306	Amount of Each Receipt this Period  500.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Oral Surg Aggregate		
Full Name (Last, First, Middle Initial) Dr. Louis Scannura Mailing Address 3007 Spring Mill Drive				Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Springfield	State IL	Zip Code 62704	Transaction ID: SA11A1.14759  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Springfield Associates in OMS  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Oral Surg		
s	UBTOTAL of Receipts This Page (optional)			1075.00
T	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 19/29
	EMIZED RECEIPTS		or each category of the	(check only one)	
•	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 14	11c   12 15   16   17
۸r	w information against from such Donorts and State	monte may	y not be cold or used by any perso		
or	ly information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from si	uch committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Oral and Maxillo ee	ofacial Su	rgeons Political Action Comr	nitt-	
۸.	Full Name (Last, First, Middle Initial) Dr. Thomas Skiba			Date of Receipt	
	Mailing Address 690 North Route 31			11 06	2006
	City	State	Zip Code	Transaction ID: SA	
	Crystal Lake	IL	60012	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Employed	Occupation Oral Surg		1	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
3.	Full Name (Last, First, Middle Initial) Dr. Edwin Slade			Date of Receipt	
	Mailing Address 101 Progress Dr.			1 1 1 1 6	2006
	City	State	Zip Code	Transaction ID: SA	11A1.14916
	Doylestown	PA	18901-2509	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			375.00
	Name of Employer Oral & Facial Surgery Ctr.	Occupation			
		Oral Surg			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		375.00		
).	Full Name (Last, First, Middle Initial) Michael Steinle			Date of Receipt	
	Mailing Address 8617 Augusta Farm Ln			11 24	2006
	City	State	Zip Code	Transaction ID: SA	
	Laytonsville	MD	20882	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Employed	Occupation Oral Surg		1	
			Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	1000.00		
s	UBTOTAL of Receipts This Page (optional)		<b>•</b>		1375.00
_					
T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly 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 dress 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 Maxillee	ofacial Su	rgeons Political Action Comr	nitt-
۹.	Full Name (Last, First, Middle Initial) John Tidwell			Date of Receipt
	Mailing Address 1801 Northwest Market S Suite 108	Street		1 1 1 3 2 0 0 6
	City Seattle	State WA	Zip Code 98107	Transaction ID: SA11A1.14867  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30107	375.00
	Name of Employer Self-Employed	Occupation Oral Surg	geon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
3.	Full Name (Last, First, Middle Initial) Dr. Paul Tiernan			Date of Receipt
	Mailing Address 30 Doctors Park Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Santa Rosa	State CA	Zip Code 95405	Transaction ID: SA11A1.15037  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation Oral Surg		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
).	Full Name (Last, First, Middle Initial) Dr. Bradford Towne			Date of Receipt
Mailing Address 310 Fisher Rd. Suite 1				11 13 / 2006
	City Berlin	State VT	Zip Code 05602-9802	Transaction ID: SA11A1.14868  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Northern Vermont Oral Surgery Occupati			geon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1075.00
			<u>-</u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		PAGE 21/29
	EMIZED RECEIPTS		or each category of the	(check only one)	
	LIVIIZED REOLII 13		Detailed Summary Page		11c   12 15   16   17
Δr	w information conied from such Reports and State	amente mai	y not he sold or used by any perso		
or	ly information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from suc	ch committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Oral and Maxillo ee	ofacial Su	rgeons Political Action Comr	nitt-	
۹.	Full Name (Last, First, Middle Initial) Dr. W. Tucker			Date of Receipt	
	Mailing Address 724 Druid Hills Rd.	<u> </u>	-	11 1 13	2006
	City Tomple Torress	State	Zip Code	Transaction ID: SA1	
	Temple Terrace	FL	33617-3810	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self	Occupation Oral Surg			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	1 1	500.00		
3.	Full Name (Last, First, Middle Initial) Dr. Terrence M. Wall			Date of Receipt	
	Mailing Address 7400 College Drive	10 / 30	2006		
	City	State	Zip Code	Transaction ID: SA1	1A1.14735
	Palos Heights	IL	60463-1149	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	С			325.00
	Name of Employer Self-Employed	Occupation			
		Oral Surg	•		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		325.00		
).	Full Name (Last, First, Middle Initial) Dr. Michael Whitehouse			Date of Receipt	
	Mailing Address 3020 Maplewood Avenue	)		1 1 0 8	2006
	City	State	Zip Code	Transaction ID: SA1	1A1.14760
	Winston-Salem	NC	27103	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer Salem OMS	Occupation Oral surg			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		450.00		
s	UBTOTAL of Receipts This Page (optional)				1025.00
_	OTAL This Davied /look name this line mounts are				
- 1	OTAL This Period (last page this line number onl	y)			

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Association of Oral and Maxee	killofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial)  Dr. Daniel Williams			Date of Receipt
Mailing Address 8687 Louetta Road Suite 100			1 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.14917
Spring	TX	77379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Northwest OMS	Occupatio Oral Sur		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial)  3. Russell Williams	•		Date of Receipt
Mailing Address 3007 Spring Mill Dr			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: SA11A1.15027
Springfield	<u>IL</u>	62704-6558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Springfield Associates in	Occupatio		7
OMS Receipt For:	Oral Sur	geon e Year-to-Date ▼	_
Primary General Other (specify) ▼	Aggregate	375.00	
Full Name (Last, First, Middle Initial)  6. Hooman Zarrinkelk	1		Date of Receipt
Mailing Address 2859 Loma Vista Rd Suite A			11 20 / 9 9 9
City	State	Zip Code	Transaction ID: SA11A1.14965
Ventura	CA	93003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Oral Sur	geon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)	1		1250.00

John Zuniga

City

Med Receipt For:

**Dallas** 

Mailing Address

FEC ID number of contributing

federal political committee.

Name of Employer Univ of Texas Southwestern

Other (specify)

General

Primary

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

FOR LINE NUMBER: PAGE 23/29 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 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-Full Name (Last, First, Middle Initial) Date of Receipt 5323 Harry Hines Blvd 13 2006 Dept of OMS State Zip Code Transaction ID: SA11A1.14877 TX 75390 Amount of Each Receipt this Period C 200.00 Occupation Oral Surgeon Aggregate Year-to-Date ▼

350.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	200.00
TOTAL This Period (last page this line number only)	<b>•</b>	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 X 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	r 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.
NAME OF COMMITTEE (In Full)  American Association of Oral and Maxiee	llofacial Su	rgeons Political Action Comr	nitt-
Full Name (Last, First, Middle Initial) FRIENDS OF MIKE FERGUSON Mailing Address c/o Ron Gravino P.C  City Colonia  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2006 Primary X General Other (specify)	Occupation	Zip Code 07067 0366195 1 Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC Mailing Address 175 SOUTH WEST TE  City SALT LAKE CITY FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2006 Primary X General Other (specify)	State UT C C00 Occupation	Zip Code 84101 0104752	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

				 8000.00
SUBTOTAL of Receipts This Page (optional)	•		_	 8000.00
TOTAL This Period (last page this line number only)	<b>•</b>			8000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 25 / 29 (check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)		B. 1111 . 1.4.11 . 0	
/	American Association of Oral and Maxillo ee	otacial Su	rgeons Political Action Comi	nitt-
۹.	Full Name (Last, First, Middle Initial) Northern Trust Bank			Date of Receipt
	Mailing Address 8501 W. Higgins Road			11 07 2006
	City	State	Zip Code	Transaction ID: SA17.15047
	Chicago	<u>IL</u>	60631	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		32.02
	Name of Employer	Occupation	n	interest
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	· · ·	4923.64	
	Other (specify) ▼	0 0	4920.04	
3.	Full Name (Last, First, Middle Initial) Northern Trust Bank			Date of Receipt
	Mailing Address 8501 W. Higgins Road	11 08 2006		
	City	State	Zip Code	Transaction ID: SA17.15048
	Chicago	<u> </u>	60631	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		530.83
	Name of Employer	Occupation	n	CD interest
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		5454.47	
	Other (specify) ▼	0 0	J4J4.47	
Э.	Full Name (Last, First, Middle Initial) Scudder Investments Service Company			Date of Receipt
	Mailing Address P.O. Box 219154			10 25 2006
	City	State	Zip Code	Transaction ID: SA17.14732
	Kansas City	MO	64121-7197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		367.62
	Name of Employer	Occupation	n	Interest
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		3312.77	
	Other (specify) ▼		3312.77	
s	UBTOTAL of Receipts This Page (optional)	930.47		
_	OTAL This David // Colored P. P.	1)		
1	OTAL This Period (last page this line number on	ıy)		

# **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 26/29 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 **X** 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) Scudder Investments Service Company Date of Receipt Mailing Address P.O. Box 219154 24 2006 City State Zip Code Transaction ID: SA17.15046 Kansas City MO 64121-7197 Amount of Each Receipt this Period FEC ID number of contributing C 368.84 federal political committee. interest Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 3681.61 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	368.84
TOTAL This Period (last page this line number only)	<b>•</b>	1299.31

### Image# 26930636178

$\sim$									
5	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE 27/29				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onlocation X 21b 27	22 23	24 25 26 28c 29 30b				
	y Information copied from such Reports and State for commercial purposes, other than using the name		, ,		ū				
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
	American Association of Oral and Maxillo ee	facial Surgeons Political Act	ion Commi	tt-					
	Full Name (Last, First, Middle Initial)			Transaction ID: SB2	 21B.15049				
۹.	Northern Trust Bank			Date of Disbursemen	nt				
	Mailing Address 8501 W. Higgins Road		111 03	<sup>Y</sup> 2006 <sup>Y</sup>					
	City Chicago	State Zip Code IL 60631		Amount of Each Disb	oursement this Period				
	Purpose of Disbursement bank fees				226.73				
	Candidate Name		Category/ Type						
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)							
	State: District:								

SUBTOTAL of Disbursements This Page (optional)	•	226.73
TOTAL This Period (last page this line number only)	<b>•</b>	226.73

# SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LCI OIII 3A)		Use seperate schedule(s)	(check only			NUMBER: PAGE 25 by one)				28 / 2	3 / 29		
T	EMIZED DISBURSEMENTS	for each categ Detailed Sumi		F	21b 27			23 28b	24 28c		25 29	_	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												
\	NAME OF COMMITTEE (In Full)	and addiess Of	ary pointed to	JUITIO	iillee lu	JUNUI	CONTINUE	JUI 6110118	on such	COIIII	muee		
$\rangle$	American Association of Oral and Maxillofa ee	acial Surgeons	s Political A	ction	n Comr	nitt-							
۹.	Full Name (Last, First, Middle Initial) FRIENDS OF MIKE FERGUSON							tion ID:	SB23.	1504	4		
		D 005					M M		2 /	Y Y	0 ŏ 6	Y	
	Mailing Address c/o Ron Gravino P.O.	Box 225					1 !				000	_	
			Code 7067				Amount	of Each	Disburs	emen	t this P	eriod	
	Purpose of Disbursement			_						. 5	5000.0	0	
	Federal Campaign Contribution Candidate Name				egory/ ype								
	Senate President X	ment For: Primary Other (specify)	2006 General		<u> </u>								
	State: NJ District: 07 Debt  Full Name (Last, First, Middle Initial)						<b>-</b>	ID	0000	1.500			
3.	HATCH ELECTION COMMITTEE INC							Disburse	: SB23. <sup>-</sup> ement	1503	9		
	Mailing Address 175 SOUTH WEST TEM	PLE SUITE 65	50				1 1 M	<sup>′</sup> 0	3 /	<sup>Y</sup> 2	0 ŏ 6	Υ	
	,		Code 1101				Amount	of Each	Disburs				
	Purpose of Disbursement Federal Campaign Contribution										3000.0	U	
	Candidate Name				egory/ ype								
	X Senate President	ment For: Primary Other (specify)	2006 X General										
	State: UT District:  Full Name (Last, First, Middle Initial)					<u>.</u>		15	0000	4504			
Э.	KIND FOR CONGRESS COMMITTEE							Disburse				Υ	
	Mailing Address 205 South 5th Ave Suite 428						1 1	0	3 /		0 Ó 6		
			Code 1601				Amount	of Each	Disburs	emen	t this P	eriod	
	Purpose of Disbursement Federal Campaign Contribution									1	0.000	0	
	Candidate Name				egory/ ype								
	Office Sought:  X House Senate President State: WI District: 03	ment For: Primary Other (specify)	2006 X General										
s	UBTOTAL of Disbursements This Page (optional) .				▶	,				9	0.000	0	Ī
	OTAL This Period (last page this line number only)					•		-		9	000.0	0	Ī
•	This i ones (rast page this line number only)											_	_

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S	CHEDULE B (FEC Form 3X)	Use sep	Use seperate schedule(s)		NUMBER: PAGE 29/29
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onl	y one)  22 23 24 25 26 28a 28b 28c X 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar	•			, ,
\	NAME OF COMMITTEE (In Full)				
<u>/</u>	American Association of Oral and Maxillo ee	ofacial Surg	eons Political A	ction Commi	tt-
	Full Name (Last, First, Middle Initial)				Transaction ID: SB29.15045
۹.	COMMITTEE FOR A DEMOCRATIC MA			Date of Disbursement	
	Mailing Address 301 4th St. NE Suite 20 SUITE 202	)2			1 1 1 D 0 3 Y 2 0 0 6 Y
	City Washington	State DC	Zip Code 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution				3000.00
	Candidate Name			Category/ Type	
	Senate	sement For: Primary X Other (spe	2006 General ecify) ▼		
	State: District:				

SUBTOTAL of Disbursements This Page (optional)		3000.00
SOBIOTAL of Dispulsements This Page (optional)		
TOTAL This Period (last page this line number only)	•	3000.00