

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesAmerican Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee

ADDRESS (number and street)

9700 West Bryn Mawr Ave.

☐Check if different  
than previously  
reported. (ACC)

Rosemont

IL

60018

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005660

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Daniel Klemmedson

Signature of Treasurer

Electronically Filed by Daniel Klemmedson

Date

03

13

2009

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		598204.96
(b) Cash on Hand at Beginning 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
7. Total Disbursements (from Line 31) .....	4538.66	7545.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	629844.57	629844.57
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	326.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M M  
0 2D D  
2 8Y Y Y Y  
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4300.00	12273.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	8351.00	23253.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	12651.00	35526.00
(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) ..... ➡	12651.00	35526.00
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 .....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	317.11	659.40
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)) .....	15968.11	39185.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15968.11	39185.40

**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.....	38.66	2606.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	38.66	2606.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	234.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	234.00
29. Other Disbursements.....	0.00	205.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4538.66	7545.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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

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

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Bobofchak

Mailing Address 929 W Carl Sandburg Dr.

City

Galesburg

State

IL

Zip Code

61401-1392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western IL Oral & Maxillo-  
facial Surgeon

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 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.18470

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Egbert

Mailing Address P.O. Box 5371  
CH-19

City

Seattle

State

WA

Zip Code

98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Memorial Hospi-  
tal

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 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.18478

Amount of Each Receipt this Period

27.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ted Feder

Mailing Address 9066 Tampa Ave.

City

Northridge

State

CA

Zip Code

91324-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

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 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.18480

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

777.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Murray Jacobs

Mailing Address 1213 Coffee Rd.  
Suite D

City State Zip Code  
Modesto CA 95355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

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  
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.18492

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Larry Nissen

Mailing Address 280 North Sykes Creek Pkwy  
Suite C

City State Zip Code  
Meritt Island FL 32953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brevard Surgical Center

Occupation  
Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.18508

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Sims

Mailing Address 775 West Gold

City State Zip Code  
Butte MT 59701-2319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

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

Transaction ID: SA11AI.18521

Amount of Each Receipt this Period

273.00

**SUBTOTAL** of Receipts This Page (optional) .....

1273.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Sims

Mailing Address 775 West Gold

City

Butte

State

MT

Zip Code

59701-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.00

Date of Receipt

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

Transaction ID: SA11AI.18520

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Randall Stastny

Mailing Address 2852 Boudinot Ave.

City

Cincinnati

State

OH

Zip Code

45238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cincinnati Oral & Maxillo-  
facial Surger

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.18522

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Thomas

Mailing Address 235 North San Mateo Drive  
Suite 600

City

San Mateo

State

CA

Zip Code

94401

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  
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.18524

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Boyd Tomasetti

Mailing Address 7889 South Lincoln Court  
Suite 201

City State Zip Code  
Littleton CO 80122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rocky Mtn. Oral & Maxillo  
Surgery

Occupation  
Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.18525

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Larry Wolford

Mailing Address 3409 Worth Street  
Suite 400

City State Zip Code  
Dallas TX 75246-2039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.18528

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

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

4300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED 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 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City

CATONSVILLE

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

**C** C00411587

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA16.18469

Amount of Each Receipt this Period

1000.00

Return of contribution

**B.**

Full Name (Last, First, Middle Initial)

TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address 6850 AUSTIN CENTRE BLVD  
SUITE 180

City

AUSTIN

State

TX

Zip Code

78731

FEC ID number of contributing  
federal political committee.

**C** C00369033

Name of Employer

Occupation

Receipt For:

2008

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA16.18531

Amount of Each Receipt this Period

2000.00

return of contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

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

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)

<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**A.**

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

545.68

Date of Receipt

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

Transaction ID: SA17.18460

Amount of Each Receipt this Period

272.84

Cd Interest

SUBTOTAL of Receipts This Page (optional) .....

272.84

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

272.84

# **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

A.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City State Zip Code  
Schaumburg IL 60173

Purpose of Disbursement

Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.18463

Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.56

SUBTOTAL of Disbursements This Page (optional) .....

32.56

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

32.56

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

**A.**

**B.**

**C.**

# **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

A.

Full Name (Last, First, Middle Initial)

HAWKEYE PAC, THE

Mailing Address PO Box 7255

City  
Des Moines

State  
IA

Zip Code  
50309

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

Transaction ID: SB23.18466

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

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

4500.00

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

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FOR LINE NUMBER:  
(check only one)

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

NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee
**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 Illinois Department of Revenue

**Nature of Debt (Purpose):**  
 State Tax Overpymt for 20-  
 08 carryover 09

Mailing Address PO Box 19008

City	State	ZIP Code
Springfield	IL	62794-9008

Outstanding Balance Beginning This Period

326.00

Transaction ID: SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

326.00

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

326.00

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

326.00

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

0.00

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

326.00