05/19/2010 15:22

Image# 10990686936

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Association of Oral and Maxillofacial Surgeons Political Action Committ-9700 West Bryn Mawr Ave. ADDRESS (number and street) Check if different than previously Rosemont 60018 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00005660 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2010 04 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. David Prindiville Type or Print Name of Treasurer Electronically Filed by Dr. David Prindiville 05 19 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/17

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

D D [®]D 0 4 0 1 2010 0 4 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2010° 646637.44 January 1 (b) Cash on Hand at 583976.98 Begining of Reporting Period 11859.98 58391.81 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 595836.96 705029.25 6(a) and 6(c) for Column B) 34945.65 144137.94 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 560891.31 560891.31 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 333.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 17

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

Report Covering the Period:

From:

м м 0 4 ^D 0 1

2010

та.

м м 0 4 ^D 3 0

Y Y Y Y 2 0 1 0

I. Receipts	S	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than lo (a) Individuals/Persons C			
Than Political Commi (i) Itemized (use ScI		7175.00	25675.00
(ii) Unitemized		4600.00	32260.00
(iii) TOTAL (add Lines 11(a)(i) and	(ii)	11775.00	57935.00
(b) Political Party Commi		0.00	0.00
(c) Other Political Comm (such as PACs) (d) Total Contributions (a		0.00	0.00
11(a)(iii),(b) and (c)) (Totals to Line 33, pag		11775.00	57935.00
Transfers From Affiliated/C Party Committees		0.00	0.00
3. All Loans Received		0.00	0.00
 Loan Repayments Receive Offsets To Operating Experience 		0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 6. Refunds of Contributions M		0.00	0.00
to Federal candidates and Political Committees		0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.) .		84.98	456.81
8. Transfers from Non-Feder	al and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		0.00	0.00
(b) Levin Funds (from Sch	edule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 12, 13, 14, 15, 16, 17, and	1 1	11859.98	58391.81
Total Federal Receipts (subtract Line 18(c) from L	ne 19)	11859.98	58391.81

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		l
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	00040.05	20420.04
	Expenditures	22340.65	39132.94
	(c) Total Operating Expenditures	00040.05	00100.01
_	(add 21(a)(i), (a)(ii) and (b))	22340.65	39132.94
۷.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees	0.00	0.00
•	Federal Candidates/Committeesand Other Political Committees	12500.00	104500.00
1	Independent Expenditure	12000.00	104000.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
ô.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	105.00	505.00
	(h) Political Party Committees	0.00	0.00
	(b) Political Party Committees (c) Other Political 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))	105.00	505.00
	(200 2 2 2 (24)) (21) 20 2 (27)		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	3.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34945.65	144137.94
2.	Total Federal Disbursements		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		144137.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 17

	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)	11775.00	57935.00
34.	Total Contribution Refunds (from Line 28(d))	105.00	505.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	11670.00	57430.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	22340.65	39132.94
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	22340.65	39132.94

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X
or for commercial purposes, other than using	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Association of Oral and ee	Maxillofacial Surgeons Political Action Comr	nitt-
Full Name (Last, First, Middle Initial) Michael Allard		Date of Receipt
Mailing Address 18555 N 79th Ave Suite A-103		04 22 4 2010
City <u>Glendale</u>	State Zip Code AZ 85308	Transaction ID: SA11AI.20000 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Arrowhead Oral & Maxillof- acial	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Leonard Allen		Date of Receipt
Mailing Address 1215 Virginia St E P.O. Box 11670		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charleston	State Zip Code WV 25339-1670	Transaction ID: SA11AI.20002
Charleston FEC ID number of contributing federal political committee.	WV 25339-1670	Amount of Each Receipt this Period 375.00
Name of Employer Drs. Black Allen & Krajek- ian I	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) R Brinks Austin		Date of Receipt
Mailing Address 6755 E Superstitio Suite 103	n Springs Blvd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mesa	State Zip Code AZ 85206	Transaction ID: SA11AI.20004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 83200	500.00
Name of Employer Arizona Maxillofacial Sur- geons	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1375.00
TOTAL This Period (last page this line nur		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/17 (check only one)		
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
American Association of Oral and N	Maxillofacial Su	rgeons Political Action Com	mitt-		
Full Name (Last, First, Middle Initial) Mark Baker			Date of Receipt		
Mailing Address 165 N 14th St P.O. Box 6033			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.20006		
Pocatello	ID	83205-6033	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Facial & Oral Surgery	Occupation Oral Surg				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Randall Blazic			Date of Receipt		
Mailing Address 1646 N Litchfield Ro Suite 130	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.20007		
Goodyear	AZ	85338	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Self Employed	Occupation Oral Surg				
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		500.00]		
Full Name (Last, First, Middle Initial) Matthew DeFelice			Date of Receipt		
Mailing Address 10859 E Tierra Dr			04 22 2010		
City	State	Zip Code	Transaction ID: SA11AI.20013		
Scottsdale	AZ	85259-5729	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		375.00		
Name of Employer Desert Ridge Implant & Or- al Su	Occupation Oral Surg				
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	375.00			

SCHEDULE A (FEC Form 3X)

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME O	F COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
ee	an Association of Oral and Maxil	lotaciai Su	rgeons Political Action Com	mitt-
Nasser E				Date of Receipt
Mailing A	ddress 4000 Johson Rd Suite 202			04 22 2010
City	***	State	Zip Code	Transaction ID: SA11AI.20016
Steuber		OH	43952-1013	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		500.00
	Employer bloyed	Occupation Oral Sur		
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Nam	e (Last, First, Middle Initial) Gomez			Date of Receipt
Mailing A	ddress 6471 N La Cholla Blvd Suite 101			04 / 22 / Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.20022
	number of contributing olitical committee.	C	85741-3141	Amount of Each Receipt this Period 500.00
Name of Casas A	Employer dobes OMS	Occupation Oral Surg		
	For: mary ☐ General ner (specify) ♥	Aggregate	Year-to-Date ▼ 500.00	
Full Nam Edward N	e (Last, First, Middle Initial)			Date of Receipt
Mailing A	address 2320 Rose Creek Blvd S	3		04 22 7 2010
City		State	Zip Code	Transaction ID: SA11AI.20023
	number of contributing olitical committee.	C	58104-6876	Amount of Each Receipt this Period 500.00
	Employer rral Surgery	Occupation Oral Surg		
	For: mary General ner (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTA	L of Receipts This Page (optional)			1500.00
	is Period (last page this line number o			

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Association of Oral and Mee			
Full Name (Last, First, Middle Initial) Dr. Jeffrey McBride Mailing Address 117 South Nappanee	e Street		Date of Receipt 0 4 2 2 2 2 1 0 1 0
City <u>Elkhart</u>	State IN	Zip Code 46514	Transaction ID: SA11AI.20025 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼		n laxillofacial Surgeon e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Matthew Pagani Mailing Address 6815 E Thomas Rd			Date of Receipt 0 4 2 2 2 2 1 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.20031
Scottsdale FEC ID number of contributing federal political committee.	C	85251-6826	Amount of Each Receipt this Period 375.00
Name of Employer Self Employed	Occupation Oral Surg	geon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Anthony Pitrowski			Date of Receipt
Mailing Address 911 Taft Street			0 4 2 8 2 0 1 0
City Pismo Beach	State CA	Zip Code 93449-2452	Transaction ID: SA11AI.20035 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Self-Employed	Occupation Oral & M	n Iaxillofacial Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line numb	er 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 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Association of Oral and Mee	laxillofacial Surgeons Political Action Comr	nitt-
Full Name (Last, First, Middle Initial) Dr. Bradley Porter		Date of Receipt
Mailing Address 6808 E Brown Rd	7.0.1	04 22 2010
City Mesa	State Zip Code AZ 85207-3705	Transaction ID: SA11AI.20036 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Arizona Maxillofacial Surgeons Receipt For: Primary General	Occupation Oral Surgeon Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
Nishith Shah Mailing Address 2450 W Ray Rd Suite 1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.20043
Chandler	AZ 85224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Arizona Oral Facial & Imp- lant	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Edward Swain		Date of Receipt
Mailing Address 47 East 77th Street Suite 216		04 / 22 / 2010
City New York	State Zip Code NY 10021-1730	Transaction ID: SA11AI.20047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional	· · · · · · · · · · · · · · · · · · ·	1175.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 11 / 17			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17				
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxil ee	lofacial Su	rgeons Political Action Com	nitt-			
	Full Name (Last, First, Middle Initial) Dr. Wayne Tipps Mailing Address 6015 Shallowford Road City	State	Zip Code	Date of Receipt M M M / D D M 2 8 2 0 1 0 Transaction ID: SA11AI.20050			
	Chattanooga FEC ID number of contributing federal political committee. Name of Employer	TN C	37421	Amount of Each Receipt this Period 500.00			
	Name of Employer Associates in OMS Receipt For: Primary General Other (specify)	Oral Sur					

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	7175.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 17 (check only one) 11a 11b 11c 12 13 14 15 16 17 17		
	Any information copied from such Reports and Si or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) American Association of Oral and Max ee	illofacial Su	rgeons Political Action Com	mitt-		
Α.	Full Name (Last, First, Middle Initial) The Northern Trust Company			Date of Receipt		
	Mailing Address 1501 Woodfield Road			04 08 2010		
	City	State	Zip Code	Transaction ID: SA17.19994		
	Schaumburg	IL	60173	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.70		
	Name of Employer	Occupation	n	CD Interest		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 389.80			
ь В.	Full Name (Last, First, Middle Initial) The Northern Trust Company			Date of Receipt		
	Mailing Address 1501 Woodfield Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA17.19995		
	Schaumburg	IL	60173	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		62.59		
	Name of Employer	Occupation	n	Interest		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 452.39			

SUBTOTAL of Receipts This Page (optional)	<u> </u>	83.29
TOTAL This Period (last page this line number only)	•	83.29

В.

C.

		(FEC Form	Use sepa				E NUMBER: PAGE 13 / 17										
ITEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page	-	X	_	$\prod_{i=1}^{n}$	22 28a	П	23 28b	24 28c		25 29	26 30b			
		d from such Reports poses, other than usir						y person		the pu		se of so	oliciting c		outions		
$\overline{\ }$	NAME OF COMM	IITTEE (In Full)															
<u>/</u>	American Asso ee	ciation of Oral and	d Maxillofa	acial Surg	eons Political	Actio	n	Comm	itt-								
	Full Name (Last, F American Asso	acial Surg	ial Surgeons							Transaction ID: SB21B.20062 Date of Disbursement							
	Mailing Address	9700 W. Bryn N						0 4 M / D 2 D / Y 2 0 1 0 Y									
	City Rosemont			State IL	·					Amount of Each Disbursement this Period							
	Purpose of Disbur						v	-			_			221	78.81		
	1st qtr staff suppo Candidate Name	ort						egory/									
	Office Sought: State:	House Senate President District:	Disburse	ment For: Primary Other (spe	General cify) ▼												
		First, Middle Initial)								T		ID-	CDO1	D 10	2000		
	Paypal Paypal	not, madio mitaly							Transaction ID: SB21B.19998 Date of Disbursement								
Mailing Address 2211 N. First Street									$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
					Zip Code 95131				Amount of Each Disbursement this P						-		
Purpose of Disbursement Paypal collection fee											-			_	70.26		
	Candidate Name							gory/ pe									
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General cify) ▼												
	State:	District:															
	Full Name (Last, First, Middle Initial) Paypal							Date o	of Di	isburse				_			
	Mailing Address	2211 N. First St							0 ^M 4	M	[/] 2	8 /	Ž	0 1 0	Y		
	City State Zip Code San Jose CA 95131									Amou	nt o	f Each	Disburse	-		-	
	Purpose of Disbursement Paypal collection fee										_			_	32.08		
Candidate Name								Category/ Type									
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General												
	State:	District:			· 												
SI	UBTOTAL of Disb	ursements This Page	(optional)					<u> </u>						222	81.15		

TOTAL This Period (last page this line number only)

Image# 10990686949

State:

A.

District:

_		/EEO E	^														
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS				Use separate schedule(s)			FOR LINE NUI			-			PA	GE	14 / 1	7	
				for each category of the Detailed Summary Page		X	21b 27	Ĺ	22 28a	$\mathbf{\square}$	23 28b		24 28c	П	25 29		26 30b
	y Information copied for commercial purpo			•		, ,							_				
$\overline{\ }$	NAME OF COMMIT	ΓΤΕΕ (In Full)															
\rangle	American Associ ee	ation of Oral ar	nd Maxillofacia	al Surge	eons Political	Action	Com	mitt-									
	Full Name (Last, Fir	st, Middle Initial)							Trans	sactio	on ID	: S	B21B	3.199	997		
The Northern Trust Company Mailing Address 1501 Woodfield Road									Date of Disbursement								
									0 ^M 4	M /	D (0 5 0	/ Y	ž	0 ť 0	Υ	
	City Schaumburg		Sta IL	te	Zip Code 60173				Amou	unt of	Each	n Disl	burser	-			d
	Purpose of Disburse Bank Fees	ement					•		L.	-				5	9.50	-	
	Candidate Name					Cateo Typ	•										
	Office Sought:	House	Disburseme	nt For:													
		Senate	Pr	rimary	General												
		President	I O	thar (ena	cify)												

SUBTOTAL of Disbursements This Page (optional)	>	59.50
TOTAL This Period (last page this line number only)	—	22340.65

SCHEDULE B (FEC Form 3X)

TEMPER PLOPURE TO THE SA	Use separate schedule(s)	(check only	= NUMBER: PAGE 15/1/ ly one)						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29						
Any Information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)									
American Association of Oral and Maxille	ofacial Surgeons Political	Action Commi	tt-						
Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS			Transaction ID: SB23.20056 Date of Disbursement						
Mailing Address P. O. Box 17813			04 08 2010						
City Richmond	State Zip Code VA 23226		Amount of Each Disbursement this Perio						
Purpose of Disbursement Federal Campaign Contribution			2500.00						
Candidate Name		Category/ Type							
Senate President	sement For: 2010 Primary X General Other (specify) ▼								
State: VA District: 07 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.20060						
CANTOR FOR CONGRESS			Date of Disbursement						
Mailing Address P. O. Box 17813			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$						
City Richmond	State Zip Code VA 23226		Amount of Each Disbursement this Perio						
Purpose of Disbursement Federal Campaign Contribution			2500.00						
Candidate Name		Category/ Type							
Senate President	sement For: 2010 Primary X General Other (specify)								
State: VA District: 07 Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS			Transaction ID: SB23.20061 Date of Disbursement						
Mailing Address 9249 South Broadway #200-501			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D & M \end{smallmatrix} \end{bmatrix}$						
City Highlands Ranch	State Zip Code CO 80129		Amount of Each Disbursement this Perio						
Purpose of Disbursement Federal Campaign Contribution			1000.00						
Candidate Name		Category/ Type							
9 1	sement For: 2010 X Primary General Other (specify)								
			2000.00						
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	6000.00						

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s) FOR LINE (check only	NUMBER: PAGE 16/17			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29			
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)						
American Association of Oral and Maxill ee	ofacial Surgeons Political	Action Commi	tt-			
Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS IN	С.		Transaction ID: SB23.20057 Date of Disbursement			
Mailing Address P.O. Box 61337		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 0 & 0 & 8 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 & Y \end{bmatrix}$				
City Denver	State Zip Code CO 80206		Amount of Each Disbursement this Perio			
Purpose of Disbursement Federal Campaign Contribution		•	3500.00			
Candidate Name		Category/ Type				
Senate President	rsement For: 2010 X Primary General Other (specify) ▼	1 21				
State: CO District: 01						
Full Name (Last, First, Middle Initial) Lee Hawkins for Congress	Full Name (Last, First, Middle Initial) Lee Hawkins for Congress					
Mailing Address 4710 Jim Hood Road		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 8 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & 1 & O \end{smallmatrix} \end{bmatrix} $				
City Gainesville	State Zip Code GA 30506		Amount of Each Disbursement this Perio			
Purpose of Disbursement Federal Campaign Contribution			1000.00			
Candidate Name		Category/ Type				
Office Sought: X House Senate President State: GA District: 09	rsement For: 2010 X Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS			Transaction ID: SB23.20059 Date of Disbursement			
Mailing Address 10537 St. Paul Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$			
City Kensington	State Zip Code MD 20895		Amount of Each Disbursement this Period			
Purpose of Disbursement Federal Campaign Contribution			2000.00			
Candidate Name		Category/ Type				
Office Sought: X House Senate President Disbu	rsement For: 2010 X Primary General Other (specify)					
State: MD District: 08	<u> </u>					
SUBTOTAL of Disbursements This Page (optional	(l		6500.00			
	,	<u> </u>	12500.00			

SCHEDULE D (FEC Form 3X) TIONS

(Use separate schedule(s) for each numbered line)

PAGE 17 / 17 FOR LINE NUMBER: X 9 (check only one)

10

DEBTS AN	
Excluding	Loans

NAME OF COMMITTEE (In Full)

Ai ee

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

American Association ee	of Oral and Maxillofa	acial Surgeons Political Action Commi	tt-				
A. Full Name (Last, F Illinois Department	First, Middle Initial) of Deb of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 20- 08 carryover 09					
Mailing Address PO	Box 19008						
City Springfield	State IL	ZIP Code 62794-9008					
Outstanding Balanc	e Beginning This Period		Transaction ID: SD9.18338				
	326.00						
Amount Incu	urred This Period	Payment This Period	Outstanding Balance at Close of This Period				
	0.00	0.00	326.00				
B. Full Name (Last, F Illinois Department	irst, Middle Initial) of Deb of Revenue	otor or Creditor	Nature of Debt (Purpose): State Tax Overpymt for 20- 09 carryover 2010				
Mailing Address PO	Box 19008						
City Springfield	State IL	ZIP Code 62794-9008					
Outstanding Balanc	e Beginning This Period		Transaction ID: SD9.19670				
	7.00						
Amount Incu	ırred This Period	Payment This Period	Outstanding Balance at Close of This Period				
	0.00	0.00	7.00				
I) SUBTOTALS This F	Period This Page (optiona	J)	333.00				
?) TOTALS This Period	(last page this line numb	er only)	▶ 333.00				

0.00

333.00