

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

Office Use Only

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

ADDRESS (number and street)

9700 West Bryn Mawr Ave.

☐Check if different
than previously
reported. (ACC)

Rosemont

IL

60018

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005660

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2006

through

02

28

2006

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

Dr. Vincent DiFazio

Signature of Treasurer

Electronically Filed by Dr. Vincent DiFazio

Date

03

17

2006

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. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		488464.93
(b) Cash on Hand at Beginning of Reporting Period	502806.77	
(c) Total Receipts (from Line 19)	10760.37	31042.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	513567.14	519507.55
7. Total Disbursements (from Line 31)	16000.13	21940.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	497567.01	497567.01
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

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		
(i) Itemized (use Schedule A)	3850.00	9550.00
(ii) Unitemized	5205.00	19155.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9055.00	28705.00
(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)	9055.00	28705.00
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	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	705.37	1337.62
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))	10760.37	31042.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10760.37	31042.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.13	2790.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.13	2790.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	19000.00
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	150.00
(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	150.00
29. Other Disbursements.....	0.00	0.00
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))..	16000.13	21940.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16000.13	21940.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9055.00	28705.00
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9055.00	28555.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.13	2790.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.13	2790.54

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

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

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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-
ee

Full Name (Last, First, Middle Initial)

A. Timothy Durtsche

Mailing Address 411 S 16th St

City State Zip Code
La Crosse WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 60317.C25933

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Mark Egbert

Mailing Address 15527 61st Ave NE

City State Zip Code
Kenmore WA 98028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 60317.C25960

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

C. John Freihaut

Mailing Address 5546 Waterford Green Glen

City State Zip Code
Marietta GA 30068

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 60317.C25906

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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-
ee

A. Full Name (Last, First, Middle Initial) Michael Hunter		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 65 Bear Hill Rd		Transaction ID: 60317.C25951
City North Andover	State MA	Zip Code 01845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northeast OMS	Occupation Oral Surgeon	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Murray Jacobs		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 3201 Wycliffe Dr		Transaction ID: 60317.C25925
City Modesto	State CA	Zip Code 95355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Oral Surgeon	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Stephen Kotkis		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 3228 Simms St		Transaction ID: 60317.C25927
City Hollywood	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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-
ee

A. Full Name (Last, First, Middle Initial)

Robert Lamb

Mailing Address 2208 Lytal Ln

City State Zip Code
 Edmond OK 73013

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 ▼

350.00

Date of Receipt

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

Transaction ID: 60317.C25920

Amount of Each Receipt this Period

350.00

Receipt

B. Full Name (Last, First, Middle Initial)

Brian Simpson

Mailing Address 16 Auburn Dr

City State Zip Code
 New City NY 10956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bernstein Gould & Simpson
DDS

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60317.C25953

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

3850.00

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

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

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 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-
ee

A. Full Name (Last, First, Middle Initial)
Jon Kyl for US Senate

Mailing Address P.O. Box 10246

City State Zip Code
Phoenix AZ 85064-

FEC ID number of contributing
federal political committee.

C C00279521

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 60317.C25900

Amount of Each Receipt this Period

1000.00

Refund of Contribution Ma-
de

NOTE: 6K to primary-1Kret-
urned

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 14

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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-
ee

A. Full Name (Last, First, Middle Initial) Northern Trust Bank OHare		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 8501 West Higgins Road		Transaction ID: 60317.C25899
City State Zip Code Chicago IL 60631-	Amount of Each Receipt this Period 355.65	
FEC ID number of contributing federal political committee. C	Other Receipt	
Name of Employer Occupation	NOTE: CD Interest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 754.29	

B. Full Name (Last, First, Middle Initial) Northern Trust Bank OHare		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 8501 West Higgins Road		Transaction ID: 60317.C25898
City State Zip Code Chicago IL 60631-	Amount of Each Receipt this Period 55.47	
FEC ID number of contributing federal political committee. C	Other Receipt	
Name of Employer Occupation	NOTE: Interest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 809.76	

C. Full Name (Last, First, Middle Initial) Scudder		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 222 S Riverside Plz Fl 34		Transaction ID: 60317.C25897
City State Zip Code Chicago IL 60606-5808	Amount of Each Receipt this Period 294.25	
FEC ID number of contributing federal political committee. C	Other Receipt	
Name of Employer Occupation	NOTE: Interest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 527.86	

SUBTOTAL of Receipts This Page (optional)

705.37

TOTAL This Period (last page this line number only)

705.37

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 11 / 14

<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

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Bank OHare

Mailing Address 8501 West Higgins Road

City
Chicago

State
IL

Zip Code
60631-

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60317.E852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	0	6

Amount of Each Disbursement this Period

0.13									
------	--	--	--	--	--	--	--	--	--

BANK FEES

SUBTOTAL of Disbursements This Page (optional)

0.13

TOTAL This Period (last page this line number only)

0.13

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 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-
ee

Full Name (Last, First, Middle Initial)

A. Bob Filner for Congress

Mailing Address P.O. Box 127868

City
San Diego

State
CA

Zip Code
92112-

Purpose of Disbursement

Candidate Name
BOB FILNER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: 60317.E854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Mailing Address PO Box 17813

City
Richmond

State
VA

Zip Code
23226-

Purpose of Disbursement

Candidate Name
ERIC CANTOR

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 60317.E857

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Carnahan in Congress

Mailing Address 7370 Manchester Rd
Suite 20

City
Saint Louis

State
MO

Zip Code
63143-

Purpose of Disbursement

Candidate Name
RUSS CARNAHAN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 3

Transaction ID: 60317.E859

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

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 13 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 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-
ee

Full Name (Last, First, Middle Initial)

A. Chocola for Congress

Mailing Address P.O. Box 6728

City
South Bend

State
IN

Zip Code
46660-

Purpose of Disbursement

Candidate Name
J CHRISTOPHER CHOCOLA

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: 60317.E858

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hulshof for Congress

Mailing Address P.O. Box 1621

City
Columbia

State
MO

Zip Code
65205-

Purpose of Disbursement

Candidate Name
KENNY CHARLES HULSHOF

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 60317.E855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Norwood for Congress

Mailing Address P.O. Box 499

City
Evans

State
GA

Zip Code
30809-

Purpose of Disbursement

Candidate Name
CHARLES WHITLOW NORWOOD

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: 60317.E856

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

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 14 / 14

<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

Full Name (Last, First, Middle Initial)

A. Sires for Congress

Mailing Address 6050 Boulevard East Apt 6B

City
West New York

State
NJ

Zip Code
07093-

Purpose of Disbursement

Candidate Name
ALBIO SIRES

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District: 13

Transaction ID: 60317.E860

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	6

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

16000.00