

# 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 lines  
American 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** 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 09 01 2006 through 09 30 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 DiFabio

Signature of Treasurer Electronically Filed by Dr. Vincent DiFabio Date 10 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.

**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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		488464.93
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	321602.17									
(c) Total Receipts (from Line 19) .....	23127.75	98570.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	344729.92	587035.44								
7. Total Disbursements (from Line 31) .....	11146.52	253452.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	333583.40	333583.40								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
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	9900.00	34800.00
(i) Itemized (use Schedule A) .....	7275.00	36980.00
(ii) Unitemized .....	17175.00	71780.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	17175.00	71780.00
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 .....	5000.00	19500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	952.75	7290.51
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)) .....	23127.75	98570.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23127.75	98570.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	146.52	3189.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	146.52	3189.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	228500.00
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	263.00
(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	263.00
29. Other Disbursements.....	5000.00	21500.00
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))..	11146.52	253452.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11146.52	253452.04

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	17175.00	71780.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	263.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17175.00	71517.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	146.52	3189.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	146.52	3189.04

**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 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) <b>A.</b> Troy Alton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006	
Mailing Address 7795 Summerfield Dr		<b>Transaction ID:</b> SA11A1.14638	
City State Zip Code Verona WI 53593-9642	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Madison OMS	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Gordon Brady		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 1463 Klondike Road Suite C		<b>Transaction ID:</b> SA11A1.14560	
City State Zip Code Conyers GA 30207	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OMS Associates	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alan S. Cassara		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 2005 Lyell Avenue Suite 210		<b>Transaction ID:</b> SA11A1.14558	
City State Zip Code Rochester NY 14606-2325	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	825.00
<b>TOTAL</b> 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 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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ee

Full Name (Last, First, Middle Initial) <b>A. Mitchell Collins</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 525 Western St Suite 204		<b>Transaction ID: SA11A1.14624</b>	
City State Zip Code Conway AR 72034		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Maxillofacial Surgery Center o Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Brian Dyess</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address 7777 Hennessy Blvd Suite 610		<b>Transaction ID: SA11A1.14565</b>	
City State Zip Code Baton Rouge LA 70808-4300		Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self-Employed Oral & Maxillofacial Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Alan Felsenfeld</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address UCLA Sch. of Dentistry OMS Section 53-076		<b>Transaction ID: SA11A1.14571</b>	
City State Zip Code Los Angeles CA 90095-1668		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Employed Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	825.00
<b>TOTAL</b> 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 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) <b>A.</b> Bennett Frankel		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 55 Stoakley Rd		Transaction ID: SA11A1.14587	
City Prince Frederick	State MD	Zip Code 20678	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Prince Frederick Prof Ctr	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Timothy Gomez		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 6471 N La Cholla Blvd Suite 101		Transaction ID: SA11A1.14613	
City Tucson	State AZ	Zip Code 85741-3141	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Casas Adobes OMS	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph HeideIman		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 9240N Meridian St Suite 300		Transaction ID: SA11A1.14585	
City Indianapolis	State IN	Zip Code 46260	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer IOMSA	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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 9 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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ee

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. J. Hockema		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 3021 East 98th Street Suite 250		<b>Transaction ID:</b> SA11A1.14566	
City Indianapolis      State IN      Zip Code 46280	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Indiana OMS	Occupation Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 168 14th St SW Suite B		<b>Transaction ID:</b> SA11A1.14601	
City Largo      State FL      Zip Code 33770	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David Krigbaum		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 2801 Begonia St		<b>Transaction ID:</b> SA11A1.14630	
City Wausau      State WI      Zip Code 54401	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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 10 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
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ee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Jay Malmquist		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 5415 SW Westgate Dr. Suite L-7		<b>Transaction ID:</b> SA11A1.14610
City State Zip Code Portland OR 97221-2409	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Jeffrey McBride		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 117 South Nappanee Street		<b>Transaction ID:</b> SA11A1.14559
City State Zip Code Elkhart IN 46514	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oral & Maxillofacial Surgeon Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Brent Mortenson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 2533 Larkin Road		<b>Transaction ID:</b> SA11A1.14640
City State Zip Code Lexington KY 40503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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 11 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
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ee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard Mufson

Mailing Address 20480 West Dixie Hwy

City State Zip Code  
North Miami Beach FL 33180

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Oral Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

**Transaction ID:** SA11A1.14563

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Ronald Nellen

Mailing Address 4811 South 76th Street Suite 304

City State Zip Code  
Greenfield WI 53220

FEC ID number of contributing federal political committee. **C**

Name of Employer OMS Consultants of WI Occupation  
OMS Consultants of WI 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  
09 / 25 / 2006

**Transaction ID:** SA11A1.14570

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bruce Nicol

Mailing Address 2533 Larkin Road

City State Zip Code  
Lexington KY 40503

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed Oral Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** SA11A1.14576

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 12 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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) Dr. Mark Omlie		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 250 North Central Avenue Suite 126		<b>Transaction ID:</b> SA11A1.14592
City State Zip Code Wayzata MN 55391	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Occupation Self-Employed Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Pfeffle		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 801 University Blvd Suite D		<b>Transaction ID:</b> SA11A1.14641
City State Zip Code Mobile AL 36609-2949	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Martin, Ziemann & Pfeffle DMDPC Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. David Prindiville		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 945 Main St. Suite 310		<b>Transaction ID:</b> SA11A1.14615
City State Zip Code Manchester CT 06040-6064	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Occupation Self-Employed Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> 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 13 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Larry Pritchard

Mailing Address 7104 New Sanger

City State Zip Code  
Waco TX 76712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OMS Affiliates Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

Transaction ID: SA11A1.14611

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Steven Roholt

Mailing Address 4101 Morris NE

City State Zip Code  
Albuquerque NM 87111-3605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

Transaction ID: SA11A1.14578

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joel Rosenlicht

Mailing Address 483 West Middle Turnpike  
Suite 102

City State Zip Code  
Manchester CT 06040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

Transaction ID: SA11A1.14580

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> 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 14 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Schugel

Mailing Address 3700 West 83rd Street  
Suite 203

City State Zip Code  
Prairie Village KS 66208

FEC ID number of contributing federal political committee. **C**

Name of Employer Oral & Facial Surgery Associates  
Occupation Oral Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

**Transaction ID:** SA11A1.14618

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Stone

Mailing Address 33 Bartlett Street  
Suite 405

City State Zip Code  
Lowell MA 01852

FEC ID number of contributing federal political committee. **C**

Name of Employer Nashua Oral Surgery Associates  
Occupation Oral Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** SA11A1.14598

Amount of Each Receipt this Period  
325.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. R. Lynn White

Mailing Address 7800 N. Mopac Expressway  
Suite 270

City State Zip Code  
Austin TX 78759-8959

FEC ID number of contributing federal political committee. **C**

Name of Employer Austin 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 Y  
09 / 29 / 2006

**Transaction ID:** SA11A1.14619

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1075.00
<b>TOTAL</b> 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 15 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee

A. Full Name (Last, First, Middle Initial) Dr. Michael Whitehouse		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 3020 Maplewood Avenue		Transaction ID: SA11A1.14606
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Salem OMS	Occupation Oral surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Dr. A Wood		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 207 South 32nd Street		Transaction ID: SA11A1.14596
City Camp Hill	State PA	Zip Code 17011
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 325.00	
Name of Employer Self-Employed	Occupation Oral Surgeons	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C. Full Name (Last, First, Middle Initial) Dr. George Yellich		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1663 Dominican Way Suite 112		Transaction ID: SA11A1.14582
City Santa Cruz	State CA	Zip Code 95065
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Santa Cruz OMS	Occupation Oral surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	825.00
<b>TOTAL</b> 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 16 / 22	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Timothy Zuck

Mailing Address 200 East Washington Street

City Appleton	State WI	Zip Code 54911
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OMS Surgical Associates	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	9	/	2	9	/	2	0	0	6

Transaction ID: SA11A1.14645

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9900.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 22
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee

A. Full Name (Last, First, Middle Initial)  
ENSIGN FOR SENATE

Mailing Address PO BOX 26568

City	State	Zip Code
LAS VEGAS	NV	89126

FEC ID number of contributing federal political committee. **C** C00286476

Name of Employer	Occupation

Receipt For: 2006	Aggregate Year-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	5000.00
<input type="checkbox"/> Other (specify) ▼	

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: SA16.14556

Amount of Each Receipt this Period  
5000.00

Refund of Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

# 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 18 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee

Full Name (Last, First, Middle Initial) Northern Trust Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2006	
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.14553	
City State Zip Code Chicago IL 60631	Amount of Each Receipt this Period 42.75		
FEC ID number of contributing federal political committee. <b>C</b>	Bank interest		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 3814.54		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) Northern Trust Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2006	
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.14554	
City State Zip Code Chicago IL 60631	Amount of Each Receipt this Period 530.82		
FEC ID number of contributing federal political committee. <b>C</b>	cd interest		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 4345.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) Scudder Investments Service Company		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006	
Mailing Address P.O. Box 219154		Transaction ID: SA17.14555	
City State Zip Code Kansas City MO 64121-7197	Amount of Each Receipt this Period 379.18		
FEC ID number of contributing federal political committee. <b>C</b>	interest		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2945.15		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>952.75</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>952.75</b>

# 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 19 / 22

<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

Full Name (Last, First, Middle Initial)

**A.** Northern Trust Bank

Mailing Address 8501 W. Higgins Road

City Chicago State IL Zip Code 60631

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.14542

Date of Disbursement

/   /

Amount of Each Disbursement this Period

146.52

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

146.52

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

146.52

**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 20 / 22

<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

Full Name (Last, First, Middle Initial)

**A. FALLIN FOR CONGRESS**

Mailing Address 119 N ROBINSON SUITE 400

City OKLAHOMA CITY State OK Zip Code 73102

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OK District: 5

Transaction ID: SB23.14548

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

**B. FINE FOR CONGRESS**

Mailing Address 3907 ZENITH AVE SOUTH

City MINNEAPOLIS State MN Zip Code 55410

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Transaction ID: SB23.14550

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**C. MARK KENNEDY 06**

Mailing Address PO BOX 49333

City BLAINE State MN Zip Code 55449

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MN District: 00

Transaction ID: SB23.14551

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

3000.00

**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 21 / 22

<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

Full Name (Last, First, Middle Initial)

**A. MARTHA RAINVILLE FOR CONGRESS**

Mailing Address P.O. Box 505

City Williston State VT Zip Code 05495

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Transaction ID: SB23.14549

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

6000.00

**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 22 / 22

<input 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 checked="" 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

Full Name (Last, First, Middle Initial)

**A.** HAWKEYE PAC, THE

Mailing Address PO Box 7255

City State Zip Code  
Des Moines IA 50309

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.14552

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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