REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 2 11 46 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00005660 120792 P 209
DR THOMAS WEIL
ORAL AND MAXILLOFACIAL SURGERY
POLITICAL ACTION COMMITTEE (D
9700 WEST BRYN MAWR AVE
9700 WEST BRYN MAWR AVE
ROSEMONT IL 60018

2. FEC IDENTIFICATION NUMBER
C00005660

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/24/98 through 12/31/98		
6. (a) Cash on Hand January 1, 19 98		$387,551.13
(b) Cash on Hand at Beginning of Reporting Period	$343,616.14	
(c) Total Receipts (from Line 19)	$ 4,364.51	$162,555.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$347,980.65	$550,106.69
7. Total Disbursements (from Line 30)	$ 7,038.37	$209,164.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$340,942.28	$340,942.28
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ — 0 —	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 7236.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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~~ Secretary
Tanya T. Hunt

Signature of ~~Treasurer~~ Secretary
Tanya T. Hunt

Date 1/29/99

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

FEC FORM 3X
(revised 3/98)

STANDOT

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Oral and Maxillofacial Surgery Political Action Committee

REPORT COVERING PERIOD FROM 11/24/98 TO 12/31/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	725.00	53731.00	11(a)(i)
ii. Unitemized	1300.00	90704.00	11(a)(ii)
iii. Total (add i and ii) ➤	2025.00	144435.00	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	2025.00	144435.00	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	2339.51	18120.56	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4364.51	162555.56	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4364.51	162555.56	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	7038.37	84164.41	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	7038.37	84164.41	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	(1000.00)	115500.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	1000.00	9500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7038.37	209164.41	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7038.37	209164.41	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2025.00	144435.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2025.00	144435.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	7038.37	84164.41	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	7038.37	84164.41	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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): Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. A. Abubaker, 521 N 11th St, PO Box 980566, Richmond, VA 23298-0566 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical College of Virginia / Oral Surgeon — Aggregate Year-to-Date $ 250.00	12/31/98	125.00
B. Lester Beste, 19838 S Halsted St, Chicago Heights, IL 60411-1204 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oral Surgery Center / Oral Surgeon — Aggregate Year-to-Date $ 325.00	12/31/98	200.00
C. Gerald Spinazze, 110 S Oak Ave, Bartlett, IL 60103-4357 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Associates for Oral Surgery / Oral Surgeon — Aggregate Year-to-Date $ 525.00	12/18/98	275.00
D. Terrence Wall, 7350 College Dr, Palos Heights, IL 60463-1149 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Palos Community Hospital / Oral Surgeon — Aggregate Year-to-Date $ 250.00	12/18/98	125.00
E. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation — Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation — Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation — Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	725.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Northern Trust Bank, 8501 W. Higgins Rd, Chicago, IL 60631	—	11/30/98	67.47
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	—	12/9/98	539.38
		12/31/98	34.96
	Aggregate Year-to-Date > $ 7469.03		
B. Kemper Financial Srvs, 811 Main St., Kansas City, MO 64105-2001	—	11/30/98	810.49
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	—	12/31/98	857.21
	Aggregate Year-to-Date > $ 10 651.53		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	2339.51

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21 (h)

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. AAOMS 9700 W. Bryn Mawr Ave Rosemont, IL 60018	Postage, Business Machine Rental	11/30/98 12/31/98 12/31/98	2517.02 155.96 141.75
B. Projection Presentation Technology P.O. Box 85080 Richmond, VA 23285-4248	AV Rental For Booth	12/14/98	390.00
C. United States Postal Service 1000 E Oakton Street Des Plaines, IL 60018-9998	Annual Business Reply	12/15/98	290.00
D. Northern Trust 5501 W Higgins Rd Chicago, IL 60631	Bank Service Charges	11/30/98 12/31/98	508.12 133.91
E. Tanya Hunt 605 Hinman Avenue, #3M Evanston IL 60202	Candidate Research Political Education	11/24/98	848.33
F. Tracy Macino 775 Cutter Lane Elk Grove, IL 60007	Bookkeeping Services	11/24/98	1281.25
G. Lisa Abate 49 Falcon Place Westmont, IL 60559	Mailing Services	11/24/98	191.25
H. Karma Eklund 5122 N Central Park, 1st Floor Chicago, IL 60625	Campaign Contact Social Event Planner	11/24/98	401.67
I.			

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

TOTAL This Period (last page this line number only) 6857.26

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE / DF /

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code Markey for Congress Committee P.O. Box 526 Medford, MA 02155	Purpose of Disbursement Hoc - 7th District - MA Democrat - Edward Markey Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998 - VOTED	Date (month, day, year) check date 6/19/98 12/15/98	Amount of Each Disbursement This Period (1000.00)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) ..... (1000.00)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Elect Robin Williams 4468 Columbia Rd. Martinez, GA 30907	GA State HOR-114th District-Republican Robin Williams	12/18/98	1000.00
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			

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

TOTAL This Period (last page this line number only) 1000.00

FE7AH047

Page 1 of 1 for
LINE NUMBER 20
(Use separate schedules for each numbered line)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) Oral and Maxillofacial Surgery Political Action Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Illinois Department of Revenue Springfield, IL	-0-	929.00	-0-	929.00
Nature of Debt (Purpose): State Income Tax				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor U.S. Treasury Kansas City, MO 64999	-0-	6307.00	-0-	6307.00
Nature of Debt (Purpose): Federal Income Tax				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	7236.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	7236.00

FE7AND4T

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-28-99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

2-2-99
DATE PREPARED

(4/98)