

**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

11

01

2009

through

11

30

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

11

18

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)

2 / 34

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M M  
1 1D D  
3 0Y Y Y Y  
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 .....	548758.47	
(c) Total Receipts (from Line 19) .....	84204.99	194571.41
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	632963.46	792776.37
7. Total Disbursements (from Line 31) .....	9068.88	168881.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	623894.58	623894.58
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 20463Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	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	25875.00	70948.00
(i) Itemized (use Schedule A) .....		
(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) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	84077.00	179499.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	12500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	127.99	2572.41
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)) .....	84204.99	194571.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	84204.99	194571.41

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	68.88	59469.79	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	68.88	59469.79	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	108500.00	
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	707.00	
(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	707.00	
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))..	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

FEC Form 3X (Rev. 02/2003)

5 / 34

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) .....	84077.00	179499.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	707.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84077.00	178792.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	68.88	59469.79
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	68.88	59469.79

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

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

FOR LINE NUMBER: PAGE 6 / 34

(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. James Adams

Mailing Address 750 Almar Pkwy  
Suite 102

City State Zip Code  
Bourbonnais IL 60914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Drs Slaby Adams & Assoc  
Ltd

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  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.19241

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Randolph Alexander

Mailing Address 2708 Aster Street

City State Zip Code  
Lake Charles LA 70601-8824

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.19194

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Allen

Mailing Address 1015 Phillips Avenue

City State Zip Code  
Petaluma CA 94952

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.19053

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 34

(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. Eric Alltucker

Mailing Address 990 Boysen Ave.

City

San Luis Obispo

State

CA

Zip Code

93401

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 ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.19304

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Ames

Mailing Address 101 West Cascade Way  
Suite 103

City

Spokane

State

WA

Zip Code

99208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cascade Oral & Maxillofac-  
ial Surg PS

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 Y  
1 1 / 2 3 / 2 0 0 9

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

State

NY

Zip Code

10956-3717

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19031

Amount of Each Receipt this Period

200.00

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

1075.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(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)

Jay Asdell

Mailing Address 707 N Michigan St  
Suite 300

City State Zip Code  
South Bend IN 46601-1070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Michiana OMS LLC

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  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.18955

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. G. Atwell

Mailing Address 901 Leghton Avenue  
Suite 401

City State Zip Code  
Anniston AL 36207

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.19062

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Shawn Bailey

Mailing Address 5027 Hamilton Drive

City State Zip Code  
Davenport IA 52807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spring Park OMS Associates

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  
1 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.19303

Amount of Each Receipt this Period

500.00

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

1250.00

**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 / 34

(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. Brian B. Blatter

Mailing Address 2189 East Street

City State Zip Code  
 Concord CA 94520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.19249

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andre Buchs

Mailing Address 610 North Mills Avenue

City State Zip Code  
 Orlando FL 32803-7103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central Florida OMS

Occupation  
Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.19063

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jack Capodice

Mailing Address 2103 East Washington Street  
Suite 2B

City State Zip Code  
 Bloomington IL 61701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.19255

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 34

(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. William Chan

Mailing Address 2001 Van Ness Ave.  
Suite 401

City State Zip Code  
San Francisco CA 94109-3024

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19136

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ira Cheifetz

Mailing Address 2303 Whitehorse Mercerville Rd.  
Suite 5

City State Zip Code  
Mercerville NJ 08619-1944

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercerville Prof Park

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  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.18987

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William J. Clark

Mailing Address 1801 Solar Drive  
Suite 100

City State Zip Code  
Oxnard CA 93030

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19261

Amount of Each Receipt this Period

400.00

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

1100.00

**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 11 / 34

(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. David Crouthamel

Mailing Address 800 West Chandler Blvd  
Suite 3

City State Zip Code  
Chandler AZ 85225

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19166

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Cullum

Mailing Address 105 Berrywood Dr.

City State Zip Code  
Columbia TN 38401-4750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Oral Surgon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.19077

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Eugene D'Amico

Mailing Address 4735 Ogletown-Stanton Rd  
Suite 1115

City State Zip Code  
Newark DE 19713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.19070

Amount of Each Receipt this Period

500.00

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

1075.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 34

(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. I E Davis

Mailing Address 307 Columbia Ave.

City

Lexington

State

SC

Zip Code

29072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associates in OMS PA

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.19226

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nathan Dickerson

Mailing Address 2918 Hillrise Drive

City

Las Cruces

State

NM

Zip Code

88011

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19035

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dean Duncan

Mailing Address 48 Vicente  
Suite 2

City

San Francisco

State

CA

Zip Code

94127-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dean L Duncan DDS Inc

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19025

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 13 / 34

(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. Thomas Eschenroeder

Mailing Address 3217 Grove Ave.

City

Richmond

State

VA

Zip Code

23221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oral Surgery Associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19156

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Fagin

Mailing Address 235 N San Mateo Dr

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 ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.19174

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joel M. Friedman

Mailing Address 3333 Henry Hudson Pkwy

City

Bronx

State

NJ

Zip Code

10463-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverdale OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.19150

Amount of Each Receipt this Period

250.00

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

825.00

**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 14 / 34

(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)

Carmen Gatta

Mailing Address 79 Route 59  
Suite 1

City State Zip Code  
Suffern NY 10901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carmen A Gatta DMD

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19066

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Gatto

Mailing Address 1560 Beam Ave  
Suite E

City State Zip Code  
Maplewood MN 55109-1171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maplewood OMS

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19171

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Grenadier

Mailing Address 4955 Steubenville Pike  
suite 361

City State Zip Code  
Pittsburgh PA 15205

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.19173

Amount of Each Receipt this Period

200.00

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

600.00

**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 15 / 34

(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)

Spencer Howard

Mailing Address 7606 Morrell Ln

City

Durham

State

NC

Zip Code

27713-6665

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Durham Oral & Max-  
illof

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  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.19362

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Howerton

Mailing Address 280 Liberty Street SE  
Suite 320

City

Salem

State

OR

Zip Code

97301-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oral & Maxillofacial Surg-  
ery

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.19075

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Ivey

Mailing Address 224 S. Woods Mill  
Suite 280S

City

Chesterfield

State

MO

Zip Code

63017-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Louis West OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.18981

Amount of Each Receipt this Period

350.00

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

1225.00

**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 16 / 34

(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. Mark Jackson

Mailing Address 20 South Park Street  
Ste 506

City State Zip Code  
Madison WI 53715-1348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ctr for OMS Madison Med  
Ctr

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 Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.19185

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kurt Jensen

Mailing Address 6050 Brynwood Dr.  
Suite 102

City State Zip Code  
Rockford IL 61114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oral & Facial Surgery Ctr  
Ltd

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.19089

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

William Jordan

Mailing Address 3501 Town Center Blvd S

City State Zip Code  
Sugar Land TX 77479

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oral & Maxillofacial Surg-  
eons

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  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.19266

Amount of Each Receipt this Period

500.00

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

1200.00

**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 17 / 34

(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. Richard W. Joseph

Mailing Address 820 Prudential Drive  
Suite 312

City State Zip Code  
Jacksonville FL 32207-8205

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  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.19051

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edwin Joy

Mailing Address 6312 Keg Creek Drive

City State Zip Code  
Appling GA 30802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aiken/Augusta Oral & Faci-  
al Surgery

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19137

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Brent Kincaid

Mailing Address 518 Cross Creek Dr

City State Zip Code  
Colorado Springs CO 80920

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19343

Amount of Each Receipt this Period

400.00

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

1100.00

**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 18 / 34

(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)

Timothy Koob

Mailing Address 5801 Research Park Blvd  
Suite 110

City State Zip Code  
Madison WI 53719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Madison Oral & Maxillofac-  
ial S

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  
1 1 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.19307

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Lehrian

Mailing Address 100 State Street  
Suite B102

City State Zip Code  
Erie PA 16507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lehrian Oral Surgery PC

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19116

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Levy

Mailing Address 187 North State Street

City State Zip Code  
Concord NH 03301

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 Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.18971

Amount of Each Receipt this Period

375.00

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

1075.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 34

(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. Robert Levy

Mailing Address 301 4th Street

City

Alexandria

State

LA

Zip Code

71301-8423

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.19163

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Lustbader

Mailing Address 270 Quincy Avenue

City

Quincy

State

MA

Zip Code

02169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Shore Oral Surgery  
Associates

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  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19074

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Taylor L. Markle

Mailing Address 1010 Carondelet Drive  
Suite 316

City

Kansas City

State

MO

Zip Code

64114

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 ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.19146

Amount of Each Receipt this Period

375.00

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

1250.00

**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 20 / 34

(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. James Maxwell

Mailing Address 2210 Olympic Street

City

Springfield

State

OH

Zip Code

45503-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
James A. Maxwell Jr. DDS  
Inc

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 Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.19016

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Mead

Mailing Address 990 Boysen Ave

City

San Luis Obispo

State

CA

Zip Code

93405-1313

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.19012

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Modelevsky

Mailing Address 960 Osler Drive

City

Jonesboro

State

AR

Zip Code

72401

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19191

Amount of Each Receipt this Period

200.00

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

1200.00

**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 21 / 34

(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. Larry Moore

Mailing Address 19000 Hawthorne Blvd  
Suite 222

City State Zip Code  
Torrance CA 90503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Larry Moore DDS MS Inc.

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 Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.19165

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

William Nickel

Mailing Address 232 Woodlawn Ave

City State Zip Code  
Winnetka IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Suburban Center for  
Oral

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 Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19291

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Patterson

Mailing Address 180 Adams  
Suite 100

City State Zip Code  
Denver CO 80206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cosby James & Patterson

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.19246

Amount of Each Receipt this Period

200.00

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

1075.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 34

(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. Michael Pollock

Mailing Address 3721 Roosevelt Blvd

City

Middletown

State

OH

Zip Code

45044-6514

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.19017

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ted Rosner

Mailing Address 693 Main Street

City

Lumberton

State

NJ

Zip Code

08048-0098

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 ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.19048

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Louis Scannura

Mailing Address 3007 Spring Mill Drive

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Springfield Associates in  
OMS

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  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.19000

Amount of Each Receipt this Period

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(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(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 Schaner

Mailing Address 1000 Johnson Ferry Rd

City

Marietta

State

GA

Zip Code

30068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlanta Oral & Facial Sur-  
gery

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 Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.19277

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dale Schutte

Mailing Address 741 W State St  
Suite 3

City

O'Fallon

State

IL

Zip Code

62269

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 Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.19202

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Schwartz

Mailing Address 132 Terryville Rd

City

Port Jefferson Sta

State

NY

Zip Code

11776

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19281

Amount of Each Receipt this Period

200.00

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

1075.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 34

(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. Robert Seymour

Mailing Address 2711 Randolph Road  
Suite 510

City State Zip Code  
Charlotte NC 28207-2027

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.19183

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Sindoni

Mailing Address 40 N Union Rd

City State Zip Code  
Williamsville NY 14221-5339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Amherst Associates of OMS  
PC

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  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.19244

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Skiba

Mailing Address 690 North Route 31

City State Zip Code  
Crystal Lake IL 60012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.18980

Amount of Each Receipt this Period

500.00

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

1200.00

**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 25 / 34

(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. Edwin Slade

Mailing Address 101 Progress Dr.

City

Doylestown

State

PA

Zip Code

18901-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oral & Facial Surgery Ctr.

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  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19040

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Smail

Mailing Address 500 Federal Street  
Suite 303

City

Troy

State

NY

Zip Code

12180

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19205

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Eric Smiga

Mailing Address 3347 Forbes Ave  
Suite 200

City

Pittsburgh

State

PA

Zip Code

15213

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19321

Amount of Each Receipt this Period

200.00

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

900.00

**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 26 / 34

(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. Brian Smith

Mailing Address 7600 Fern Ave  
Building 1400

City State Zip Code  
Shreveport LA 71105-5675

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  
1 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.18973

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Larry Stigall

Mailing Address 832 Forestridge Dr.

City State Zip Code  
Boone NC 28607

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  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.18982

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Herbert Stith

Mailing Address 1131 Randall Ct.

City State Zip Code  
Geneva IL 60134

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.19088

Amount of Each Receipt this Period

200.00

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

1200.00

**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 27 / 34

(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)

John Tidwell

Mailing Address 1801 Northwest Market Street  
Suite 108

City State Zip Code  
Seattle WA 98107

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 Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.19297

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Todd Tucker

Mailing Address 1515 Oak St

City State Zip Code  
Eugene OR 97401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oral Maxillofacial Surge-  
ons P

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19253

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Reed Van Wagenen

Mailing Address 7055 N. Fresno St  
Suite 202

City State Zip Code  
Fresno CA 93720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jonke Northrop & Van Wag-  
enen

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 Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.19203

Amount of Each Receipt this Period

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(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 34

(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. Andrew A. Vorono

Mailing Address 5413 76th Avenue Ct W

City

University Place

State

WA

Zip Code

98467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oral Surgical Associates

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 Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.18993

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Norman Wat

Mailing Address 38149 Martha

City

Fremont

State

CA

Zip Code

94536

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.18983

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Craig Yamamoto

Mailing Address 1441 Kapiolani Blvd  
Suite 1420

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Craig A. Yamamoto DDS Inc

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19276

Amount of Each Receipt this Period

200.00

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

775.00

**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 29 / 34

(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. Robert Zborowski

Mailing Address 281 Hartford Turnpike  
Suite 307City State Zip Code  
Vernon CT 06066FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East of the River OMSOccupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.19270

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Monte Zysset

Mailing Address 7555 S 57th St  
Ste 1City State Zip Code  
Lincoln NE 68516FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19213

Amount of Each Receipt this Period

200.00

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

400.00

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

25875.00

# **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

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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)

DWS Scudder Investments Servic

Mailing Address P.O. Box 219154

City

Kansas City

State

MO

Zip Code

64121-9154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.24

Date of Receipt

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

Transaction ID: SA17.18944

Amount of Each Receipt this Period

1.19

Interest

**B.**

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 ▼

2291.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 9

Transaction ID: SA17.18945

Amount of Each Receipt this Period

73.58

CD Interest

**C.**

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 ▼

2345.17

Date of Receipt

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

Transaction ID: SA17.18946

Amount of Each Receipt this Period

53.22

Interest

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

127.99

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

127.99

# **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 31 / 34

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Paypal	<b>Transaction ID:</b> SB21B.18948 <b>Date of Disbursement</b>																				
Mailing Address 2211 N. First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	0	9												
City San Jose State CA Zip Code 95131	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Paypal Collection Fees Candidate Name	<table border="1"> <tr> <td colspan="10">9.30</td> </tr> </table>	9.30																			
9.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) The Northern Trust Company	<b>Transaction ID:</b> SB21B.18947 <b>Date of Disbursement</b>																				
Mailing Address 1501 Woodfield Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	9												
City Schaumburg State IL Zip Code 60173	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank fees Candidate Name	<table border="1"> <tr> <td colspan="10">59.88</td> </tr> </table>	59.88																			
59.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**68.88**

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

**68.88**

# **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 32 / 34

<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

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-  
ee

**A.**

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

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 06

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.18949

Date of Disbursement

11 / 06 / 2009

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF BILL POSEY

Mailing Address P. O. Box 360877

City State Zip Code  
Melbourne FL 32936

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 15

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.18953

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

2000.00

**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

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.18950

Date of Disbursement

11 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

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

5000.00

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



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 34

<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)

PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City  
SEATTLE

State  
WA

Zip Code  
98124

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: WA District: 00

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.18952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

ROB WITTMAN FOR CONGRESS

Mailing Address PO BOX 999  
PO BOX 999

City  
MONTROSS

State  
VA

Zip Code  
22520

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.18951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

9000.00

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

PAGE 34 / 34

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