

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 7 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr. James Heit		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 6138 S. 102nd Ave.		Transaction ID: SA11A1.16084	
City Omaha	State NE	Zip Code 68127-5415	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		

B. Full Name (Last, First, Middle Initial) Dr. Numa Lee		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 716 Denbigh Blvd Suite 1 Bldg C		Transaction ID: SA11A1.16069	
City Newport News	State VA	Zip Code 23608	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. C			
Name of Employer Drs Tankersley Lee Kenney Hartmann	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) Dr. David Malin		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 343 Franklin Road Suite 106		Transaction ID: SA11A1.16071	
City Brentwood	State TN	Zip Code 37027-5250	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) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	