

# 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 (12S)  
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 07 01 2010 through 07 31 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 08 18 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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		646637.44
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	550434.44									
(c) Total Receipts (from Line 19) .....	5300.12	78451.13								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	555734.56	725088.57								
7. Total Disbursements (from Line 31) .....	69792.18	239146.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	485942.38	485942.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	333.00									
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:    To:

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) .....	2375.00	36300.00
(ii) Unitemized .....	2850.00	37460.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5225.00	73760.00
(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) .....	5225.00	73760.00
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	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	75.12	691.13
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)) .....	5300.12	78451.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5300.12	78451.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	32292.18	71641.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32292.18	71641.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37500.00	167000.00
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	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)) .....	0.00	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))..	69792.18	239146.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69792.18	239146.19

**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) .....	5225.00	73760.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	505.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5225.00	73255.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32292.18	71641.19
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32292.18	71641.19

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<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. Robert Guyette		Date of Receipt
	Mailing Address 9741 North 90th Place Suite 100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2010
	City	State	Zip Code
	Scottsdale	AZ	85248
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20141
Name of Employer Guyette Facial & Oral Surgery Center		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) David Krigbaum		Date of Receipt
	Mailing Address 2801 Begonia St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2010
	City	State	Zip Code
	Wausau	WI	54401
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20149
Name of Employer Self Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 375.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Larry Lenth		Date of Receipt
	Mailing Address 3640 Canterbury Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2010
	City	State	Zip Code
	Waterloo	IA	50702
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20135
Name of Employer Self-Employed		Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 375.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 18
	<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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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. Roderick Lewin	Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2010
	Mailing Address 100 Gibson Road	<b>Transaction ID:</b> SA11AI.20133
	City State Zip Code Ashburnham MA 01430	Amount of Each Receipt this Period 375.00
	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 ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bradford Porter	Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2010
	Mailing Address West Jersey Medical Plaza 94 Brick Rd Suite 100	<b>Transaction ID:</b> SA11AI.20140
	City State Zip Code Marlton NJ 08053	Amount of Each Receipt this Period 375.00
	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 ▼ 375.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Torchia	Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2010
	Mailing Address 6593 Riverdale St	<b>Transaction ID:</b> SA11AI.20146
	City State Zip Code San Diego CA 92120-2327	Amount of Each Receipt this Period 375.00
	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 ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2375.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 18</span>
	(check only one)
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) The Northern Trust Company		Date of Receipt
	Mailing Address 1501 Woodfield Road		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Schaumburg	IL	60173
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: SA17.20130
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.03"/>
		<input type="text" value="629.93"/>	CD Interest

<b>B.</b>	Full Name (Last, First, Middle Initial) The Northern Trust Company		Date of Receipt
	Mailing Address 1501 Woodfield Road		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Schaumburg	IL	60173
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: SA17.20131
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="54.18"/>
		<input type="text" value="684.11"/>	Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="74.21"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="74.21"/>



**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)

<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	Transaction ID: SB21B.20180 Date of Disbursement
	Mailing Address 9700 W. Bryn Mawr	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Rosemont State IL Zip Code 60018	Amount of Each Disbursement this Period
	Purpose of Disbursement 2nd Quarter Staff Support	<input type="text" value="26434.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kelmescott Communications	Transaction ID: SB21B.20184 Date of Disbursement
	Mailing Address 1665 Mallette Road	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Aurora State IL Zip Code 60505	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing of newsletter	<input type="text" value="5258.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Linda Napiwocki	Transaction ID: SB21B.20185 Date of Disbursement
	Mailing Address 7532 West Old Sauk Road	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Verona State WI Zip Code 53593	Amount of Each Disbursement this Period
	Purpose of Disbursement Design of newsletter	<input type="text" value="550.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="32243.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 10 / 18

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paypal Mailing Address 2211 N. First Street City San Jose State CA Zip Code 95131 Purpose of Disbursement Paypal collection fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20163 Date of Disbursement 07 / 26 / 2010
	Amount of Each Disbursement this Period 9.30
<b>B.</b> Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 1501 Woodfield Road City Schaumburg State IL Zip Code 60173 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20162 Date of Disbursement 07 / 06 / 2010
	Amount of Each Disbursement this Period 39.15

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

48.45

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

32292.18

**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)

<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) <b>ALLYSON SCHWARTZ FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.20181
	Mailing Address P.O. Box 2232	Date of Disbursement 07 / 20 / 2010
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Federal Campaign Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 13	
B.	Full Name (Last, First, Middle Initial) <b>ANNA ESHOO FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.20176
	Mailing Address 555 Capitol Mall, Suite 1425	Date of Disbursement 07 / 06 / 2010
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Federal Campaign Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 14	
C.	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR ALTMIRE</b>	<b>Transaction ID:</b> SB23.20187
	Mailing Address P.O. Box 1776	Date of Disbursement 07 / 22 / 2010
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Federal Campaign Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 04	

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

5500.00

**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 12 / 18

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) DREIER FOR CONGRESS COMMITTEE			<b>Transaction ID:</b> SB23.20188																						
	Mailing Address P.O. BOX 505			Date of Disbursement																						
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	7		2	2		2	0	1	0																
City UPLAND		State CA	Zip Code 91785		Amount of Each Disbursement this Period																					
Purpose of Disbursement Federal Campaign Contribution		Candidate Name		<table border="1"> <tr> <td colspan="2">2000.00</td> </tr> </table>		2000.00																				
2000.00																										
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type																						
State: CA District: 26																										
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN			<b>Transaction ID:</b> SB23.20189																						
	Mailing Address P.O. Box 44369 250 Prairie Center Drive			Date of Disbursement																						
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	7		2	2		2	0	1	0																
City Eden Prairie		State MN	Zip Code 55344		Amount of Each Disbursement this Period																					
Purpose of Disbursement Federal Campaign Contribution		Candidate Name		<table border="1"> <tr> <td colspan="2">2000.00</td> </tr> </table>		2000.00																				
2000.00																										
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type																						
State: MN District: 03																										
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER			<b>Transaction ID:</b> SB23.20175																						
	Mailing Address 509 MADISON AVE SUITE 1902			Date of Disbursement																						
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	7		0	1		2	0	1	0																
City NEW YORK		State NY	Zip Code 10022		Amount of Each Disbursement this Period																					
Purpose of Disbursement Federal Campaign Contribution		Candidate Name		<table border="1"> <tr> <td colspan="2">2000.00</td> </tr> </table>		2000.00																				
2000.00																										
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type																						
State: NY District: 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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>GARY MILLER FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.20183 Date of Disbursement 07 / 20 / 2010	
	Mailing Address 721 S. Brea Canyon Road, Suite 7		
	City Diamond Bar State CA Zip Code 91789	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Federal Campaign Contribution		
	Candidate Name	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 42		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>HUNT B DOWNER CAMPAIGN</b>	<b>Transaction ID:</b> SB23.20177 Date of Disbursement 07 / 06 / 2010	
	Mailing Address 7839 MAIN STREET PO BOX 6042		
	City HOUMA State LA Zip Code 70361	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Federal Campaign Contribution		
	Candidate Name	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: LA District: 03		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MARTIN HEINRICH FOR CONGRESS, INC.</b>	<b>Transaction ID:</b> SB23.20190 Date of Disbursement 07 / 22 / 2010	
	Mailing Address 2118 CENTRAL AVENUE SE #71		
	City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Federal Campaign Contribution		
	Candidate Name	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NM District: 01		

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

3000.00

**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)

<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)  
MARY BONO MACK COMMITTEE

Mailing Address PO Box 3370

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Transaction ID: SB23.20191

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
MATHESON FOR CONGRESS

Mailing Address P O Box 521048  
Suite A

City State Zip Code  
Salt Lake City UT 84152

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

Transaction ID: SB23.20198

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
MIKE HONDA FOR CONGRESS

Mailing Address P.O. Box 8180

City State Zip Code  
San Jose CA 95155

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Transaction ID: SB23.20192

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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)

<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)  
PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Federal Campaign Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: NJ District: 06

Transaction ID: SB23.20195  
Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)  
PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement  
Federal Campaign Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: OH District: 00

Transaction ID: SB23.20186  
Date of Disbursement

07 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)  
RE-ELECT MCGOVERN COMMITTEE

Mailing Address PO Box 60405  
PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement  
Federal Campaign Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: MA District: 03

Transaction ID: SB23.20196  
Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

2000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.20182

Date of Disbursement

07 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
ROB ANDREWS U.S. HOUSE COMMITTEE

Mailing Address 215 FOURTH AVENUE

City HADDON HEIGHTS State NJ Zip Code 07076

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NJ District: 01

Transaction ID: SB23.20194

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
ROB WITTMAN FOR CONGRESS

Mailing Address P.O. BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 01

Transaction ID: SB23.20193

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

1500.00

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

4500.00

**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 17 / 18

<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)  
TIM SCOTT FOR CONGRESS

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Federal Campaign Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.20179  
Date of Disbursement

07 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661  
PO BOX 5458

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement  
Federal Campaign Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 19

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.20197  
Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)  
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
Federal Campaign Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KY District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.20178  
Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

37500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 / 18	
	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 Committee

<b>A.</b> 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 Springfield State IL ZIP Code 62794-9008	

Outstanding Balance Beginning This Period 326.00	<b>Transaction ID: SD9.18338</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 326.00

<b>B.</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 Springfield State IL ZIP Code 62794-9008	

Outstanding Balance Beginning This Period 7.00	<b>Transaction ID: SD9.19670</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>333.00</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	<b>333.00</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>0.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<b>333.00</b>