06/17/2005 14 : 56

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

American Association of Oral and Maxillofacial Surgeons Political Action Committee

ADDRESS (number and street) ▼ 9700 West Bryn Mawr Ave.

Check if different than previously reported. (ACC)

Rosemont | IL | 60018

2. **FEC IDENTIFICATION NUMBER** ▼ C00005660

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT — NEW (N) X **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) X	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 05 01 2005 through 05 31 2005

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. Michael Hunter

Signature of Treasurer: Electronically Filed by Dr. Michael Hunter — Date 06 17 2005

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)

Write or Type Committee Name
American Association of Oral and Maxillofacial Surgeons Political Action Committee

Report Covering the Period: From: 05 01 2005 To: 05 31 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		363082.73
(b) Cash on Hand at Begining of Reporting Period	393641.22	
(c) Total Receipts (from Line 19)	2056.47	45521.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	395697.69	408604.40
7. Total Disbursements (from Line 31)	15544.42	28451.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	380153.27	380153.27
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	257.00	
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)

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committee

Report Covering the Period: From: 05 01 2005 To: 05 31 2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	500.00	14030.00
(ii) Unitemized	1075.00	25450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1575.00	39480.00
(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) ▶	1575.00	39480.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	481.47	2041.67
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))	2056.47	45521.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2056.47	45521.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	44.42	1181.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	44.42	1181.13
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	15500.00	21000.00
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	270.00
(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	270.00
29. Other Disbursements	0.00	6000.00
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))	15544.42	28451.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	15544.42	28451.13

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1575.00	39480.00
34. Total Contribution Refunds (from Line 28(d))	0.00	270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1575.00	39210.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44.42	1181.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44.42	1181.13

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11
(check only one)
[X] 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 Committee

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

Mailing Address 4225 N Wedgewood Dr

City: Appleton
State: WI
Zip Code: 54915

FEC ID number of contributing federal political committee: C

Name of Employer: OMS Surgical Associates

Occupation: Oral Surgeon

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 17 2005

Transaction ID: 50617.C23764

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 500.00

TOTAL This Period (last page this line number only) ..... ▶ 500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 11
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

A.
Full Name (Last, First, Middle Initial)
Northern Trust Bank OHare
Mailing Address 8501 West Higgins Road
City: Chicago State: IL Zip Code: 60631-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1251.57
Date of Receipt: 05 09 2005
Transaction ID: 50617.C23759
Amount of Each Receipt this Period: 287.13
Other Receipt

B.
Full Name (Last, First, Middle Initial)
Northern Trust Bank OHare
Mailing Address 8501 West Higgins Road
City: Chicago State: IL Zip Code: 60631-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1285.98
Date of Receipt: 05 31 2005
Transaction ID: 50617.C23758
Amount of Each Receipt this Period: 34.39
Other Receipt

C.
Full Name (Last, First, Middle Initial)
Seudder
Mailing Address 222 S Riverside Plz Fl 34
City: Chicago State: IL Zip Code: 60606-5808
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 755.71
Date of Receipt: 05 31 2005
Transaction ID: 50617.C23757
Amount of Each Receipt this Period: 179.95
Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **481.47**

TOTAL This Period (last page this line number only) ..... ▶ **481.47**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A. Full Name (Last, First, Middle Initial)
Northern Trust Bank OHare

Mailing Address 8501 West Higgins Road

City: Chicago
State: IL
Zip Code: 60631-

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 50617.E792
Date of Disbursement
05 / 04 / 2005

Amount of Each Disbursement this Period
44.42

Category/Type
BANK FEES

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 44.42

TOTAL This Period (last page this line number only) ..... ▶ 44.42

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)

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

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

A.
Full Name (Last, First, Middle Initial)
Bartlett for Congress Committee

Mailing Address P.O. Box 245

City: Middletown | State: MD | Zip Code: 21769-

Purpose of Disbursement

Candidate Name: ROSCOEGJR BARTLETT

Category/Type

Office Sought: X House / Senate / President

State: MD District: 06

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 50617.E793
Date of Disbursement: 05 / 13 / 2005

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Bob Filner for Congress

Mailing Address P.O. Box 127868

City: San Diego | State: CA | Zip Code: 02112-

Purpose of Disbursement

Candidate Name: BOB FILNER

Category/Type

Office Sought: X House / Senate / President

State: CA District: 51

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 50617.E794
Date of Disbursement: 05 / 27 / 2005

Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial)
David Scott for Congress

Mailing Address 162 Hurt Street, NE

City: Atlanta | State: GA | Zip Code: 30307-

Purpose of Disbursement

Candidate Name: DAVIDALBERT SCOTT

Category/Type

Office Sought: X House / Senate / President

State: GA District: 13

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 50617.E795
Date of Disbursement: 05 / 27 / 2005

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Friends of John Thune

Mailing Address 224 North Phillips Ave
Suite 21D

City: Sioux Falls | State: SD | Zip Code: 57104-

Purpose of Disbursement

Candidate Name: JOHNR THUNE

Category/Type

Office Sought: House / X Senate / President
State: SD District: 00

Disbursement For: Primary / General / X Other (specify) ▼
2010 PRIMARY

Transaction ID: 50617.E796
Date of Disbursement: 05 / 16 / 2005

Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Kirk for Congress

Mailing Address P. O. Box 8

City: Winnetka | State: IL | Zip Code: 60093-

Purpose of Disbursement

Candidate Name: MARKSTEVEN KIRK

Category/Type

Office Sought: X House / Senate / President
State: IL District: 10

Disbursement For: 2006 X Primary / General / Other (specify) ▼

Transaction ID: 50617.E797
Date of Disbursement: 05 / 16 / 2005

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	15500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 / 11
FOR LINE NUMBER: (check only one)	X 9 10

NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Illinois Department of Revenue

Mailing Address P.O. Box 19008

City Springfield State IL ZIP Code 62794-

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period: 257.00

Transaction ID: LS

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	257.00

1) **SUBTOTALS** This Period This Page (optional)	▶	**257.00**
2) **TOTALS** This Period (last page this line number only)	▶	**257.00**
3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....	▶	
4) **ADD 2)** and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	