

**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

01

2009

through

10

31

2009

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

Daniel Klemmedson

Signature of Treasurer

Electronically Filed by Daniel Klemmedson

Date

11

30

2009

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. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 17

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
0 1Y Y Y Y
2 0 0 9

To:

M M
1 0D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 0 9		598204.96
(b) Cash on Hand at Beginning of Reporting Period	564929.02	
(c) Total Receipts (from Line 19)	10532.86	110366.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	575461.88	708571.38
7. Total Disbursements (from Line 31)	26703.41	159812.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	548758.47	548758.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	326.00	
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. 06/2004)

3 / 17

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	W	Y
1	0	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	0	3	1	2	0	0	9

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)	6500.00	45073.00
(ii) Unitemized	3901.00	50349.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10401.00	95422.00
(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)	10401.00	95422.00
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	12500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	131.86	2444.42
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))	10532.86	110366.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10532.86	110366.42

DETAILED SUMMARY PAGE

of Disbursements

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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.....	19703.41	59400.91	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	19703.41	59400.91	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	99500.00	
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	707.00	
(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	707.00	
29. Other Disbursements.....	0.00	205.00	
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))..	26703.41	159812.91	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26703.41	159812.91	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	10401.00	95422.00
34. Total Contribution Refunds (from Line 28(d))	0.00	707.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10401.00	94715.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19703.41	59400.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19703.41	59400.91

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

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

FOR LINE NUMBER: PAGE 6 / 17

(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 Committ-
ee

A.

Full Name (Last, First, Middle Initial)

Michael Bianchi

Mailing Address 26 s Bryn Mawr

City

Bryn Mawr

State

PA

Zip Code

19010

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 Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.18888

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Daley

Mailing Address 2300 Garrett Rd.

City

Drexel Hill

State

PA

Zip Code

19026-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daniel J. Daley Jr. DDS
PC

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 Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.18899

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Davis

Mailing Address 3330 Capital Oaks Drive

City

Tallahassee

State

FL

Zip Code

32308-5327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee OMS

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.18905

Amount of Each Receipt this Period

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(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 Committ-
ee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Eckhart

Mailing Address 190 Good Drive

City

Lancaster

State

PA

Zip Code

17603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conestaga Oral and Maxill-
ofacial Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Oral Surgeon

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.18894

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Flint

Mailing Address 4970 S 900 E

City

Salt Lake City

State

UT

Zip Code

84117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Oral Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.18918

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Pedro Franco

Mailing Address 3800 Commerce St
Apt 202

City

Dallas

State

TX

Zip Code

75226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Oral Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.18914

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(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 Committ-
ee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Gillum

Mailing Address 240 Woodwinds Lane

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.18901

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Dr. W. Kelly

Mailing Address 59 Quinsigamond Avenue

City

Worcester

State

MA

Zip Code

01610-1895

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Oral surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.18921

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Matthew Lowe

Mailing Address 2711 South Rouse
Suite A

City

Pittsburgh

State

KS

Zip Code

66762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.18910

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17

(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 Committ-
ee

A.

Full Name (Last, First, Middle Initial)

Dr. Taylor L. Markle

Mailing Address 1010 Carondelet Drive
Suite 316

City State Zip Code
Kansas City MO 64114

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 Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.18904

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alfred Pesto

Mailing Address 4815 Paulsen St.

City State Zip Code
Savannah GA 31405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Oral & Max
Surg Assoc PC

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 Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.18908

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Thomas Seidelmann

Mailing Address 1000 E 1st St
Suite 302

City State Zip Code
Duluth MN 55805-2240

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.18890

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17

(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 Committ-
ee

A.

Full Name (Last, First, Middle Initial)

Dr. Barry Stacey

Mailing Address 5041 Dallas Hwy. Bldg 2
Suite A

City State Zip Code
Powder Springs GA 30127

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Atlanta Oral Surgery

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 Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.18893

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Erwin Wolf

Mailing Address 1075 Berkshire Blvd
Suite 800

City State Zip Code
Wyomissing PA 19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berks Oral Surgery

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 Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.18895

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy Zuck

Mailing Address 200 East Washington Street

City State Zip Code
Appleton WI 54911

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

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.18915

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)

6500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(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 Committ-
ee

A.

Full Name (Last, First, Middle Initial)

DWS Scudder Investments Servic

Mailing Address P.O. Box 219154

City

Kansas City

State

MO

Zip Code

64121-9154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.05

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA17.18930

Amount of Each Receipt this Period

3.18

Interest

B.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA17.18928

Amount of Each Receipt this Period

71.19

CD Interest

C.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2218.37

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA17.18929

Amount of Each Receipt this Period

57.49

Interest

SUBTOTAL of Receipts This Page (optional)

131.86

TOTAL This Period (last page this line number only)

131.86

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 12 / 17

<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

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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) American Association of Oral and Maxillofacial Surgeons	Transaction ID: SB21B.18939 Date of Disbursement																				
Mailing Address 9700 W. Bryn Mawr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	9												
City Rosemont State IL Zip Code 60018	Amount of Each Disbursement this Period																				
Purpose of Disbursement 3rd qtr staff support, UPS refund of bank fee Candidate Name	<table border="1"> <tr> <td>19447.31</td> </tr> </table>	19447.31																			
19447.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Paypal	Transaction ID: SB21B.18932 Date of Disbursement																				
Mailing Address 2211 N. First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City San Jose State CA Zip Code 95131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Paypal Collection Fee Candidate Name	<table border="1"> <tr> <td>14.80</td> </tr> </table>	14.80																			
14.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paypal	Transaction ID: SB21B.18933 Date of Disbursement																				
Mailing Address 2211 N. First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	9												
City San Jose State CA Zip Code 95131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Paypal Collection fee Candidate Name	<table border="1"> <tr> <td>142.88</td> </tr> </table>	142.88																			
142.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

19604.99

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SB21B**
Transaction ID : **SB21B.18939**

Reimbursing Connected Orgaization for Administrative Expenses

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 / 17

<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

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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)

Paypal

Mailing Address 2211 N. First Street

City
San JoseState
CAZip Code
95131Purpose of Disbursement
Paypal Collection fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18934

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

18.30

B.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City
SchaumburgState
ILZip Code
60173Purpose of Disbursement
Bank Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18931

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Amount of Each Disbursement this Period

80.12

SUBTOTAL of Disbursements This Page (optional)

98.42

TOTAL This Period (last page this line number only)

19703.41

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 15 / 17

☐ 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 Committ-
ee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City
COLUMBIA

State
SC

Zip Code
29211

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: SB23.18940

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

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
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.18938

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

MINNICK FOR CONGRESS

Mailing Address P O Box 306

City
Boise

State
ID

Zip Code
83701

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: SB23.18941

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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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)

STEVE AUSTRIA FOR CONGRESS

Mailing Address 20 S Limestone St Suite 390

City
Springfield

State
OH

Zip Code
45502

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 07

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.18942

Date of Disbursement

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 / 17

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Illinois Department of Revenue
Nature of Debt (Purpose):
State Tax Overpymt for 20-
08 carryover 09

Mailing Address PO Box 19008

City	State	ZIP Code
Springfield	IL	62794-9008

Outstanding Balance Beginning This Period

326.00

Transaction ID: SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

326.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

326.00

2) **TOTALS** This Period (last page this line number only)..... ▶

326.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

326.00