

**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

04

01

2010

through

04

30

2010

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. David Prindiville

Signature of Treasurer

Electronically Filed by Dr. David Prindiville

Date

05

19

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 17

Write or Type Committee Name

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

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 4D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		646637.44
(b) Cash on Hand at Beginning of Reporting Period	583976.98	
(c) Total Receipts (from Line 19)	11859.98	58391.81
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	595836.96	705029.25
7. Total Disbursements (from Line 31)	34945.65	144137.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	560891.31	560891.31
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	333.00	
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 20463Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	1	0

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)	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 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) ➤	11775.00	57935.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	84.98	456.81
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))	11859.98	58391.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11859.98	58391.81

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	22340.65	39132.94	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	22340.65	39132.94	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	104500.00	
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	105.00	505.00	
(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))	105.00	505.00	
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))..	34945.65	144137.94	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34945.65	144137.94	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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

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

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

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Michael Allard

Mailing Address 18555 N 79th Ave
Suite A-103

City State Zip Code
Glendale AZ 85308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arrowhead Oral & Maxillof-
acial

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 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.20000

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Leonard Allen

Mailing Address 1215 Virginia St E
P.O. Box 11670

City State Zip Code
Charleston WV 25339-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Black Allen & Krajek-
ian I

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.20002

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

R Brinks Austin

Mailing Address 6755 E Superstition Springs Blvd
Suite 103

City State Zip Code
Mesa AZ 85206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Maxillofacial Sur-
geons

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 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.20004

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Mark Baker

Mailing Address 165 N 14th St
P.O. Box 6033

City State Zip Code
Pocatello ID 83205-6033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Facial & Oral Surgery

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 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.20006

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Randall Blazic

Mailing Address 1646 N Litchfield Rd
Suite 130

City State Zip Code
Goodyear AZ 85338

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 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.20007

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Matthew DeFelice

Mailing Address 10859 E Tierra Dr

City State Zip Code
Scottsdale AZ 85259-5729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Ridge Implant & Or-
al Su

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.20013

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Nasser Emami

Mailing Address 4000 Johson Rd
Suite 202

City State Zip Code
Steubenville OH 43952-1013

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 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.20016

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Timothy Gomez

Mailing Address 6471 N La Cholla Blvd
Suite 101

City State Zip Code
Tucson AZ 85741-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casas Adobes OMS

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 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.20022

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Edward May

Mailing Address 2320 Rose Creek Blvd S

City State Zip Code
Fargo ND 58104-6876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prairie Oral Surgery

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 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.20023

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 9 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey McBride

Mailing Address 117 South Nappanee Street

City

Elkhart

State

IN

Zip Code

46514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20025

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Matthew Pagani

Mailing Address 6815 E Thomas Rd

City

Scottsdale

State

AZ

Zip Code

85251-6826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.20031

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Dr. Anthony Pitrowski

Mailing Address 911 Taft Street

City

Pismo Beach

State

CA

Zip Code

93449-2452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.20035

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Dr. Bradley Porter

Mailing Address 6808 E Brown Rd

City

Mesa

State

AZ

Zip Code

85207-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Maxillofacial Sur-
geons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Oral Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20036

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Nishith Shah

Mailing Address 2450 W Ray Rd
Suite 1

City

Chandler

State

AZ

Zip Code

85224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Oral Facial & Imp-
lant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Oral Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20043

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edward Swain

Mailing Address 47 East 77th Street
Suite 216

City

New York

State

NY

Zip Code

10021-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Oral Surgeon

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.20047

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Dr. Wayne Tipps

Mailing Address 6015 Shallowford Road

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.20050

Amount of Each Receipt this Period

500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

389.80

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA17.19994

Amount of Each Receipt this Period

20.70

CD Interest

B.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City

Schaumburg

State

IL

Zip Code

60173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

452.39

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA17.19995

Amount of Each Receipt this Period

62.59

Interest

SUBTOTAL of Receipts This Page (optional)

83.29

TOTAL This Period (last page this line number only)

83.29

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 / 17

<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

A.

Full Name (Last, First, Middle Initial)

American Association of Oral and Maxillofacial Surgeons

Mailing Address 9700 W. Bryn Mawr

City
Rosemont

State
IL

Zip Code
60018

Purpose of Disbursement
1st qtr staff support

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.20062

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22178.81

B.

Full Name (Last, First, Middle Initial)

Paypal

Mailing Address 2211 N. First Street

City
San Jose

State
CA

Zip Code
95131

Purpose of Disbursement
Paypal collection fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.19998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.26

C.

Full Name (Last, First, Middle Initial)

Paypal

Mailing Address 2211 N. First Street

City
San Jose

State
CA

Zip Code
95131

Purpose of Disbursement
Paypal collection fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.19999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.08

SUBTOTAL of Disbursements This Page (optional)

22281.15

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 / 17

<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

A.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 1501 Woodfield Road

City State Zip Code
Schaumburg IL 60173

Purpose of Disbursement

Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.19997

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Amount of Each Disbursement this Period

59.50

SUBTOTAL of Disbursements This Page (optional)

59.50

TOTAL This Period (last page this line number only)

22340.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City
RichmondState
VAZip Code
23226Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: SB23.20056

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City
RichmondState
VAZip Code
23226Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: SB23.20060

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

COFFMAN FOR CONGRESS

Mailing Address 9249 South Broadway
#200-501City
Highlands RanchState
COZip Code
80129Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 06

Transaction ID: SB23.20061

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

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 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
DIANA DEGETTE FOR CONGRESS INC.

Mailing Address P.O. Box 61337

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
State: CO District: 01
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

B. Full Name (Last, First, Middle Initial)
Lee Hawkins for Congress

Mailing Address 4710 Jim Hood Road

City State Zip Code
Gainesville GA 30506

Purpose of Disbursement
Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 09
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20058

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul Street

City State Zip Code
Kensington MD 20895

Purpose of Disbursement
Federal Campaign Contribution
Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 08
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.20059

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

12500.00

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

PAGE 17 / 17

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Illinois Department of Revenue

 Nature of Debt (Purpose):
State Tax Overpymt for 20-
08 carryover 09

Mailing Address PO Box 19008

City	State	ZIP Code
Springfield	IL	62794-9008

Outstanding Balance Beginning This Period

326.00

Transaction ID: SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

326.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Illinois Department of Revenue

 Nature of Debt (Purpose):
State Tax Overpymt for 20-
09 carryover 2010

Mailing Address PO Box 19008

City	State	ZIP Code
Springfield	IL	62794-9008

Outstanding Balance Beginning This Period

7.00

Transaction ID: SD9.19670

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.00

1) **SUBTOTALS** This Period This Page (optional).....

333.00

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

333.00

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

0.00

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

333.00