

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 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** 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 01 01 2006 through 01 31 2006

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. Vincent DiFabio

Signature of Treasurer Electronically Filed by Dr. Vincent DiFabio Date 02 20 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		488464.93
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	488464.93									
(c) Total Receipts (from Line 19)	20282.25	20282.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	508747.18	508747.18								
7. Total Disbursements (from Line 31)	5940.41	5940.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	502806.77	502806.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
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**

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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)	5700.00	5700.00
(ii) Unitemized	13950.00	13950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19650.00	19650.00
(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)	19650.00	19650.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	632.25	632.25
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))	20282.25	20282.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20282.25	20282.25

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.....	2790.41	2790.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2790.41	2790.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
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	150.00	150.00
(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))	150.00	150.00
29. Other Disbursements.....	0.00	0.00
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))..	5940.41	5940.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5940.41	5940.41

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	19650.00	19650.00
34. Total Contribution Refunds (from Line 28(d))	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19500.00	19500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2790.41	2790.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2790.41	2790.41

**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 6 / 15
	<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)
Mitchell Day

Mailing Address 2060 University Ave

City State Zip Code
San Jose CA 95128

FEC ID number of contributing federal political committee. **C**

Name of Employer Oral & Maxillofacial Surgery A
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 60220.C25863

Amount of Each Receipt this Period
750.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dean DeLuke

Mailing Address 25 Robinwood Drive

City State Zip Code
Clifton Park NY 12065

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60220.C25740

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michael DeSalvo

Mailing Address 4779 Essex Drive

City State Zip Code
Doylestown PA 18901

FEC ID number of contributing federal political committee. **C**

Name of Employer Bucks County OMS PC
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 6

Transaction ID: 60220.C25828

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**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 / 15
	<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)
Arlene Dunsworth

Mailing Address 6709 Lakewood Blvd

City State Zip Code
Dallas TX 75214

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 ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 60220.C25758

Amount of Each Receipt this Period
325.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gerald Gelfand

Mailing Address 4455 La Barca Dr

City State Zip Code
Tarzana CA 91356

FEC ID number of contributing federal political committee. **C**

Name of Employer Gerald Gelfand DMD Inc 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
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60220.C25750

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Spiro Karras

Mailing Address 6 Fox Tail Ct

City State Zip Code
Riverwoods IL 60015

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 60220.C25864

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
TOTAL This Period (last page this line number only)	▶	

**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 8 / 15
	<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)
Richard Kinsey

Mailing Address 4494 Stratford Dr

City State Zip Code
Douglasville GA 30135

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2006

Transaction ID: 60220.C25812

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Paul Levy

Mailing Address 187 N State St

City State Zip Code
Concord NH 03301

FEC ID number of contributing federal political committee. **C**

Name of Employer Central NH Oral Surgery Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2006

Transaction ID: 60220.C25689

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Larry Pepper

Mailing Address 4435 Saybrook Ln

City State Zip Code
Harrisburg PA 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Pennsylvania Oral Maxi Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2006

Transaction ID: 60220.C25762

Amount of Each Receipt this Period
250.00

Receipt

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

**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 9 / 15
	<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)
Daniel Quon

Mailing Address 141 Hickory Glen

City State Zip Code
Madison MS 39110-7607

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed 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
0 1 / 0 3 / 2 0 0 6

Transaction ID: 60220.C25699

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Shroyer

Mailing Address 2216 River Ridge Rd

City State Zip Code
Arlington TX 76017

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 60220.C25712

Amount of Each Receipt this Period
325.00

Receipt

C. Full Name (Last, First, Middle Initial)
Paul Sims

Mailing Address 105 Blacktail Ct

City State Zip Code
Butte MT 59701-2319

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 60220.C25801

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1325.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<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)
Barry Stacey

Mailing Address 563 Heyward Circle

City State Zip Code
Marietta GA 30064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
West Atlanta OMS Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2006

Transaction ID: 60220.C25727

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Scott Woodbury

Mailing Address 3 Centerwoods North

City State Zip Code
Saginaw MI 48603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hennig Woodbury & Howard PC Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 60220.C25851

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	5700.00

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Bank OHare		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 8501 West Higgins Road		Transaction ID: 60220.C25894	
City State Zip Code Chicago IL 60631-		Amount of Each Receipt this Period 355.65	
FEC ID number of contributing federal political committee. C		Other Receipt	
Name of Employer Occupation		NOTE: CD Interest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 355.65	

Full Name (Last, First, Middle Initial) B. Northern Trust Bank OHare		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 8501 West Higgins Road		Transaction ID: 60220.C25893	
City State Zip Code Chicago IL 60631-		Amount of Each Receipt this Period 42.99	
FEC ID number of contributing federal political committee. C		Other Receipt	
Name of Employer Occupation		NOTE: Interest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 398.64	

Full Name (Last, First, Middle Initial) C. Scudder		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 222 S Riverside Plz Fl 34		Transaction ID: 60220.C25892	
City State Zip Code Chicago IL 60606-5808		Amount of Each Receipt this Period 233.61	
FEC ID number of contributing federal political committee. C		Other Receipt	
Name of Employer Occupation		NOTE: Interest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.61	

SUBTOTAL of Receipts This Page (optional) ▶	632.25
TOTAL This Period (last page this line number only) ▶	632.25

**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 / 15

<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

Full Name (Last, First, Middle Initial)

A. Illinois Department of Revenue

Mailing Address P.O. Box 19008

City Springfield State IL Zip Code 62794-

Purpose of Disbursement
STATE INCOME TAX DUE IN 2005

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60220.E845

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

195.00

STATE INCOME TAX DUE IN
2005

Full Name (Last, First, Middle Initial)

B. Illinois Department of Revenue

Mailing Address P.O. Box 19008

City Springfield State IL Zip Code 62794-

Purpose of Disbursement
ESTIMATED TAX PAYMENT FOR 2006

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60220.E846

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

455.00

ESTIMATED TAX PAYMENT FOR
2006

Full Name (Last, First, Middle Initial)

C. Northern Trust Bank OHare

Mailing Address 8501 West Higgins Road

City Chicago State IL Zip Code 60631-

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60220.E849

Date of Disbursement

01 / 04 / 2006

Amount of Each Disbursement this Period

7.41

BANK FEES

SUBTOTAL of Disbursements This Page (optional) ▶

657.41

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)

PAGE 13 / 15

<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

Full Name (Last, First, Middle Initial)

A. Northern Trust Bank OHare

Mailing Address 8501 West Higgins Road

City Chicago State IL Zip Code 60631-

Purpose of Disbursement
FEDERAL INCOME TAX DUE IN 2005

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60220.E848

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

2133.00

FEDERAL INCOME TAX DUE IN
2005

SUBTOTAL of Disbursements This Page (optional)

2133.00

TOTAL This Period (last page this line number only)

2790.41

**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 14 / 15

<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

Full Name (Last, First, Middle Initial)

A. Friends of Kent Conrad

Mailing Address PO Box 812

City Bismark State ND Zip Code 58502-

Purpose of Disbursement

Candidate Name
KENT CONRAD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: ND District: 00

Transaction ID: 60220.E844

Date of Disbursement

01 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jon Kyl for US Senate

Mailing Address P.O. Box 10246

City Phoenix State AZ Zip Code 85064-

Purpose of Disbursement

Candidate Name
JON KYL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AZ District: 00

Transaction ID: 60220.E847

Date of Disbursement

01 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike DeWine for US Senate

Mailing Address P.O. Box 340188

City Columbus State OH Zip Code 43234-

Purpose of Disbursement

Candidate Name
RICHARD MICHAEL DEWINE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 00

Transaction ID: 60220.E843

Date of Disbursement

01 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

3000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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	Nature of Debt (Purpose): State income tax due in 2005
Mailing Address P.O. Box 19008	
City State ZIP Code Springfield IL 62794-	

Outstanding Balance Beginning This Period 195.00	Transaction ID: LS60220.E845	
Amount Incurred This Period 0.00	Payment This Period 195.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Northern Trust Bank OHare	Nature of Debt (Purpose): Federal income tax due in 2005
Mailing Address 8501 West Higgins Road	
City State ZIP Code Chicago IL 60631-	

Outstanding Balance Beginning This Period 2133.00	Transaction ID: LS60220.E848	
Amount Incurred This Period 0.00	Payment This Period 2133.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	0.00
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)	▶	