12/18/2009 10:37

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Association of Oral and Maxillofacial Surgeons Political Action Committ-9700 West Bryn Mawr Ave. ADDRESS (number and street) Check if different than previously Rosemont 60018 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00005660 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2009 30 2009 1 1 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Daniel Klemmedson Type or Print Name of Treasurer Electronically Filed by Daniel Klemmedson 11 18 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/34

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Association of Oral and Maxillofacial Surgeons Political Action Committ-

D D [®]D 11 0 1 2009 11 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2009° 598204.96 January 1 (b) Cash on Hand at 548758.47 Begining of Reporting Period 84204.99 194571.41 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 632963.46 792776.37 6(a) and 6(c) for Column B) 9068.88 168881.79 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 623894.58 623894.58 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 326.00 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 / 34

Write or Type Committee Name

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

Report Covering the Period:

From:

м м 1 1 ^D 0 1

2009

та.

м м 1 1 D D D

^Y 2009

| 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) | 25875.00 | 70948.00 |
| (ii) Unitemized | 58202.00 | 108551.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 84077.00 | 179499.00 |
| (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) | 84077.00 | 179499.00 |
| 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 |
| to Federal candidates and Other Political Committees | 0.00 | 12500.00 |
| 7. Other Federal Receipts (Dividends, Interest, etc.) | 127.99 | 2572.41 |
| . 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 |
| . Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 84204.99 | 194571.41 |
| . Total Federal Receipts (subtract Line 18(c) from Line 19) | 84204.99 | 194571.41 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/34

| 1 | | Total This Period | 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 Expenditures | 68.88 | 59469.79 |
| | (c) Total Operating Expenditures | 68.88 | 59469.79 |
| 2. | (add 21(a)(i), (a)(ii) and (b)) | 00.00 | 59409.79 |
| | Committees | 0.00 | 0.00 |
| 3. | Contributions to Federal Candidates/Committeesand Other Political Committees | 9000.00 | 108500.00 |
| 4. | Independent Expenditure | | |
| 5 | (use Schedule E) | 0.00 | 0.00 |
| | Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 6. | 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 | 707.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees | 0.00 | 0.00 |
| | (such as PACs)(d) Total Contribution Refunds | | |
| | (add Lines 28(a), (b), and (c)) | 0.00 | 707.00 |
| 29. | Other Disbursements | 0.00 | 205.00 |
| 0. | 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 |
| 31. | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 9068.88 | 168881.79 |
| 32. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 9068.88 | 168881.79 |

DETAILED SUMMARY PAGE

of Disbursements

| III. Net Contributions/Operating Expenditures | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|--|-------------------------------|-----------------------------------|
| | ontributions (other than loans) ne 11(d), page 3) | 84077.00 | 179499.00 |
| | ontribution Refunds ne 28(d)) | 0.00 | 707.00 |
| | tributions (other than loans) | 84077.00 | 178792.00 |
| | ederal Operating Expenditures le 21(a)(i) and Line 21(b)) | 68.88 | 59469.79 |
| | to Operating Expenditures ne 15, page 3) | 0.00 | 0.00 |
| | erating Expenditures at Line 37 from Line 36) | 68.88 | 59469.79 |

FE6AN026

| SCHEDULE A (FEC FOI ITEMIZED RECEIPTS | m 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 34 (check only one) X |
|---|-------------------------------------|--|---|
| NAME OF COMMITTEE (In Full) | | ay not be sold or used by any pers ddress of any political committee to urgeons Political Action Com | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| / ee | | urgeons Political Action Com | |
| Full Name (Last, First, Middle Init Dr. James Adams Mailing Address 750 Almar P | , | | Date of Receipt |
| Suite 102 | | | 11 04 2009 |
| City Bourbonnais | State IL | Zip Code | Transaction ID: SA11AI.19241 |
| FEC ID number of contributing federal political committee. | C | 60914 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Drs Slaby Adams & Assoc Ltd | Occupati Oral & N | on Maxillofacial Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregat | te Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Init Dr. Randolph Alexander | al) | | Date of Receipt |
| Mailing Address 2708 Aster S | treet | | 1 1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.19194 |
| Lake Charles | LA | 70601-8824 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 500.00 |
| Name of Employer Self Employed | Occupation Oral & Market Market No. | on Maxillofacial Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregat | te Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Init Dr. Robert Allen | al) | | Date of Receipt |
| Mailing Address 1015 Phillips | Avenue | | 11 13 2009 |
| City | State | Zip Code | Transaction ID: SA11AI.19053 |
| Petaluma F50 ID | CA | 94952 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self-Employed | Occupati Oral & N | on Maxillofacial Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregat | te Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page | (optional) | | 1500.00 |
| TOTAL This Period (last page this | ine number only) | • | |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S | tatements ma | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7/34 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|-----------------------|---|--|---|--|
| | NAME OF COMMITTEE (In Full) American Association of Oral and Maxee | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| ∠ A. | Full Name (Last, First, Middle Initial) Dr. Eric Alltucker Mailing Address 990 Boysen Ave. City San Luis Obispo FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General | State CA C Occupation Oral Sur Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| _ B. | Other (specify) Full Name (Last, First, Middle Initial) Dr. John Ames Mailing Address 101 West Cascade Wa Suite 103 | ay | 375.00 | Date of Receipt 1 1 2 3 2 0 0 9 |
| | City Spokane FEC ID number of contributing federal political committee. Name of Employer Cascade Oral & Maxillofacial Surg PS Receipt For: Primary General Other (specify) | . ' | Zip Code 99208 on faxillofacial Surgeon e Year-to-Date ▼ 500.00 | Transaction ID: SA11AI.19029 Amount of Each Receipt this Period 500.00 |
| C. | Full Name (Last, First, Middle Initial) Dr. Alvin Aronoff Mailing Address 211 N. Main St. City New City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State NY C Occupation Oral Sur Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | | 1075.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|-----------------------|---|--|
| 7 | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | solicit contributions from such committee. |
| / | American Association of Oral and Max ee | iliolaciai Su | irgeons Political Action Com | |
| ۸. | Full Name (Last, First, Middle Initial) Jay Asdell | | | Date of Receipt |
| | Mailing Address 707 N Michigan St Suite 300 | | | 11 09 2009 |
| | City | State IN | Zip Code | Transaction ID: SA11AI.18955 |
| | South Bend FEC ID number of contributing federal political committee. | C | 46601-1070 | Amount of Each Receipt this Period 375.00 |
| | Name of Employer Michiana OMS LLC | Occupatio Oral Sur | | |
| | Receipt For: Primary General Other (specify) | _ | e Year-to-Date ▼ 375.00 | |
| - 3. | Full Name (Last, First, Middle Initial) Dr. G. Atwell | | | Date of Receipt |
| | Mailing Address 901 Leghton Avenue Suite 401 | | | 11 04 7 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.19062 |
| | Anniston FEC ID number of contributing federal political committee. | C | 36207 | Amount of Each Receipt this Period 375.00 |
| | Name of Employer Self-Employed | Occupatio Oral & M | n Iaxillofacial Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 375.00 | |
| _ :. | Full Name (Last, First, Middle Initial) Dr. Shawn Bailey | | | Date of Receipt |
| | Mailing Address 5027 Hamilton Drive | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.19303 |
| | Davenport | IA | 52807 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Spring Park OMS Associates | Occupatio Oral Sur | geon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1250.00 |
| T | TOTAL This Period (last page this line number of | anly) | • | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person the name and address of any political committee of the name and address of any political committee of the name and address of any political Action Confidence of the name and address of any political Action Confidence of the name and address of any political Action Confidence of the name and address of any political Action Confidence of the name and address of any political Action Confidence of the name and address of any political Action Confidence of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political committee of the name and address of any political action Confidence of the name and address of the name and | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Brian B. Blatter Mailing Address 2189 East Street | | Date of Receipt 1 1 7 7 2 0 0 9 |
| City Concord FEC ID number of contributing | State Zip Code CA 94520 | Transaction ID: SA11AI.19249 Amount of Each Receipt this Period 500.00 |
| Receipt For: Primary Other (specify) | Occupation Oral Surgeon Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Andre Buchs Mailing Address 610 North Mills Ave | enue | Date of Receipt 1 1 1 1 2 0 0 9 |
| City Orlando FEC ID number of contributing | State Zip Code FL 32803-7103 C | Transaction ID: SA11AI.19063 Amount of Each Receipt this Period 500.00 |
| rederal political committee. Name of Employer Central Florida OMS Receipt For: Primary Other (specify) ▼ | Occupation Oral & Maxillofacial Surgeon Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Jack Capodice Mailing Address 2103 East Washing | aton Street | Date of Receipt |
| Suite 2B City Bloomington FEC ID number of contributing | State Zip Code IL 61701 | Transaction ID: SA11AI.19255 Amount of Each Receipt this Period 500.00 |
| Name of Employer Self-Employed | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | 1500.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 34 (check only one) X 11a |
|----------|--|-------------------------------|---|---|
| An or | y information copied from such Reports and Si for commercial purposes, other than using the | tatements may name and add | not be sold or used by any persolates of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Association of Oral and Max ee | xillofacial Su | rgeons Political Action Com | mitt- |
| ۸. | Full Name (Last, First, Middle Initial) Dr. William Chan | | | Date of Receipt |
| | Mailing Address 2001 Van Ness Ave. Suite 401 | | | 11 30 2009 |
| | City | State CA | Zip Code | Transaction ID: SA11AI.19136 |
| | San Francisco FEC ID number of contributing federal political committee. | C | 94109-3024 | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Self | Occupation Oral Surg | | 7 |
| | Receipt For: Primary General Other (specify) ▼ | ` | Year-to-Date ▼ 400.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Ira Cheifetz | | | Date of Receipt |
| | Mailing Address 2303 Whitehorse Merc Suite 5 | 11 / 17 / 2009 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.18987 |
| | Mercerville FEC ID number of contributing federal political committee. | C | 08619-1944 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Mercerville Prof Park | Occupation Oral Surg | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| | Full Name (Last, First, Middle Initial) Dr. William J. Clark | | | Date of Receipt |
| | Mailing Address 1801 Solar Drive Suite 100 | | | 11 02 7 9 9 |
| | City Oxnard | State CA | Zip Code 93030 | Transaction ID: SA11AI.19261 |
| | FEC ID number of contributing federal political committee. | C | 95050 | Amount of Each Receipt this Period 400.00 |
| | Name of Employer Self-Employed | Occupation Oral Surg | | _ |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 400.00 | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 1100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Association of Oral and | nd Statements may not be sold or used by any person the name and address of any political committee of Maxillofacial Surgeons Political Action Con | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) DR. David Crouthamel | | Date of Receipt |
| Mailing Address 800 West Chandle Suite 3 | | 11 12 2009 |
| City <u>Chandler</u> | State Zip Code AZ 85225 | Transaction ID: SA11AI.19166 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 200.00 |
| Name of Employer Self-Employed | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) Dr. Paul Cullum | I | Date of Receipt |
| Mailing Address 105 Berrywood Dr. | 11 23 2009 | |
| City | State Zip Code | Transaction ID: SA11AI.19077 |
| Columbia | TN 38401-4750 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 375.00 |
| Name of Employer Self | Occupation Oral Surgon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) Eugene D'Amico | | Date of Receipt |
| Mailing Address 4735 Ogletown-Sta | anton Rd | 1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.19070 |
| Newark FEC ID number of contributing federal political committee. | DE 19713 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 1075.00 |

| I | 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 12 / 34 (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 Ma | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Dr. I E Davis Mailing Address 307 Columbia Ave. City | State | Zip Code | Date of Receipt M M C D C C C C |
| | Lexington FEC ID number of contributing federal political committee. | SC C | 29072 | Amount of Each Receipt this Period 375.00 |
| | Name of Employer Associates in OMS PA Receipt For: Primary General Other (specify) ▼ | Occupation Oral Sur Aggregate | | |
| В. | Full Name (Last, First, Middle Initial) Dr. Nathan Dickerson Mailing Address 2918 Hillrise Drive | 1 | | Date of Receipt 1 1 1 1 6 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.19035 |
| | Las Cruces FEC ID number of contributing federal political committee. | C | 88011 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ | + ' | on Maxillofacial Surgeon e Year-to-Date ▼ 500.00 | |
| С. | Full Name (Last, First, Middle Initial) Dean Duncan Mailing Address 48 Vicente | | | Date of Receipt 1 1 1 1 6 2 0 0 9 |
| | Suite 2 City | State | Zip Code | 1 1 1 6 2 0 0 9 Transaction ID: SA11AI.19025 |
| | San Francisco | CA | 94127-1336 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Dean L Duncan DDS Inc | Occupation Oral Sur | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1375.00 |
| Ī | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|--|
| or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Thomas Eschenroeder Mailing Address 3217 Grove Ave. City | State Zip Code | Date of Receipt 1 1 1 9 2 0 0 9 Transaction ID: SA11AI.19156 |
| Richmond FEC ID number of contributing federal political committee. | VA 23221 | Amount of Each Receipt this Period 200.00 |
| Name of Employer Oral Surgery Associates Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Oral Surgeon Aggregate Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) Richard Fagin Mailing Address 235 N San Mateo | Dr | Date of Receipt 1 1 0 9 2 0 0 9 |
| City | State Zip Code | Transaction ID: SA11AI.19174 |
| San Mateo | CA 94401 | 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. Joel M. Friedman Mailing Address 3333 Henry Huds | on Pkwy | Date of Receipt |
| | State Zip Code | 11 12 2009 |
| City <u>Bronx</u> | NJ 10463-3224 | Transaction ID: SA11AI.19150 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Riverdale OMS | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |
| SUBTOTAL of Receipts This Page (optic | nal) | 825.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | for eac | eparate schedule(s) ch category of the ed Summary Page | FOR LINE NUMBER: PAGE 14 / 34 (check only one) X |
|--|---|--|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Maxiee | name and address of ar | ny political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Carmen Gatta Mailing Address 79 Route 59 Suite 1 | | | Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y |
| City Suffern FEC ID number of contributing federal political committee. | State Zip C NY 1090 | | Transaction ID: SA11AI.19066 Amount of Each Receipt this Period 200.00 |
| Name of Employer Carmen A Gatta DMD Receipt For: Primary General Other (specify) ▼ | Occupation Oral Surgeon Aggregate Year-to-D | Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) Daniel Gatto Mailing Address 1560 Beam Ave Suite E City | State Zip C | Code | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Maplewood FEC ID number of contributing federal political committee. Name of Employer Maplewood OMS Receipt For: Primary General Other (specify) ▼ | MN 5510 C Occupation Oral Surgeon Aggregate Year-to-D | 09-1171 Date ▼ | Amount of Each Receipt this Period 200.00 |
| Full Name (Last, First, Middle Initial) Dr. Mark Grenadier Mailing Address 4955 Steubenville Pike suite 361 City Pittsburgh | State Zip C PA 1520 | | Date of Receipt M M 28 2009 Transaction ID: SA11AI.19173 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: | Occupation Oral Surgeon Aggregate Year-to-D | Date ▼ | 200.00 |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | | 400.00 | 600.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|-----------|--|--------------------------------------|---|---|
| or f | y information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Max ee | name and addi | ress of any political committee to | o solicit contributions from such committee. |
| 1. | Full Name (Last, First, Middle Initial) Spencer Howard Mailing Address 7606 Morrell Ln City Durham FEC ID number of contributing | State NC | Zip Code 27713-6665 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Employer Central Durham Oral & Maxillof Receipt For: Primary General Other (specify) | Occupation Oral Surg | | |
| 3. | Full Name (Last, First, Middle Initial) Dr. David Howerton Mailing Address 280 Liberty Street SE Suite 320 City | State | Zip Code | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| | Salem FEC ID number of contributing federal political committee. Name of Employer Oral & Maxillofacial Surgery Receipt For: Primary General Other (specify) | - | 97301-3508 axillofacial Surgeon Year-to-Date ▼ 375.00 | Amount of Each Receipt this Period 375.00 |
| - | Full Name (Last, First, Middle Initial) Dr. David Ivey Mailing Address 224 S. Woods Mill Suite 280S City Chesterfield FEC ID number of contributing federal political committee. | State MO | Zip Code 63017-3432 | Date of Receipt M M M O 4 2009 Transaction ID: SA11AI.18981 Amount of Each Receipt this Period 350.00 |
| | Name of Employer St. Louis West OMS Receipt For: Primary General Other (specify) ▼ | Occupation Oral Surg Aggregate | | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 1225.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 34 (check only one) X |
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| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Association of Oral and Mee | the name and addr | ress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Mark Jackson Mailing Address 20 South Park Stree Ste 506 | t | | Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y |
| City Madison FEC ID number of contributing federal political committee. | State WI | Zip Code 53715-1348 | Transaction ID: SA11AI.19185 Amount of Each Receipt this Period 500.00 |
| Name of Employer Ctr for OMS Madison Med Ctr Receipt For: Primary General Other (specify) | | axillofacial Surgeon Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Kurt Jensen Mailing Address 6050 Brynwood Dr. Suite 102 City | State | Zip Code | Date of Receipt 1 1 0 4 2 0 0 9 |
| Rockford FEC ID number of contributing federal political committee. | IL C | 61114 | Transaction ID: SA11AI.19089 Amount of Each Receipt this Period 200.00 |
| Name of Employer Oral & Facial Surgery Ctr Ltd Receipt For: Primary General Other (specify) ▼ | Occupation Oral Surg Aggregate | | |
| Full Name (Last, First, Middle Initial) William Jordan Mailing Address 3501 Town Center E | Blvd S | | Date of Receipt |
| City Sugar Land | State TX | Zip Code 77479 | Transaction ID: SA11AI.19266 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Oral & Maxillofacial Surg- | Occupation | | 500.00 |
| Oral & Maxillofácial Surg- eons Receipt For: Primary General Other (specify) ▼ | Oral Surg | | |
| SUBTOTAL of Receipts This Page (optional) |) | | 1200.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 34 (check only one) X |
|---|-------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Males | e name and add | dress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Richard W. Joseph Mailing Address 820 Prudential Drive Suite 312 | | | Date of Receipt 1 1 0 9 2 0 0 9 |
| City Jacksonville FEC ID number of contributing | State FL | Zip Code 32207-8205 | Transaction ID: SA11AI.19051 Amount of Each Receipt this Period 500.00 |
| Receipt For: Primary Other (specify) General | Occupatio Oral Sur | | 1 |
| Full Name (Last, First, Middle Initial) Dr. Edwin Joy Mailing Address 6312 Keg Creek Drive | | | Date of Receipt 1 1 1 3 2 0 0 9 |
| City Appling FEC ID number of contributing federal political committee. | State GA | Zip Code 30802 | Transaction ID: SA11AI.19137 Amount of Each Receipt this Period 200.00 |
| Name of Employer Aiken/Augusta Oral & Faci- al Surgery Receipt For: Primary General Other (specify) ▼ | Occupatio Oral Sur Aggregate | |] |
| Full Name (Last, First, Middle Initial) Brent Kincaid Mailing Address 518 Cross Creek Dr | | | Date of Receipt |
| City Colorado Springs FEC ID number of contributing federal political committee. | State CO | Zip Code 80920 | Transaction ID: SA11AI.19343 Amount of Each Receipt this Period 400.00 |
| Name of Employer Self Employed Receipt For: Primary Other (specify) | Occupatio Oral Sure Aggregate | | 1 |
| SUBTOTAL of Receipts This Page (optional) . | | | 1100.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S | Statements ma | Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any persi | FOR LINE NUMBER: PAGE 18/34 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|----|--|---------------------|--|--|
| 1 | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Ma | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Timothy Koob Mailing Address 5801 Research Park E Suite 110 | Blvd | | Date of Receipt 1 1 1 5 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.19307 |
| | Madison | WI | 53719 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Madison Oral & Maxillofac- ial S | Occupation Oral Sur | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 500.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. John Lehrian Mailing Address 100 State Street | | | Date of Receipt |
| | Suite B102 City State | | Zip Code | 11 20 2009 |
| | Erie | PA | 2ip Code 16507 | Transaction ID: SA11AI.19116 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 200.00 |
| | Name of Employer Lehrian Oral Surgery PC | Occupation Oral Sur | geon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 400.00 | |
| С. | Full Name (Last, First, Middle Initial) Dr. Paul Levy Mailing Address 187 North State Stree | | | Date of Receipt |
| | Mailing Address 187 North State Stree | l | | 11 13 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.18971 |
| | Concord FEC ID number of contributing federal political committee. | C | 03301 | Amount of Each Receipt this Period 375.00 |
| | Name of Employer Self Employed | Occupation Oral Sur | | |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 375.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1075.00 |
| Ì | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate so for each catego Detailed Summa | ry of the |
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| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Association of Oral and Mee | | d by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee. Action Committ- |
| Full Name (Last, First, Middle Initial) Dr. Robert Levy Mailing Address 301 4th Street | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.19163 |
| Alexandria FEC ID number of contributing federal political committee. | LA 71301-8423 | Amount of Each Receipt this Period 375.00 |
| Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ | Occupation Oral & Maxillofacial Surg Aggregate Year-to-Date ▼ | eon 375.00 |
| Full Name (Last, First, Middle Initial) Dr. David Lustbader Mailing Address 270 Quincy Avenue | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.19074 |
| Quincy | MA 02169 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer South Shore Oral Surgery Associates Receipt For: | Occupation Oral Surgon Aggregate Year-to-Date | |
| Primary General Other (specify) ▼ | | 500.00 |
| Full Name (Last, First, Middle Initial) Dr. Taylor L. Markle | | Date of Receipt |
| Mailing Address 1010 Carondelet Driv Suite 316 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City <u>Kansas City</u> | State Zip Code MO 64114 | Transaction ID: SA11AI.19146 |
| FEC ID number of contributing federal political committee. | C 64114 | Amount of Each Receipt this Period 375.00 |
| Name of Employer Self-Employed | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 750.00 |
| SUBTOTAL of Receipts This Page (optional) | | 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 20 / 34 (check only one) X 11a |
|--|---|--|
| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any person the name and address of any political committee to daxillofacial Surgeons Political Action Com | |
| Full Name (Last, First, Middle Initial) Dr. James Maxwell Mailing Address 2210 Olympic Stree | t | Date of Receipt |
| City Springfield | State Zip Code OH 45503-2737 | Transaction ID: SA11AI.19016 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 500.00 |
| James A. Maxwell Jr. DDs Inc Receipt For: Primary General Other (specify) ▼ | Oral & Maxillofacial Surgeon Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Ronald Mead Mailing Address 990 Boysen Ave | 1 | Date of Receipt 1 1 0 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: SA11AI.19012 |
| San Luis Obispo | CA 93405-1313 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self-Employed | Occupation Oral & Maxillofacial Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Stephen Modelevsky Mailing Address 960 Osler Drive | | Date of Receipt 1 1 2 3 2 0 0 9 |
| City | State Zip Code | Transaction ID: SA11AI.19191 |
| <u>Jonesboro</u> | AR 72401 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 200.00 |
| Name of Employer Self-Employed | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| SUBTOTAL of Receipts This Page (optional | | 1200.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 34 (check only one) |
|---|--------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may the name and add | not be sold or used by any persoress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) American Association of Oral and Mee | Maxillofacial Su | geons Political Action Com | mitt- |
| Full Name (Last, First, Middle Initial) Dr. Larry Moore | | | Date of Receipt |
| Mailing Address 19000 Hawthorne Bl Suite 222 | lvd | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Torrance | State CA | Zip Code 90503 | Transaction ID: SA11AI.19165 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Larry Moore DDS MS Inc. | Occupation Oral & Ma | axillofacial Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) William Nickel | | | Date of Receipt |
| Mailing Address 232 Woodlawn Ave | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Winnetka | State IL | Zip Code 60093 | Transaction ID: SA11AI.19291 |
| FEC ID number of contributing federal political committee. | C | 00095 | Amount of Each Receipt this Period 375.00 |
| Name of Employer North Suburban Center for Oral | Occupation Oral Surg | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) Dr. Kevin Patterson | | | Date of Receipt |
| Mailing Address 180 Adams Suite 100 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Denver | State CO | Zip Code 80206 | Transaction ID: SA11AI.19246 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00200 | 200.00 |
| Name of Employer Cosby James & Patterson | Occupation Oral Surg | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | | 1075.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|-------------------------|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Association of Oral and Maxi | illofacial Su | rgeons Political Action Comi | mitt- |
| Full Name (Last, First, Middle Initial) | | | |
| Dr. Michael Pollock Mailing Address 3721 Roosevelt Blvd | | | Date of Receipt |
| City | State | Zip Code | 11 17 2009 |
| City Middletown | OH | 45044-6514 | Transaction ID: SA11AI.19017 |
| FEC ID number of contributing federal political committee. | C | 43044-0314 | Amount of Each Receipt this Period 200.00 |
| Name of Employer Self-Employed | Occupation | n axillofacial Surgeon | |
| Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) | 0 0 | | |
| Dr. Ted Rosner | | | Date of Receipt |
| Mailing Address 693 Main Street | 11 13 7 2009 | | |
| City | State | Zip Code | Transaction ID: SA11AI.19048 |
| Lumberton | NJ | 08048-0098 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 375.00 |
| Name of Employer Self-Employed | Occupation Oral & M | n axillofacial Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) Dr. Louis Scannura | | | Date of Receipt |
| Mailing Address 3007 Spring Mill Drive | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.19000 |
| Springfield | <u>IL</u> | 62704 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 375.00 |
| Name of Employer Springfield Associates in OMS | Occupation Oral Surç | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 375.00 | |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 950.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule for each category of the Detailed Summary Pag | e (circox only one) |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by an the name and address of any political comm flaxillofacial Surgeons Political Action | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. Committ- |
| Full Name (Last, First, Middle Initial) Dr. Paul Schaner Mailing Address 1000 Johnson Ferry | Rd | Date of Receipt |
| City Marietta FEC ID number of contributing | State Zip Code GA 30068 | Transaction ID: SA11AI.19277 Amount of Each Receipt this Period 500.00 |
| Name of Employer Atlanta Oral & Facial Surgery Receipt For: Primary General Other (specify) | Occupation Oral & Maxillofacial Surgeon Aggregate Year-to-Date 500.0 | |
| Full Name (Last, First, Middle Initial) Dale Schutte Mailing Address 741 W State St Suite 3 City O'Fallon | State Zip Code IL 62269 | Date of Receipt 1 1 |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | Occupation Oral Surgeon Aggregate Year-to-Date 375.0 | Amount of Each Receipt this Period 375.00 |
| Full Name (Last, First, Middle Initial) Steven Schwartz Mailing Address 132 Terryville Rd | | 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 Port Jefferson Sta FEC ID number of contributing federal political committee. | State Zip Code NY 11776 C | Transaction ID: SA11AI.19281 Amount of Each Receipt this Period 200.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Oral Surgeon Aggregate Year-to-Date 400.0 | 00 |
| SUBTOTAL of Receipts This Page (optional |) | 1075.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24/34 (check only one) X |
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| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Maxiee | name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Robert Seymour Mailing Address 2711 Randolph Road Suite 510 City Charlotte FEC ID number of contributing federal political committee. | State NC | Zip Code 28207-2027 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ | | n Iaxillofacial Surgeon e Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) Frank Sindoni Mailing Address 40 N Union Rd City Williamsville FEC ID number of contributing federal political committee. Name of Employer Amhert Associates of OMS PC Receipt For: Primary General | State NY C Occupatio Oral Sur Aggregate | geon e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Dr. Thomas Skiba Mailing Address 690 North Route 31 City Crystal Lake FEC ID number of contributing federal political committee. | State IL | Zip Code 60012 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupatio Oral Sur Aggregate | | |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | | • | 1200.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 34 (check only one) X |
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| | nd Statements may not be sold or used by any perso the name and address of any political committee to | |
| NAME OF COMMITTEE (In Full) American Association of Oral and I ee | Maxillofacial Surgeons Political Action Com | mitt- |
| Full Name (Last, First, Middle Initial) Dr. Edwin Slade | | Date of Receipt |
| Mailing Address 101 Progress Dr. | Chata 7'- Cada | 1 1 2 4 2 0 0 9 |
| City Doylestown | State Zip Code PA 18901-2509 | Transaction ID: SA11AI.19040 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Oral & Facial Surgery Ctr. | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Douglas Smail | | Date of Receipt |
| Mailing Address 500 Federal Street Suite 303 | | 11 / 13 / Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.19205 |
| Troy FEC ID number of contributing federal political committee. | NY 12180 | Amount of Each Receipt this Period 200.00 |
| Name of Employer Self-Employed | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) Eric Smiga | | Date of Receipt |
| Mailing Address 3347 Forbes Ave Suite 200 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Pittsburgh | State Zip Code PA 15213 | Transaction ID: SA11AI.19321 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 200.00 |
| Name of Employer Self Employed | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| SUBTOTAL of Receipts This Page (optional | l) | 900.00 |

| | EHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 34 (check only one) X |
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| | r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | not be sold or used by any personal ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| $ \rangle$ | American Association of Oral and Maxee | xillofacial Su | rgeons Political Action Com | mitt- |
| ۸. ِ | Full Name (Last, First, Middle Initial) Dr. Brian Smith | | | Date of Receipt |
| - | Mailing Address 7600 Fern Ave Building 1400 | | | 11 20 7 2009 |
| | City Shreveport | State LA | Zip Code 71105-5675 | Transaction ID: SA11AI.18973 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 71103-5075 | 500.00 |
| i | Name of Employer Self Employed | Occupation Oral Surg | | |
| Ī | Receipt For: Primary General Other (specify) | , ' | Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Larry Stigall Mailing Address 832 Forestridge Dr. | | | Date of Receipt |
| - | City | State | Zip Code | 1 1 0 9 2 0 0 9 Transaction ID: SA11AI.18982 |
| | Boone | NC | 28607 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self | Occupation Oral Surg | | |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate | Year-to-Date ▼ 500.00 | |
| • | Full Name (Last, First, Middle Initial) Dr. Herbert Stith Mailing Address 1131 Randall Ct. | | | Date of Receipt |
| | | | 7. 0.1 | 11 08 2009 |
| | City Geneva | State IL | Zip Code 60134 | Transaction ID: SA11AI.19088 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 200.00 |
| _ | Name of Employer Self | Occupation Oral Surg | | |
| ۱ | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | |
| su | IBTOTAL of Receipts This Page (optional) | | | 1200.00 |

| Any information copied from such Reports ar | Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any pe | (check only one) X 11a 11b 11c 12 13 14 15 16 17 Trson for the purpose of soliciting contributions |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | the name and address of any political committee Maxillofacial Surgeons Political Action Co | to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) John Tidwell Mailing Address 1801 Northwest Ma | arket Street | Date of Receipt |
| Suite 108 | 7:01 | 11 05 2009 |
| City Seattle | State Zip Code WA 98107 | Transaction ID: SA11AI.19297 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) Todd Tucker Mailing Address 1515 Oak St | | Date of Receipt 1 1 2 0 2 0 9 |
| City | State Zip Code | Transaction ID: SA11Al.19253 |
| Eugene | OR 97401 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 200.00 |
| Name of Employer Oral Maxillofacial Surgeons P Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Oral Surgeon Aggregate Year-to-Date 400.00 | |
| Full Name (Last, First, Middle Initial) Reed Van Wagenen Mailing Address 7055 N. Fresno St | | Date of Receipt |
| Suite 202 | | 11 09 2009 |
| City Fresno | State Zip Code CA 93720 | Transaction ID: SA11AI.19203 |
| FEC ID number of contributing federal political committee. | CA 93720 | Amount of Each Receipt this Period 375.00 |
| Name of Employer Jonke Northrop & Van Wagg- enen | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| | (k | 950.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 34 (check only one) X |
|---|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any person the name and address of any political committee to Maxillofacial Surgeons Political Action Com | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Andrew A. Vorono Mailing Address 5413 76th Avenue 6 | Ct W | Date of Receipt |
| City University Place FEC ID number of contributing | State Zip Code WA 98467 | Transaction ID: SA11AI.18993 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Oral Surgical Associates | Occupation Oral Surgeon | 375.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |
| Full Name (Last, First, Middle Initial) Dr. Norman Wat Mailing Address 38149 Martha | _ | Date of Receipt 1 1 2 0 2 0 9 |
| City | State Zip Code | Transaction ID: SA11AI.18983 |
| Fremont | CA 94536 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 200.00 |
| Name of Employer Self | Occupation Oral Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 |] |
| Full Name (Last, First, Middle Initial) Dr. Craig Yamamoto | | Date of Receipt |
| Mailing Address 1441 Kapiolani Blvo Suite 1420 | d | 11 03 7 2009 |
| City | State Zip Code HI 96814 | Transaction ID: SA11AI.19276 |
| Honolulu FEC ID number of contributing federal political committee. | HI 96814 | Amount of Each Receipt this Period 200.00 |
| Name of Employer Craig A. Yamamoto DDS Inc | Occupation Oral & Maxillofacial Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| SUBTOTAL of Receipts This Page (optional | J) | 775.00 |

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В.

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

PAGE 29/34 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 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. Robert Zborowski Mailing Address 281 Hartford Turnpike 1.1 17 2009 Suite 307 City State Zip Code Transaction ID: SA11AI.19270 <u>Vernon</u> CT 06066 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. Name of Employer East of the River OMS Occupation Oral Surgeon Receipt For: Aggregate Year-to-Date Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) Monte Zysset Date of Receipt Mailing Address 7555 S 57th St 30 2009 Ste 1 City Transaction ID: SA11AI.19213 State Zip Code Lincoln NE 68516 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Self Employed Occupation Oral Surgeon Receipt For:

Aggregate Year-to-Date ▼

400.00

| SUBTOTAL of Receipts This Page (optional) | • | 400.00 |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | • | 25875.00 |

Primary

Other (specify)

General

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 34 (check only one) 11a 11b 11c 12 13 14 15 16 17 1 |
|--|----------------------|---|---|
| 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 | | | |
| Full Name (Last, First, Middle Initial) DWS Scudder Investments Servic Mailing Address P.O. Box 219154 City Kansas City FEC ID number of contributing federal political committee. | State MO | Zip Code 64121-9154 | Date of Receipt M M M |
| Name of Employer Receipt For: Primary General Other (specify) ▼ | Occupation Aggregate | Year-to-Date ▼ 226.24 | Interest |
| Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 1501 Woodfield Road | | | Date of Receipt 1 1 0 8 2 0 0 9 |
| City | State | Zip Code | Transaction ID: SA17.18945 |
| Schaumburg FEC ID number of contributing federal political committee. Name of Employer | C | 60173 | Amount of Each Receipt this Period 73.58 CD Interest |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2291.95 | |
| Full Name (Last, First, Middle Initial) The Northern Trust Company | | | Date of Receipt |
| Mailing Address 1501 Woodfield Road | | | 11 30 2009 |
| City | State | Zip Code | Transaction ID: SA17.18946 |
| Schaumburg FEC ID number of contributing federal political committee. | C | 60173 | Amount of Each Receipt this Period 53.22 |
| Name of Employer | Occupation | า | Interest |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 2345.17 | |
| SUBTOTAL of Receipts This Page (optional) | | | 127.99 |
| | | | 127.99 |

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 31/34 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b 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) Transaction ID: SB21B.18948 Paypal Date of Disbursement **1**[™]1 0 9 2009 Mailing Address 2211 N. First Street City State Zip Code Amount of Each Disbursement this Period San Jose CA 95131 9.30 Purpose of Disbursement Paypal Collection Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.18947 The Northern Trust Company Date of Disbursement 03 2009 Mailing Address 1501 Woodfield Road City State Zip Code Amount of Each Disbursement this Period Schaumburg IL 60173 59.58 Purpose of Disbursement Bank fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

| SUBTOTAL of Disbursements This Page (optional) | > | 68.88 |
|---|-------------|-------|
| | | |
| TOTAL This Period (last page this line number only) | | 68.88 |

Other (specify)

State:

| 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 Committee Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE Mailing Address P.O. Box 2008 City State Zip Code Murfreesboro TN 37133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Senate Senate President State: TN District: 06 Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY Mailing Address P.O. Box 360877 | TEMPED DIODUDOCMENTO | | te schedule(s) | FOR LINE N (check only | |
|---|---|-----------------|-------------------|---------------------------|---|
| NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofacial Surgeons Political Action Committee Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE Mailing Address P.O. Box 2008 City State Zip Code TN 37133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House President State: Zip Code Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY Melbourne FL 32936 Purpose of Disbursement Federal Campaign Contribution Condidate Name Office Sought: X House President State: FL District: 15 Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY Melbourne FL 32936 Purpose of Disbursement Federal Campaign Contribution Condidate Name Office Sought: X House President State: FL District: 15 Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY Melbourne FL 32936 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House President State: FL District: 15 Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS Mailing Address PO Box 33027 City Seattle WA 98133 Purpose of Disbursement This Period Category' Type Office Sought: X House President State Zip Code State State Zip Code State St | | Detailed Su | mmary Page | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
| Amount of Each Disbursement For: 2010 Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE Mailing Address P.O. Box 2008 City State Zip Code TN 37133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Senate FL 32936 Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY Mailing Address P. O. Box 360877 City State Zip Code TL 32936 Purpose of Disbursement For: 2010 Amount of Each Disbursement this Periox Type Office Sought: X House Senate FL 32936 Purpose of Disbursement For: 2010 Category' Type Transaction ID: SB23.18953 Date of Disbursement this Periox Melbourne FL 32936 Purpose of Disbursement For: 2010 Category' Type Transaction ID: SB23.18950 Date of Disbursement this Periox Melbourne FL 32936 Purpose of Disbursement For: 2010 Category' Type Office Sought: X House President State: FL District: 15 Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS Mailing Address PO Box 33027 City State Zip Code WA 98133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Senate President State: FL District: 15 Disbursement For: 2010 X Primary General Other (specify) ▼ Amount of Each Disbursement Ithis Periox Category' Type Office Sought: X House Senate President Transaction ID: SB23.18950 Date of Disbursement this Periox Category' Type Office Sought: X House Senate President Type Office Sought: X House Senate President Type Office Sought: X House President Type O | | | | | |
| CONGRESSMAN BART GORDON COMMITTEE Mailing Address P.O. Box 2008 City State Zip Code Murfreesboro TN 37133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Other (specify) ▼ Category/ Type Office Sought: X House President Other (specify) ▼ City State Zip Code Melbourne FL 32936 Purpose of Disbursement For: 2010 Senate President Other (specify) ▼ Mailing Address P.O. Box 360877 City State Zip Code Melbourne FL 32936 Purpose of Disbursement For: 2010 Senate President Other (specify) ▼ State: FL District: 16 Disbursement For: 2010 Senate President Other (specify) ▼ Transaction ID: SB23.18953 Date of Disbursement Initial Disbursement Ty 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | American Association of Oral and Maxil | lofacial Surgeo | ns Political Acti | ion Committ | - |
| City Seate Treatment For: 2010 Seate Treatm | , | MMITTEE | | | Date of Disbursement |
| Murfreesboro | Mailing Address P.O. Box 2008 | | | | 111 06 7 2009 |
| Federal Campaign Contribution Candidate Name Office Sought: | | | | | Amount of Each Disbursement this Period |
| Office Sought: | Federal Campaign Contribution | | | | 2000.00 |
| Senate President State: TN District: 06 Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY Mailing Address P. O. Box 360877 City State Zip Code FL 32936 Purpose of Disbursement Federal Campaign Contribution Candidate Name Other (specify) ▼ Transaction ID: SB23.18953 Date of Disbursement Mill M | | | | 0 , | |
| Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY Mailing Address P. O. Box 360877 City Melbourne State Zip Code FL 32936 Purpose of Disbursement Federal Campaign Contribution Candidate Name Disbursement For: 2010 Senate President Other (specify) ▼ City State: FL District: 15 Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS Mailing Address PO Box 33027 City State Zip Code WA 98133 Purpose of Disbursement For: 2010 Category/ Type Transaction ID: SB23.18950 Date of Disbursement Transaction ID: SB23.18950 Date of Disbursement 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Senate President | X Primary | General | | |
| Mailing Address P. O. Box 360877 City State Zip Code Melbourne FL 32936 Purpose of Disbursement Federal Campaign Contribution Category/ Type Office Sought: X House Disbursement For: 2010 Senate President Other (specify) ▼ State: FL District: 15 District: 15 Transaction ID: SB23.18950 Date of Disbursement Date of Disbursement Mailing Address PO Box 33027 City State Zip Code Seattle WA 98133 Purpose of Disbursement Amount of Each Disbursement this Perior Category/ Type Amount of Each Disbursement this Perior Category/ Type Amount of Each Disbursement this Perior Category/ Type Other (specify) Transaction ID: SB23.18950 Date of Disbursement Amount of Each Disbursement this Perior Category/ Type Other (specify) Transaction ID: SB23.18950 Date of Disbursement Mailing Address Po Bis / Y 2 0 0 9 Amount of Each Disbursement For: 2010 Amount of Each Disbursement For: 2010 | Full Name (Last, First, Middle Initial) | | | | |
| Melbourne FL 32936 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Senate President State: FL District: 15 Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS Mailing Address PO Box 33027 City Seattle WA 98133 Purpose of Disbursement For: 2010 Amount of Each Disbursement this Period Seattle WA 98133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Disbursement For: 2010 Amount of Each Disbursement this Period Category/ Type Office Sought: X House Senate President Other (specify) ▼ Other (specify) ▼ Category/ Type | | | | | |
| Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Senate President State: FL District: 15 Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS Mailing Address PO Box 33027 City State Zip Code Seattle WA 98133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Senate President In Mailing Address PO Box 33027 Amount of Each Disbursement this Perior Category/ Type Amount of Each Disbursement this Perior Category/ Type Office Sought: X House Senate President Other (specify) ▼ | | | | | Amount of Each Disbursement this Period |
| Candidate Name Category/ Type Office Sought: X House Senate President State: FL District: 15 Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS Mailing Address PO Box 33027 City State Zip Code Seattle WA 98133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Senate President X Primary General Transaction ID: SB23.18950 Date of Disbursement M M M M M M M M M M M M M M M M M M M | Purpose of Disbursement | FL . | 32936 | 0 0 | 2000.00 |
| Senate President State: FL District: 15 Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS Mailing Address PO Box 33027 City Seattle Purpose of Disbursement Federal Campaign Contribution Candidate Name Disbursement For: Senate President Disbursement For: Category/ Type Disbursement For: Senate President Disbursement For: Category/ Type Disbursement For: Category/ Type Other (specify) ▼ | | | C | | |
| Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS Mailing Address PO Box 33027 City State Zip Code Seattle WA 98133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Disbursement For: 2010 Senate President Disbursement For: 2010 Senate President Other (specify) Other (specify) | Senate President | X Primary | General | | |
| Mailing Address PO Box 33027 City State Zip Code Seattle WA 98133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Category/ Type Office Sought: X House Senate Senate President President Other (specify) ▼ | Full Name (Last, First, Middle Initial) | | | | |
| Seattle WA 98133 Purpose of Disbursement Federal Campaign Contribution Candidate Name Category/ Type Office Sought: X House Senate Senate President President Disbursement For: 2010 X Primary General Other (specify) Other (specify) | Mailing Address PO Box 33027 | | | | $\begin{bmatrix}\begin{smallmatrix}M\\1&1\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\1&0\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}D\\0&0\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2&0\end{smallmatrix} 0 \begin{bmatrix}Y\\9\end{smallmatrix}\end{bmatrix}^Y$ |
| Federal Campaign Contribution Candidate Name Category/ Type Office Sought: X House Disbursement For: 2010 Senate X Primary General President Other (specify) | | | | | Amount of Each Disbursement this Period |
| Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) | | | | | 1000.00 |
| Senate X Primary General President Other (specify) ▼ | Candidate Name | | C | | |
| | Senate | X Primary | General | | |
| | President | Tourse (abacil | <i>J</i> / ▼ | | |

В.

District: 01

| ug. | 5// 2000 110010 | | | | | | | | |
|--------------------------|---|--------------------------------------|-------------------------------|--------------------------|--|------------------------|--|--|--|
| SCHEDULE B (FEC Form 3X) | | Use separ | Use separate schedule(s) | | NUMBER: | PAGE 33 / 34 | | | |
| ΙT | EMIZED DISBURSEMENTS | for each ca | ategory of the ummary Page | (check only 21b 27 | 22 X 23 | 24 25 26 28c 29 30b | | | |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofee | acial Surge | ons Political A | ction Commit | t- | | | | |
| | Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SEN Mailing Address PO BOX 3662 | ATE CAMP | AIGN | | Transaction ID: SI Date of Disbursemer | | | | |
| | City SEATTLE | State WA | Zip Code 98124 | | Amount of Each Disk | oursement this Period | | | |
| | Purpose of Disbursement Federal Campaign Contribution Candidate Name | | | Category/ | L | 3000.00 | | | |
| | | | | Type | | | | | |
| | | ement For: Primary Other (spec | 2010 General | | | | | | |
| | State: WA District: 00 | | | | | | | | |
| | Full Name (Last, First, Middle Initial) ROB WITTMAN FOR CONGRESS | | | | Transaction ID: S | nt | | | |
| | Mailing Address PO BOX 999 PO BOX 999 | | | | 11 06 | y žoš9 | | | |
| | City MONTROSS | State VA | Zip Code 22520 | | Amount of Each Disk | oursement this Period | | | |
| | Purpose of Disbursement Federal Campaign Contribution | | | | | 1000.00 | | | |
| | Candidate Name | | | Category/ Type | | | | | |
| | 9 7 | ement For: Primary Other (spec | 2010 General | | | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 4000.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | • | 9000.00 |

State: VA

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate

PAGE 34 / 34

| schedule(s) | FOR LINE NUMBER: | | |
|----------------|------------------|---|----|
| for each | (check only one) | Х | 9 |
| numbered line) | | | 10 |

Excluding Loans NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committee

| 338 |
|-------------|
| |
| 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 |