10/13/2010 14:05

Image# 10931426633

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An	Authorized Comm	ittee	Office Us	se Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LAB OR TYPE OR PRINT ₩	Example:If typ over the lines	ing, type		
American Association of Oral	l and Maxillofacial Surgeon	s Political Action Commi	itt- 		
ADDRESS (number and street)	9700 West Bryn Mawr	Ave.			
Check if different					
than previously reported. (ACC)	Rosemont		L	IL 6	0018
2. FEC IDENTIFICATION NUM	IBER ₩	CITY 🛕	S	ГАТЕ 🔔	ZIPCODE 🛕
C00005660	3	3. IS THIS X	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	X Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(Q	(c) 12-Day	Primary (1	12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report(Q	PRE-Election	n H	· -		Trailon (1211)
October 15 Quarterly Report(Q	Report for th	ne: Convention	on (12C)	Special (12S)	
January 31 Quarterly Report(Yi		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	n (d) 30-Day Post -Electi Report for th	,	30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	t '	Election on			in the State of
5. Covering Period 0.9	01 2010) throug	h 09	30 2010	
I certify that I have examined this F	Report and to the best of m	ny knowledge and belief i	t is true, correct ar	nd complete.	
Type or Print Name of Treasurer	Dr. David Prindiville				
Signature of Treasurer Electron	nically Filed by Dr. David	d Prindiville	Da	te 10 13	2010
NOTE : Submission of false, error	neous, or incomplete inform	nation may subject the p	erson signing this	Report to the penalties	of 2 U.S.C 437g.
Office Use					FORM 3X v. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/24

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

D D [®]D 09 0 1 2010 0.9 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2010° 646637.44 January 1 (b) Cash on Hand at 463314.70 Begining of Reporting Period 9870.55 112352.57 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 473185.25 758990.01 6(a) and 6(c) for Column B) 58177.47 343982.23 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 415007.78 415007.78 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 333.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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 / 24

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

Report Covering the Period:

From:

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та.

м м 0 9 ^D 30

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	5500.00	54125.00
(ii) Unitemized	3300.00	52396.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	▶ 8800.00	106521.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	▶ 8800.00	106521.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	5000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	70.55	831.57
3. Transfers from Non-Federal and Levin Fur	nds	
(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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9870.55	112352.57
). Total Federal Receipts (subtract Line 18(c) from Line 19)	9870.55	112352.57

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 24

II.	DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) S	ing Expenditures: nared Federal/Non-Federal		
(i)	ctivity (from Schedule H4) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
` '	ther Federal Operating kpenditures	177.47	71977.23
	otal Operating Expenditures dd 21(a)(i), (a)(ii) and (b))	177.47	71977.23
	ers to Affiliated/Other Party	0.00	0.00
3. Contrik		0.00	0.00
	l Candidates/Committeesher Political Committees	58000.00	271500.00
use S	ndent Expenditure chedule E)	0.00	0.00
	nated Expenditures Made by Party ittees (2 U.S.C. 441a(d)) chedule F)	0.00	0.00
	lepayments Made	0.00	0.00
	Made	0.00	0.00
(a) In	ds of Contributions To: dividuals/Persons Other nan Political Committees	0.00	505.00
	olitical Party Committees	0.00	0.00
()	ther Political Committees uch as PACs)	0.00	0.00
(d) To	otal Contribution Refunds	0.00	E0E 00
(a	dd Lines 28(a), (b), and (c))	0.00	505.00
9. Other I	Disbursements	0.00	0.00
(a) Sh	l Election Activity (2 U.S.C 431(20)) ared Federal Election Activity		
`	om Schedule H6) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Fe	deral Election Activity Paid Entirely th Federal Funds	0.00	0.00
` '	otal 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	4, 25, 26, 27, 28(d), 29 and 30(c))	58177.47	343982.23
	Federal Disbursements		
	act Line 21(a)(ii) and Line 30(a)(ii)	58177.47	343982.23

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)	8800.00	106521.00	
34.	Total Contribution Refunds (from Line 28(d))	0.00	505.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	8800.00	106016.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	177.47	71977.23	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	177.47	71977.23	

FE6AN026

SCHEDULE A (FEC Form 3X)

[SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Maee	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Shawn Bailey Mailing Address 5027 Hamilton Drive	01:1-	7'. Oath	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State IA	Zip Code	Transaction ID: SA11AI.20376
	Davenport FEC ID number of contributing federal political committee.	C	52807	Amount of Each Receipt this Period 500.00
	Name of Employer Spring Park OMS Associates Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Oral Sur Aggregate		
- В.	Full Name (Last, First, Middle Initial) Dr. James Davis Mailing Address 3330 Capital Oaks Dri	ive		Date of Receipt 0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.20372
	Tallahassee	FL	32308-5327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tallahassee OMS	+ '	laxillofacial Surgeon	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Robert Flint Mailing Address 4970 S 900 E			Date of Receipt 0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11Al.20383
	Salt Lake City	UT	84117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Association of Oral and Ma ee	xillofacial Su	rgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) Lewis Gilbert			Date of Receipt
	Mailing Address 433 Carriage Drive			09 / 14 / 2010
	City Beckley	State WV	Zip Code 25801	Transaction ID: SA11AI.20370 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Lewis D Gilbert DDS LTD	Occupation Oral Sur		
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Lawrence Kiselica			Date of Receipt
	Mailing Address 114 East Diamond St	0 9 2 4 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.20362
	Butler FEC ID number of contributing federal political committee.	PA C	16001	Amount of Each Receipt this Period 375.00
	Name of Employer Quad County OMS Inc	Occupation Oral Sur		
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 375.00]
-).	Full Name (Last, First, Middle Initial) Dr. Michael Koslin			Date of Receipt
-	Mailing Address 2036 Patton Chapel F	Road		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Birmingham	State AL	Zip Code 35216	Transaction ID: SA11AI.20360 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Koslin & Kahn PC	Occupation Oral Sur		7
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 375.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1250.00
T	TOTAL This Period (last page this line number	· only)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Association of Oral and Maee	xillofacial Surgeons Political Action Com	mitt-
·	Full Name (Last, First, Middle Initial) Dr. Gene Martin		Date of Receipt
	Mailing Address 195 Haddon Avenue		09 21 2010
	City Haddonfield	State Zip Code NJ 08033	Transaction ID: SA11AI.20378 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.00
	Name of Employer Self-Employed	Occupation Oral Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
_	Full Name (Last, First, Middle Initial) Dr. John Monterubio	Date of Receipt	
	Mailing Address 1034 South Brentwood Suite 1010	09 / 16 / Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.20369
	St. Louis FEC ID number of contributing federal political committee.	MO 63117-1210	Amount of Each Receipt this Period 500.00
	Name of Employer Monterubio & Herbosa OMS	Occupation Oral & Maxillofacial Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Robert Pfeffle	I	Date of Receipt
	Mailing Address 801 University Blvd Suite D		0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mobile	State Zip Code AL 36609-2949	Transaction ID: SA11AI.20374
	FEC ID number of contributing federal political committee.	C 30009-2949	Amount of Each Receipt this Period 375.00
	Name of Employer Martin, Zieman & Pfeffle DMDPC	Occupation Oral Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	
			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee to axillofacial Surgeons Political Action Com	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kirk Russell Mailing Address 5594 Franklin Rd City Lebanon FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code TN 37090-8101 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Seidelmann Mailing Address 1000 E 1st St Suite 302	1000.00	Date of Receipt 0 9 1 6 2 0 1 0
City Duluth FEC ID number of contributing federal political committee. Name of Employer OMS Associates	State Zip Code MN 55805-2240 C Occupation	Transaction ID: SA11AI.20355 Amount of Each Receipt this Period 375.00
Receipt For: Primary General Other (specify) ▼	Oral Surgeon Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Stone Mailing Address 33 Bartlett Street Suite 405 City Lowell FEC ID number of contributing federal political committee.	State Zip Code MA 01852	Date of Receipt M M M
Name of Employer Nashua Oral Surgery Associates Receipt For: Primary General Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
		5500.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each cate Detailed Sun	gory of the (FOR LINE NUMBER: PAGE 10 / 24 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) American Association of Oral and Maxilee	llofacial Su	rgeons Politic	al Action Comr	nitt-
Α.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS				Date of Receipt
	Mailing Address 100 W. College Ave. 50D				09 / 22 / 2010
	City	State	Zip Code		Transaction ID: SA16.20438
	<u>Appleton</u>	WI	54911		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C coo	412809		1000.00
	Name of Employer	Occupation	n		Refund of contribution
	Receipt For: 2010 X Primary General Other (specify) ▼	Aggregate	Year-to-Date	1000.00	

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 24 (check only one) 11a 11b 11c 12 13 14 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 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 Maxillee	American Association of Oral and Maxillofacial Surgeons Political Action Commi				
Α.	Full Name (Last, First, Middle Initial) The Northern Trust Company	Date of Receipt				
	Mailing Address 1501 Woodfield Road			09 / 08 / 2010		
	City	State	Zip Code	Transaction ID: SA17.20389		
	Schaumburg	IL	60173	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		36.63		
	Name of Employer	Occupatio	n	CD Interest		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 789.77			
В.	Full Name (Last, First, Middle Initial) The Northern Trust Company			Date of Receipt		
	Mailing Address 1501 Woodfield Road			09 30 7 2010		
	City	State	Zip Code	Transaction ID: SA17.20390		
	Schaumburg	IL	60173	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		33.06		
	Name of Employer	Occupatio	n	Interest		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 822.83			

SUBTOTAL of Receipts This Page (optional)	•	69.69
TOTAL This Period (last page this line number only)	→	69.69

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		P.	AGE 12/2	24
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	22 2	3 24 3b 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						;
NAME OF COMMITTEE (In Full)	and address of any pointed cor	THITILLOC TO SOM	Cit Continbution	3 110111 30011 0	Johnniece	
American Association of Oral and Maxillofa ee	acial Surgeons Political Acti	on Committ	:-			
Full Name (Last, First, Middle Initial) Paypal			Transaction Date of Disb		3.20393	
Mailing Address 2211 N. First Street			09 4	0 2 /	ŽOŽO) ^Y
•	State Zip Code CA 95131		Amount of E	ach Disburse		-
Purpose of Disbursement Paypal collection fees		•			1.75	
Candidate Name	C	ategory/ Type				
Senate President	ment For: Primary General Other (specify) ▼	71				
State: District:						
Full Name (Last, First, Middle Initial) Paypal			Transaction Date of Disb		3.20394	
Mailing Address 2211 N. First Street			09 /	14	žožo) ^Y
•	State Zip Code CA 95131		Amount of E	ach Disburse	ement this F	Period
Purpose of Disbursement Paypal collection fees	Г	0 0			6.10)
Candidate Name	C	ategory/ Type				
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial)			Transaction	I D : SB21	3.20395	
Paypal			Date of Disb		/	V
Mailing Address 2211 N. First Street			09 /	21	2010)
	State Zip Code CA 95131		Amount of E	ach Disburse		
Purpose of Disbursement Paypal collection fees	Г				11.18	
Candidate Name	C	ategory/ Type				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional) .		▶			19.03	
TOTAL This Period (last page this line number only)						

В.

Senate

District:

President

1 90	5# 10931420043															
	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	Use sepa	arate schedule(s)		OR LIN			R:			PA	GE	13 / 2	24		_
•			Summary Page	X	21b 27		22 28a		23 28b		24 28c	Н	25 29		26 30k	2
	y Information copied from such Reports a for commercial purposes, other than using													3		
\rangle	NAME OF COMMITTEE (In Full) American Association of Oral and ee	Maxillofacial Surge	eons Political	Action	Comn	nitt-										
	Full Name (Last, First, Middle Initial) Paypal Mailing Address 2211 N. First Str	eet					Date		isburs		SB21E ent		396 0 1 () ^Y		
	City San Jose Purpose of Disbursement	State CA	Zip Code 95131				Amou	ınt o	of Each	n Dis	sburse	-	t this f	_	od	_
	Paypal collection fees Candidate Name			Categ Typ				•	•							
	Office Sought: Senate President State: District:	Disbursement For: Primary Other (spe	General cify) ▼													
	Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 1501 Woodfield	Road					Date		isburs		SB21E ent		392 0 1 0) ^Y		_
	City Schaumburg	State IL	Zip Code 60173				Amou	ınt o	of Each	n Dis	sburse	-		_	od	_
	Purpose of Disbursement Bank Fees Candidate Name			Categ Typ			L.					1.	41.16	5		
	Office Sought: House	Disbursement For:		,												

General

SUBTOTAL of Disbursements This Page (optional)	•	•	•		•	•	158.44	·
TOTAL This Period (last page this line number only)	•						177.47	·

Primary

Other (specify)

State:

	CHEDULE B (FEC FOIII 3	' Use sepa	arate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 14 / 24
	EMIZED DISBURSEMENT	Detailed S	category of the Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports a for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Association of Oral and	the name and addres	ss of any political	committee to so	olicit contributions from such committee
_	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS				Transaction ID: SB23.20433 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 8550 United Plaz Suite 1001	za Blvd.			09 23 2010
	City Baton Rouge	State LA	Zip Code 70809		Amount of Each Disbursement this Perio
	Purpose of Disbursement Federal Campaign Contribution				2000.00
	Candidate Name			Category/ Type	
	Office Sought: X House Senate President	Disbursement For: Primary Other (spe	2010 X General	Турс	
	State: LA District: 06 Full Name (Last, First, Middle Initial)				Transaction ID: SB23.20410
	BOB FILNER FOR CONGRESS				Date of Disbursement
	Mailing Address PO Box 121480				$\begin{array}{c c} \begin{array}{c c} \begin{array}{c c} M & M \end{array} & \begin{array}{c c} \end{array} & \begin{array}{c c} D & D \end{array} & \begin{array}{c c} \end{array} & \begin{array}{c c} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y $
	City Chula Vista	State CA	Zip Code 91912		Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Campaign Contribution				2000.00
	Candidate Name			Category/ Type	
	Office Sought: X House Senate President State: CA District: 51	Disbursement For: Primary Other (spe	2010 X General ecify)		
	Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRES	S			Transaction ID: SB23.20424 Date of Disbursement
	Mailing Address 991C Lomas Sal # 192	nta Fe Drive			09 13 7 2010
	City Solana Beach	State CA	Zip Code 92075		Amount of Each Disbursement this Perio
	Purpose of Disbursement Federal Campaign Contribution				1000.00
	Candidate Name			Category/ Type	
	Office Sought: X House Senate President	Disbursement For: Primary Other (spe	2010 X General ecify) ▼		
					I .
	State: CA District: 50				

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE		R:	F	PAGE	15 / 24	ļ
IT	EMIZED DISBURSEMENTS	for each category of the		(check on 21b	ly one) 22	X 23	☐ 24		25 Г	7 26
		Detailed Summary Page		27	28a	28b	28		29	30b
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)	e and address of any political	i Comi	TIILLEE LO S	Olicit Corit	TIDULIOTIS II	OIII SUCI	1 COITIIII	illee	
	American Association of Oral and Maxillof ee	acial Surgeons Political	Actio	n Comm	itt-					
, —	Full Name (Last, First, Middle Initial)				Trans	saction ID:	: SB2	3.2042	25	
Α.	BUCSHON FOR CONGRESS					of Disburs		V V	V . \	7
	Mailing Address PO Box 250				0 9		3 /	2 (0 1 0 `	
	City Newburgh	State Zip Code IN 47629			Amou	int of Each	Disbur			eriod
	Purpose of Disbursement Federal Campaign Contribution				L.			100	0.00	
	Candidate Name		Ca	tegory/						
			Т	уре						
	Office Sought: X House Disburse Senate President	ement For: 2010 Primary X General Other (specify)								
	State: IN District: 08	cuio (epeeny) •								
_	Full Name (Last, First, Middle Initial)				Trans	saction ID	: SB2	3.2043	34	
В.	CHRIS LEE FOR CONGRESS					of Disburs		V V	· · · ·	7
	Mailing Address PO Box 15395				0 ^M 9	M / D 2	23 /	' 2 (o i o `	
	City Rochester	State Zip Code NY 14615			Amou	ınt of Each	Disbur			eriod
	Purpose of Disbursement Federal Campaign Contribution				L.			100	0.00	
	Candidate Name			tegory/ Type						
	Office Sought: X House Disburse Senate President	ement For: 2010 Primary X General Other (specify)								
	State: NY District: 26									
C.	Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN					saction ID: of Disburs	ement			
	Mailing Address PO Box 326				0 9	M / D	7 /	ž	o í o `	
	City Everett	State Zip Code WA 98206			Amou	ınt of Each	Disbur			eriod
	Purpose of Disbursement Federal Campaign Contribution				L.			100	0.00	
	Candidate Name			tegory/ Type						
	Office Sought: X House Senate President Disburse	ement For: 2010 Primary X General Other (specify)								
	State: WA District: 02	- · · · · · · · · · · · · · · · · · · ·								
s	SUBTOTAL of Disbursements This Page (optional)			•				300	0.00	
1	OTAL This Period (last page this line number only)			•						

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В.

C.

SCHEDULE B (FEC Form 3X)	Llas asparata asbadula(a)	F	OR LINE	NUMBE	R:			PA	GE	16 /	24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(c	heck only	–	_		_			1	_
	Detailed Summary Page		21b 27	22 28a	X	23 28b	_	24 28c		25 29	26 30b
Any Information copied from such Reports and State	nents may not be sold or used	d by any			rpos		olic		ntrik		
or for commercial purposes, other than using the nan											
NAME OF COMMITTEE (In Full)											
American Association of Oral and Maxillo ee	facial Surgeons Political	Action	Commit	t-							
Full Name (Last, First, Middle Initial) DAN COATS FOR INDIANA				Trans Date		-	-	SB23. ent	204	18	
Mailing Address PO BOX 301141				0 ^M 9	M	[/] DC	3	/ Y	ž	0 1 () Y
City INDIANAPOLIS	State Zip Code IN 46230			Amou	nt o	f Each	n Dis	sburse	men	t this I	Period
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State: IN District: 00											
Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE				Date		isburs	eme		204	11	
Mailing Address PO BOX 6545				0 ^M 9	M	[′]) ^D	/ Y	ž	0 1 () ^Y
City VISALIA	State Zip Code CA 93290			Amou	nt o	f Each	n Dis	sburse			
Purpose of Disbursement Federal Campaign Contribution					0			-	20	00.00)
Candidate Name		Cate Typ									
Office Sought: X House Senate President State: CA District: 21	ement For: 2010 Primary X General Other (specify)										
Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE				Trans				SB23. ent	204	19	
Mailing Address 205 HAWTHORNE COU	JRT			0 ^M 9	M	[/] DC	3	/ Y	ž	0 ť () Y
City PITTSBURGH	State Zip Code PA 15221			Amou	nt o	f Each	n Dis	sburse	-		
Purpose of Disbursement Federal Campaign Contribution		Ť							20	00.00)
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TOTAL This Period (last page this line number only)										

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 17 / 24 vone)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and State			
NAME OF COMMITTEE (In Full) American Association of Oral and Maxillo	facial Surgeons Political	Action Commi	tt-
Full Name (Last, First, Middle Initial) ENZI FOR US SENATE			Transaction ID: SB23.20426 Date of Disbursement
Mailing Address PO BOX 2775			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City CODY	State Zip Code WY 82414		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution		•	2000.00
Candidate Name		Category/ Type	
X Senate President	ement For: 2014 (Primary General Other (specify)		
State: WY District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO			Transaction ID: SB23.20431 Date of Disbursement
Mailing Address PO BOX 52008			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City CASPER	State Zip Code WY 82605		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution			1500.00
Candidate Name		Category/ Type	
ÿ	ement For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN SARBANES			Transaction ID: SB23.20440 Date of Disbursement
Mailing Address PO Box 6854			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Towson	State Zip Code MD 21285		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	2000.00
Office Sought: X House Senate President State: MD District: 03	ement For: 2010 Primary X General Other (specify) ▼	Туре	
			5500.00

SCHEDULE B (FEC Form 3X)

П	ENIZED DISCUSSIONES	Use separate schedule(-OR LINE check only					
_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	[21b 27	- ´ -	X 23 28b	24 28c	25 29	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politic	al comm	nittee to sol	cit contrib				s
V	American Association of Oral and Maxillo ee	acial Surgeons Politica	l Actior	n Commit	t-				
	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMP Mailing Address PO BOX 16128	PAIGN				Disburse		20420 2 0 1	o ^Y
	City HOUSTON	State Zip Code TX 77222			Amount	of Each	Disburse	ement this	Period
	Purpose of Disbursement Federal Campaign Contribution Candidate Name			egory/				2000.00)
	Office Sought: X House Senate President State: TX District: 29	ement For: 2010 Primary X General Other (specify)	-	уре					
	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC Mailing Address 175 SOUTH WEST TEM	MPLE SUITE 650				ction ID: Disburse	ment	20412 () Y
	City SALT LAKE CITY	State Zip Code UT 84101			Amount	of Each	Disburse	ement this	
	Purpose of Disbursement Federal Campaign Contribution Candidate Name			egory/				2000.00	, ,
		ement For: 2012 Primary General Other (specify)		уре					
								20427	
	Full Name (Last, First, Middle Initial) KIRK FOR SENATE				Date of	ction ID: Disburse	ment		V
_	•						ment	2 0 1	D Y
	KIRK FOR SENATE	State Zip Code IL 60093			Date of 0 9 M	Disburse	ment	2 0 1	Period
	KIRK FOR SENATE Mailing Address P.O. Box 8 City			egory/	Date of 0 9 M	Disburse	ment	žož	Period
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SCHEDULE B (FEC Form 3X)

nercial purposes, other than using the natural purposes,	ofacial Surgeons Political State Zip Code IL 60093	ge 21b 27 seed by any person to so so	22 X 23 24 25 26 28a 28b 28c 29 30 for the purpose of soliciting contributions solicit contributions from such committee
nercial purposes, other than using the national purposes. The purposes of the purposes of the purposes of the national purposes of the national purposes. The purposes of the purposes of the purposes of the national purposes of the national purposes. The purposes of the purposes of the national purposes	ofacial Surgeons Political State Zip Code IL 60093	al Action Commi	itt- Transaction ID: SB23.20428 Date of Disbursement M 9 M / D 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
me (Last, First, Middle Initial) FOR SENATE Address P.O. Box 8 tka e of Disbursement Campaign Contribution ate Name Sought: House Disbu	State Zip Code IL 60093	Category/	Transaction ID: SB23.20428 Date of Disbursement M M M
Address P.O. Box 8 tka e of Disbursement Campaign Contribution ate Name Sought: House Disbu	IL 60093		Date of Disbursement M 9 M / D 1 3 / Y 2 0 1 0 Y Amount of Each Disbursement this Period
e of Disbursement Campaign Contribution ate Name Cought: House Disbu	IL 60093		
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Sought: House Disbu			
X Senale I	rsement For: 2010		
President	Primary General General General	aı	
ne (Last, First, Middle Initial) FOR CONGRESS			Transaction ID: SB23.20413 Date of Disbursement
Address PO Box 37			09 01 2010
lle	State Zip Code MI 48066		Amount of Each Disbursement this Period
e of Disbursement Campaign Contribution			3000.00
ate Name		Category/ Type	
Sought: X House Disbu Senate President District: 12	rsement For: 2010 Primary X Gener Other (specify)	ral	
ne (Last, First, Middle Initial) E SLAUGHTER RE-ELECTION C	COMMITTEE		Transaction ID: SB23.20423 Date of Disbursement
Address P.O. Box 730 C/0 C. BRUCE LAWRI	ENCE		09 07 7 2010
ye	State Zip Code NY 14471		Amount of Each Disbursement this Period
e of Disbursement Campaign Contribution			2000.00
		Category/ Type	
ate Name	rsement For: 2010	·al	
ate Name		a.	
•	of Disbursement Campaign Contribution te Name	of Disbursement Campaign Contribution te Name Disbursement For: 2010	of Disbursement Campaign Contribution te Name Disbursement For: Category/ Type Disbursement For: Senate Primary X General

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)) FOR LINE (check only	NUMBER: PAGE 20 / 24
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) American Association of Oral and Maxilee	ame and address of any politica	l committee to so	licit contributions from such committee
Full Name (Last, First, Middle Initial) LUMMIS FOR CONGRESS Mailing Address 2015 CENTRAL AVE.	SUITE 200		Transaction ID: SB23.20432 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Amount of Each Disbursement this Perio
CHEYENNE	WY 82001	<u> </u>	1500.00
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	
Office Sought: X House Senate President State: WY District: 00	rsement For: 2010 Primary X General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS			Transaction ID: SB23.20414 Date of Disbursement
Mailing Address PO BOX 1738			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City SACRAMENTO	State Zip Code CA 95812		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution			2000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: CA District: 05	rsement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) MCCOTTER CONGRESSIONAL COMM	NITTEE		Transaction ID: SB23.20429 Date of Disbursement
Mailing Address PO Box 530788			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 1 & 0 & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 1 & 0 & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 1 & 1 & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 1 & 1 & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 1 & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 1 & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 1 & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \end{bmatrix} & Y \end{bmatrix} & \begin{bmatrix} Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y \end{bmatrix} $
City Livonia	State Zip Code MI 48153		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution			3000.00
Candidate Name		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		
State: MI District: 11			
			6500.00

SCHEDULE B (FEC Form 3X)

TEMPER DISPURSEMENTS	Use separate schedule(s	(check on	E NUMBER: PAGE 21 / 24 nly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 29
Any Information copied from such Reports and State or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full) American Association of Oral and Maxil	ame and address of any politica	al committee to s	olicit contributions from such committee
Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE Mailing Address P.O. BOX 1948			Transaction ID: SB23.20421 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BOISE	State Zip Code ID 83701		Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution			3000.00
Candidate Name Office Sought: House X Senate President State: ID District: 00	ursement For: 2010 Primary X General Other (specify) ▼	Category/ Type	
Full Name (Last, First, Middle Initial) NIKI TSONGAS COMMITTEE, THE			Transaction ID: SB23.20415 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 1454 City	State Zip Code		
Lowell	MA 01853	_	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	1000.00
Office Sought: X House Senate President State: MA District: 05	ursement For: 2010 Primary X General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) RIBBLE FOR CONGRESS			Transaction ID: SB23.20435 Date of Disbursement
Mailing Address PO BOX 7200			099 / 23 / 2010
City APPLETON	State Zip Code WI 54912		Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	1000.00
Office Sought: X House Senate President State: WI District: 08	orsement For: 2010 Primary X General Other (specify) ▼	Туре	
State. WI DISTRICT. 00			The state of the s

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (check only	NUMBER: PAGE 22 / 24
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the result of NAME OF COMMITTEE (In Full) American Association of Oral and Maxicee	ame and address of any politica	al committee to sol	icit contributions from such committee
Full Name (Last, First, Middle Initial) RON JOHNSON FOR SENATE INC			Transaction ID: SB23.20436 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 601 OREGON STRE	ET SUITE A		09 23 2010
City OSHKOSH	State Zip Code WI 54902		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	2000.00
Office Sought: House Disb X Senate President State: WI District: 00	ursement For: 2010 Primary X General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS			Transaction ID: SB23.20416 Date of Disbursement
Mailing Address P.O. Box 37091			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Charlotte	State Zip Code NC 28237		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution			2000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: NC Disb	rrsement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS			Transaction ID: SB23.20422 Date of Disbursement
Mailing Address P.O. BOX 24551			09
City PITTSBURGH	State Zip Code PA 15234		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution			2000.00
Candidate Name		Category/ Type	
Senate President	rrsement For: 2010 Primary X General Other (specify) ▼		
State: PA District: 18			
			6000.00

A.

В.

District: 02

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 23 / 24 (check only one)	
ITEMIZED DISBURSEMENTS		21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofa ee	acial Surgeons Political Act	tion Committ	-	
Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address 99 W 1st Street			Transaction ID: SB23.20437 Date of Disbursement O 9 M / D 2 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code NY 14830		Amount of Each Disbursement this Period	
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	1000.00	
Office Sought: X House Senate President State: NY District: 29	ment For: 2010 Primary X General Other (specify)	Туре		
Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COM Mailing Address PO Box 1007	MITTEE		Transaction ID: SB23.20417 Date of Disbursement	
Willows	State Zip Code CA 95988		Amount of Each Disbursement this Period	
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	2000.00	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)		3000.00
TOTAL This Period (last page this line number only)		58000.00

State: CA

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line)

PAGE 24 / 24 FOR LINE NUMBER: (check only one)

Excluding	Loans

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

IAME OF COMMITTEE American Associatio e		cial Surgeons Political Action Comm	itt-	
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	O Box 19008			
City Springfield	State IL	ZIP Code 62794-9008		
Outstanding Balar	nce Beginning This Period		Transaction ID: SD9.18338	
	326.00			
Amount Inc	curred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	326.00	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue		Nature of Debt (Purpose): State Tax Overpymt for 20- 09 carryover 2010		
Mailing Address Po	O Box 19008			
City Springfield	State IL	ZIP Code 62794-9008		
Outstanding Balar	nce Beginning This Period		Transaction ID: SD9.19670	
	7.00			
Amount Inc	curred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	7.00	
) SUBTOTALS This	Period This Page (optional)		▶ 333.00	
) TOTALS This Period (last page this line number only)			▶ 333.00	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			0.00	
) ADD 2) and 3) and	carry forward to appropriate	▶ 333.00		