03/13/2009 12:20

Image# 29933348740

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

		or Oti	ner inan A	An Authoriz	ea Comm	ittee		Office Use	Only	
1.			C MAILING L E OR PRINT	_	example:If typover the lines	ing, type		• • • • •	]	
L	American Association of Oral	and Max	illofacial Surge	eons Political A		tt-	1 1 1		1 1 1 1	
Ш										
AD	DRESS (number and street)	9700	West Bryn Ma	awr Ave.		1 1 1 1	1 1 1			
	Check if different									ш
L	than previously reported. (ACC)	Rose	mont					600	18	
2.	FEC IDENTIFICATION NUMBER	BER	₩ _	CITY 🛕			STATE	ZI	PCODE A	
	C00005660	·		3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	. ,	Monthly Report Due On:	Feb 20 (M	12)	May 20 (M5)		Aug 20 (M8)	Year O	
	(a) Quarterly Reports:		Due On.	Mar 20 (M	13)	Jun 20 (M6)		Sep 20 (M9)	Dec 20 (Non-E Year O	0 (M12) lection nlv)
	April 15			Apr 20 (M	4)	Jul 20 (M7)		Oct 20 (M10)	Jan 31	• /
	Quarterly Report(Q1		c) 12-Day		Primary (1	2P)	Gene	eral (12G)	Runoff	f (12R)
	July 15 Quarterly Report(Q2	2) PF	PRE-Elec	PRE-Election		Convention (12C)		H		( : .)
	October 15 Quarterly Report(Q3	3)	Report fo	r the:	Conventio	in (12C)	Spec	cial (12G)		
	January 31 Quarterly Report(YE	E)		Election on					the tate of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(		,		General (30G)		Runoff (30R)		al (30S)
	Termination Report (TER)			Election on					the tate of	
5.	Covering Period 0 2		01 20	0 9	throug	h 02	28	2009		
l ce	ertify that I have examined this R	eport an	d to the best o	of my knowledg	e and belief i	t is true, correct	and comp	ete.		
Тур	oe or Print Name of Treasurer	Dan	iel Klemmedso	on						
Sig	nature of Treasurer Ele <u>ctron</u>	ically File	ed by Danie	el Klemmedson			Date	03 13	2009	
NO	TE : Submission of false, erron	eous, or	incomplete inf	ormation may	subject the p	erson signing th	nis Report t	o the penalties of	2 U.S.C 437	g
	Office Use								ORM 3X	

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS

Page 2

R		02 01 2009	To: 0 2 2 8 2 0 0 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž009 Y		598204.96
	(b) Cash on Hand at Begining of Reporting Period	618415.12	
	(c) Total Receipts (from Line 19)	15968.11	39185.40
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	634383.23	637390.36
	Total Disbursements (from Line 31)	4538.66	7545.79
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	629844.57	629844.57
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	326.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### 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)

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

ee

0 1 2<sup>D</sup>8 м м 0 2 0 2 M 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 12273.00 4300.00 (i) Itemized (use Schedule A) .......... 8351.00 23253.00 (ii) Unitemized ..... (iii) TOTAL (add 12651.00 35526.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 12651.00 35526.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 3000.00 3000.00 Political Committees ..... 17. Other Federal Receipts 317.11 659.40 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 15968.11 39185.40 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 15968.11 39185.40 (subtract Line 18(c) from Line 19) .....

### **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
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	38.66	2606.79
Expenditures(c) Total Operating Expenditures	00.00	2000.70
(add 21(a)(i), (a)(ii) and (b))	38.66	2606.79
. Transfers to Affiliated/Other Party  Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	4500.00	4500.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	234.00
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	234.00
Other Disbursements	0.00	205.00
E		
. Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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
Total Disbursements (add Lines 21(c), 22,	/=====	== 1= ==
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4538.66	7545.79
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	4500.00	75.45.70
from Line 31)	4538.66	7545.79

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)	12651.00	35526.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	234.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12651.00	35292.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	38.66	2606.79
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	38.66	2606.79

FE6AN026

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 15 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	not be sold or used by any person dress of any political committee to	
NAME OF COMMITTEE (In Full)  American Association of Oral and M			
ee	iaxillolacial ou	rgeons i ontical Action Com	iiiitt-
Full Name (Last, First, Middle Initial) Dr. Bruce Bobofchak			Date of Receipt
Mailing Address 929 W Carl Sandbur			02 / 03 / 4 9 9
City	State	Zip Code	Transaction ID: SA11AI.18470
Galesburg	<u> </u>	61401-1392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Western IL Oral & Maxillo- faical Surger	Occupation Oral Surg		
Receipt For:	<del>-                                    </del>	Year-to-Date ▼	
Primary General Other (specify) ▼	33. 133.0	500.00	
Full Name (Last, First, Middle Initial) Dr. Mark Egbert			Date of Receipt
Mailing Address P.O. Box 5371 CH-19			02 06 2009
City	State	Zip Code	Transaction ID: SA11AI.18478
Seattle	WA	98104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		27.00
Name of Employer Children's Memorial Hospi- tal	Occupation Oral Surg		
Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Ted Feder			Date of Receipt
Mailing Address 9066 Tampa Ave.			02 06 2009
City	State	Zip Code	Transaction ID: SA11AI.18480
<u>Northridge</u>	CA	91324-3521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self	Occupation Oral Surg		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	

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

## SCHEDULE A (FEC Form 3X)

Modesto  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Larry Nissen  Mailing Address 280 North Sykes Creek Pkw Suite C  City Merrit Island  FEC ID number of contributing federal political committee.  Name of Employer					
Full Name (Last, First, Middle Initial) Dr. Murray Jacobs  Mailing Address 1213 Coffee Rd. Suite D  City Modesto  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial) Dr. Larry Nissen  Mailing Address 280 North Sykes Creek Pkw Suite C  City Merrit Island  FEC ID number of contributing federal political committee.	cial Surgeons Political Action Comn	nitt- 			
Dr. Murray Jacobs  Mailing Address 1213 Coffee Rd.  Suite D  City  Modesto  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Larry Nissen  Mailing Address 280 North Sykes Creek Pkw Suite C  City  Merrit Island  FEC ID number of contributing federal political committee.					
Suite D  City  Modesto  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Larry Nissen  Mailing Address 280 North Sykes Creek Pkw Suite C  City Merrit Island  FEC ID number of contributing federal political committee.  Name of Employer		Date of Receipt			
Modesto  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Larry Nissen  Mailing Address 280 North Sykes Creek Pkw Suite C  City Merrit Island  FEC ID number of contributing federal political committee.  Name of Employer		02 03 2009			
FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Larry Nissen  Mailing Address 280 North Sykes Creek Pkw Suite C  City Merrit Island  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code CA 95355	Transaction ID: SA11AI.18492  Amount of Each Receipt this Period			
Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  Dr. Larry Nissen  Mailing Address  280 North Sykes Creek Pkw  Suite C  City  Merrit Island  FEC ID number of contributing federal political committee.  Name of Employer  Departed Carbinol Contents  Oct.		500.00			
Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  Dr. Larry Nissen  Mailing Address 280 North Sykes Creek Pkw  Suite C  City  Merrit Island  FEC ID number of contributing federal political committee.  Name of Employer  Represed Cartery  Oct.	ccupation ral Surgeon	-			
Dr. Larry Nissen  Mailing Address 280 North Sykes Creek Pkw Suite C  City  Merrit Island  FEC ID number of contributing federal political committee.  Name of Employer  Description of Contribution (Contribution)  Name of Employer (Contribution)	ggregate Year-to-Date ▼ 500.00				
Suite C  City  Merrit Island  FEC ID number of contributing federal political committee.  Name of Employer  Reprint Contribution of Contributi		Date of Receipt			
Merrit Island  FEC ID number of contributing federal political committee.  Name of Employer  Reprint Contribution	Suite C				
FEC ID number of contributing federal political committee.  Name of Employer  Description Contacts  October	·				
Name of Employer Brevard Surgical Center Or		Amount of Each Receipt this Period 500.00			
	ccupation ral & Maxillofacial Surgeon	1			
Receipt For:  Primary General  Other (specify) ▼	ggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Paul Sims		Date of Receipt			
Mailing Address 775 West Gold		02 10 2 2009			
,	State Zip Code MT 59701-2319	Transaction ID: SA11AI.18521			
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 273.00			
Solf Employed	ccupation ral & Maxillofacial Surgeon	1			
	ggregate Year-to-Date ▼ 273.00				
SUBTOTAL of Receipts This Page (optional)	<b>.</b>	1273.00			

## SCHEDULE A (FEC Form 3X)

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 15 (check only one)    X
or for comme	ion copied from such Reports and Sercial purposes, other than using the COMMITTEE (In Full) an Association of Oral and Ma	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
ee Full Name	e (Last, First, Middle Initial)	Amoraolai Ou	ngoono i ontical Action Com	
Dr. Paul S Mailing A				Date of Receipt  0 2 1 3 2 0 0 9
City Butte		State MT	Zip Code 59701-2319	Transaction ID: SA11AI.18520  Amount of Each Receipt this Period
FEC ID n	umber of contributing litical committee.	С		500.00
Name of E Self-Emp	Employer loyed	Occupation Oral & M	n Iaxillofacial Surgeon	
	or: nary General er (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 773.00	
Dr. Randa	e (Last, First, Middle Initial) Il Stastny ddress 2852 Boudinot Ave.	1		Date of Receipt
City	2002 Boudinot AVE.	State	Zip Code	02 13 2009
Cincinna	ati	OH	45238	Transaction ID: SA11AI.18522  Amount of Each Receipt this Period
FEC ID n	umber of contributing slitical committee.	C	1.	375.00
<u>facial Sur</u>	i Oʻral & Maxillo- ger	Occupation Oral Sur	geon	
	or: nary General er (specify) ♥	Aggregate	e Year-to-Date ▼ 375.00	
	e (Last, First, Middle Initial) ry Thomas			Date of Receipt
Mailing Ad	ddress 235 North San Mateo Suite 600			02 / 23 / 4 4 4 4 4
City <u>San Ma</u> t	teo	State CA	Zip Code 94401	Transaction ID: SA11AI.18524  Amount of Each Receipt this Period
FEC ID n	umber of contributing litical committee.	C		500.00
Name of E Self-Emp	Employer loyed	Occupation Oral Sur		
	or: nary General er (specify) ▼		e Year-to-Date ▼ 500.00	
CURTOTAL	of Receipts This Page (optional)	1		1375.00

A.

В.

PAGE 9/15 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofacial Surgeons Political Action Committ-Full Name (Last, First, Middle Initial) Date of Receipt Dr. Boyd Tomasetti Mailing Address 7889 South Lincoln Court 02 20 2009 Suite 201 City State Zip Code Transaction ID: SA11AI.18525 Littleton CO 80122 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Rocky Mtn. Oral & Maxillo Occupation Oral & Maxillofacial Surgeon Surgery Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Larry Wolford Date of Receipt Mailing Address 3409 Worth Street 0 2 27 2009 Suite 400 City Transaction ID: SA11AI.18528 State Zip Code **Dallas** TX 75246-2039 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Name of Employer Self-employed Occupation Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General

375.00

SUBTOTAL of Receipts This Page (optional)	•	875.00
TOTAL This Period (last page this line number only)	<b></b>	4300.00

Other (specify)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 15 (check only one)  11a 11b 11c 12 13 14 15 X 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxee	mitt-		
Α.	Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE	Date of Receipt		
	Mailing Address P.O. BOX 21093			02 23 7 2009
	City	State	Zip Code	Transaction ID: SA16.18469
	CATONSVILLE	MD	21228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0411587	1000.00
	Name of Employer	Occupatio	n	Return of contribution
	Receipt For: 2010  X Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC			Date of Receipt
	Mailing Address 6850 AUSTIN CENTRE SUITE 180	BLVD		02 26 YYYYY 2009
	City	State	Zip Code	Transaction ID: SA16.18531
	AUSTIN	TX	78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0369033	2000.00
	Name of Employer	Occupatio	n	return of contribution
	Receipt For: 2008 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	

		2000.00
SUBTOTAL of Receipts This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	<u> </u>	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 15 (check only one)  11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  American Association of Oral and Maxee	illofacial Surgeons Political Action Com	nitt-
Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 1501 Woodfield Road City	State Zip Code	Date of Receipt    M M M
Schaumburg FEC ID number of contributing federal political committee.	IL 60173	Amount of Each Receipt this Period 272.84
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  545.68	Cd Interest

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	272.84
TOTAL This Period (last page this line number only)	<b>•</b>	272.84

A.

~							
5(	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 12/15			
т	EMIZED DISBURSEMENTS	for each category of the	(check onli	y one)			
••	LIMIZED DIODONOLIMENTO	Detailed Summary Page	X 21b	22 23 24 25 26			
			27	28a 28b 28c 29 30b			
An	y Information copied from such Reports and Stat	ements may not be sold or used by	any person	for the purpose of soliciting contributions			
or 1	for commercial purposes, other than using the na	me and address of any political co	mmittee to so	licit contributions from such committee			
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Association of Oral and Maxill ee	ofacial Surgeons Political Ac	tion Commi	itt-			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.18463			
	The Northern Trust Company			Date of Disbursement			
			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} & \begin{smallmatrix} J & Y & Y & Y & Y \\ O & O & O \end{smallmatrix} $				
	Mailing Address 1501 Woodfield Road			02 03 2009			
	City	State Zip Code		Amount of Each Disbursement this Period			
	Schaumburg	IL 60173					
	Purpose of Disbursement	l r		32.56			
	Bank Fees						
	Candidate Name		Category/				
			Type				
	Office Sought: House Disbu	sement For:					
	Senate	Primary General					
	President	Other (specify)					
	State: District:						

SUBTOTAL of Disbursements This Page (optional)		32.56
TOTAL This Period (last page this line number only)	<u> </u>	32.56

# SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIII 3X)		rate schedule(s)			LINE ck only	NUMBE	R:		PAGE	13 / 15	5
<u> </u>	FEMIZED DISBURSEMENTS		ategory of the Summary Page		<u> </u>	1b 7	22 28a	X 23		24 28c	25 29	26 30
	ny Information copied from such Reports and State r for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxille ee	ofacial Surge	ons Political /	Actic	n Co	mmit	t-					
۸.	Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE						Date	of Disbu	ID: SB			<u> </u>
	Mailing Address P.O. BOX 21093						0 <sup>M</sup> 2		23 /	2	0 0 9 Y	
	City CATONSVILLE	State MD	Zip Code 21228				Amou	int of Ea	ch Disbu			eriod
	Purpose of Disbursement Federal Campaign Contribution			Т						1(	00.00	
	Candidate Name				ategory Type	y/						
	X Senate President	sement For:  X Primary  Other (spec	2012 General									
 3.	State: MD District: 03  Full Name (Last, First, Middle Initial)  BRYAR FOR CONGRESS								ID: SB		167	
	Mailing Address 1800 W BERENICE ST	TE 200							23		009	(
	City CHICAGO	State IL	Zip Code 60613				Amou	int of Ea	ıch Disbu			eriod
	Purpose of Disbursement Federal Campaign Contribution										500.00	•
	Candidate Name				itegory Type	y/						
	Senate President	Primary  X Other (spec	2009 General									
_ <b>:</b> .	State: IL District: 05 Speci Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY	al-Primary							ID: SB		165	
	Mailing Address 151 Linden Road						0 <sup>M</sup> 2	M /	16	Y	009	
	City Mineola	State NY	Zip Code 11501				Amou	int of Ea	ıch Disbu	ırsemer	nt this Pe	eriod
	Purpose of Disbursement Federal Campaign Contribution			Г						10	00.00	
	Candidate Name				itegory Type	y/						
	Senate President	Primary Other (spec	2010 X General cify) ▼									
	State: NY District: 04	N							•	25	00.00	
	SUBTOTAL of Disbursements This Page (optional	·				_	-		•		.55.00	•
L	TOTAL This Period (last page this line number on	ıy)										

A.

_	ALIEBLU E B /EEA E ANA							
	CHEDULE B (FEC Form 3X)	Use separate schedule(	S) (ch	R LINE eck only	NUMBER:	PAGE	14 / 15	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar							
$\rangle$	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxillo	facial Surgeons Politica	I Action C	`ommi	#+_			
<u>/</u>	ee	raciai Surgeons i ontica	Action	, OIIIIII				
	Full Name (Last, First, Middle Initial)				Transaction ID:	SB23.184	166	
	HAWKEYE PAC, THE				Date of Disburse	ement		
	Mailing Address PO Box 7255				0 2 1	6 / Y 2	2009°	
	City	State Zip Code			Amount of Each	Disbursemer	nt this Per	riod
	Des Moines	IA 50309						
	Purpose of Disbursement Federal Campaign Contribution					2	00.00	
	Candidate Name		Catego	•				
	Office Sought: House Disburs	ement For: 2009						
	Senate	Primary Genera	l					
	President 2	Other (specify)						
	State: District:							

SUBTOTAL of Disbursements This Page (optional)		2000.00
TOTAL This Period (last page this line number only)	<u> </u>	4500.00

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line) PAGE 15 / 15

FOR LINE NUMBER:
(check only one) X 9
10

Excluding Loans

NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

A. Full Name (Last, Illinois Departmen	First, Middle Initial) of Debto t of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 20- 08 carryover 09			
Mailing Address PC	) Box 19008				
City Springfield	State IL	ZIP Code 62794-9008			
Outstanding Balan	ce Beginning This Period		Transaction ID: SD9.18338		
	326.00				
Amount Inc	urred This Period	Payment This Period	Outstanding Balance at Close of This Period		
	0.00	0.00	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