08/18/2010 11:46

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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 (12S) 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 07 0 1 2010 07 3 1 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 08 18 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

2/18

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

D D " D 3 1 07 0 1 2010 07 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 550434.44 Begining of Reporting Period 5300.12 78451.13 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 555734.56 725088.57 6(a) and 6(c) for Column B) 69792.18 239146.19 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 485942.38 485942.38 (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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 18

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committee

Report Covering the Period:

From:

м м 0 7 D D D

2010

та.

м м 0 7 ^D 31

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5225.00	73760.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	4000.00
	Other Federal Receipts Dividends, Interest, etc.)	75.12	691.13
	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
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	5300.12	78451.13
	otal Federal Receipts subtract Line 18(c) from Line 19)	5300.12	78451.13

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) 01 DIS

of Disbursements

4 / 18

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		I
	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		
	Expenditures	32292.18	71641.19
	(c) Total Operating Expenditures	22222.42	7101110
	(add 21(a)(i), (a)(ii) and (b))	32292.18	71641.19
2.	Transfers to Affiliated/Other Party	0.00	0.00
3	Committees	0.00	0.00
٥.	Federal Candidates/Committeesand Other Political Committees	37500.00	167000.00
1		37300.00	167000.00
+.	Independent Expenditure (use Schedule E)	0.00	0.00
<u>5</u> .	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use conedule i)		
3.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
3.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	505.00
	That I onload committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	505.00
	(add Lines 28(a), (b), and (c))	0.00	505.00
9.	Other Disbursements	0.00	0.00
^	Fordered Floriday Author (OLLO OL 404 (00))		
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	69792.18	239146.19
_			
2.	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) 5 / 18

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

FE6AN026

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	American Association of Oral and Ma	xillofacial Su	urgeons Political Action Com	mitt-
۹.	Full Name (Last, First, Middle Initial) Dr. Robert Guyette Mailing Address 9741 North 90th Place			Date of Receipt
	Suite 100			07 30 2010
	City	State AZ	Zip Code	Transaction ID: SA11AI.20141
	Scottsdale FEC ID number of contributing federal political committee.	C	85248	Amount of Each Receipt this Period 500.00
	Name of Employer Guyette Facial & Oral Sur- gery Center	Occupation Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— 3.	Full Name (Last, First, Middle Initial) David Krigbaum	1		Date of Receipt
	Mailing Address 2801 Begonia St			07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.20149
	Wausau	WI	54401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Self Employed	Occupation Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
—).	Full Name (Last, First, Middle Initial) Dr. Larry Lenth			Date of Receipt
	Mailing Address 3640 Canterbury Cour	rt		M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11AI.20135
	Waterloo FEC ID number of contributing federal political committee.	C	50702	Amount of Each Receipt this Period 375.00
	Name of Employer Self-Employed	Occupation Oral Sur		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 375.00	
s	UBTOTAL of Receipts This Page (optional)	1		1250.00
	OTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each category of the Detailed Summary Page State	(check only one) X 11a 11b 11c 12	
An	NAME OF COMMITTEE (In Full)			
	American Association of Oral and Maxee	killofacial Su	rgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) Dr. Roderick Lewin			Date of Receipt
	Mailing Address 100 Gibson Road			
	City Ashburnham		·	
	FEC ID number of contributing federal political committee.		01430	
	Name of Employer Self-Employed			
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.00	
— В.	Full Name (Last, First, Middle Initial) Bradford Porter			Date of Receipt
	Mailing Address West Jersey Medical F 94 Brick Rd Suite 100	Plaza		
	City Marlton		•	
	FEC ID number of contributing federal political committee.		00000	
	Name of Employer Self Employed			
	Receipt For: Primary General Other (specify) ▼	Aggregate	1 1 1 1 1 1 1	
 C.	Full Name (Last, First, Middle Initial) Richard Torchia			Date of Receipt
	Mailing Address 6593 Riverdale St			
	City San Diego		•	Transaction ID: SA11AI.20146
	FEC ID number of contributing federal political committee.			
	Name of Employer Self Employed	Occupation Oral Sur		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 375.00	
SI	JBTOTAL of Receipts This Page (optional)	1		1125.00
	OTAL This Period (last page this line number		·	2375.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		fo D	lse separate schedule(s) or each category of the letailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and ado	not dress	be sold or used by any person 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 Maxil ee	llofacial Su	rged	ons Political Action Comn	nitt-
Α.	Full Name (Last, First, Middle Initial) The Northern Trust Company				Date of Receipt
	Mailing Address 1501 Woodfield Road				07 08 2010
	City	State		Zip Code	Transaction ID: SA17.20130
	Schaumburg	IL		60173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			20.03
	Name of Employer	Occupation	า		CD Interest
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 629.93	
В.	Full Name (Last, First, Middle Initial) The Northern Trust Company				Date of Receipt
	Mailing Address 1501 Woodfield Road				0 7 3 1 2 0 1 0
	City	State		Zip Code	Transaction ID: SA17.20131
	Schaumburg	IL		60173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			54.18
	Name of Employer	Occupation	า		Interest
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 684.11	

		74.04
SUBTOTAL of Receipts This Page (optional)	•	74.21
TOTAL This Period (last page this line number only)		74.21

В.

C.

age# 10991007997			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 21b 27	NUMBER: PAGE 9 / 18 / r one) 22
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		by any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Association of Oral and Maxillotee	acial Surgeons Political A	Action Commit	tt-
Full Name (Last, First, Middle Initial) American Association of Oral and Maxillo	acial Surgeons		Transaction ID: SB21B.20180 Date of Disbursement
Mailing Address 9700 W. Bryn Mawr			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
City Rosemont	State Zip Code IL 60018		Amount of Each Disbursement this Period
Senate President	ement For: Primary General Other (specify)	Category/ Type	26434.85
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.20184
Kelmscott Communications			Date of Disbursement
Mailing Address 1665 Mallette Road			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Aurora	State Zip Code IL 60505		Amount of Each Disbursement this Period
Purpose of Disbursement Printing of newsletter			5258.88
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.20185
Linda Napiwocki			Date of Disbursement
Mailing Address 7532 West Old Sauk Ro	ad		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
City Verona	State Zip Code WI 53593		Amount of Each Disbursement this Period
Purpose of Disbursement Design of newsletter			550.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	75-2	
State: District:	, , , , , , , , , , , , , , , , , , ,		
SUBTOTAL of Disbursements This Page (optional)			32243.73

TOTAL This Period (last page this line number only)

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 10/18 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofacial Surgeons Political Action Committ-Full Name (Last, First, Middle Initial) Transaction ID: SB21B.20163 Paypal Date of Disbursement 26 o[™] 7 2010 Mailing Address 2211 N. First Street City State Zip Code Amount of Each Disbursement this Period San Jose CA 95131 9.30 Purpose of Disbursement Paypal collection fee Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.20162 The Northern Trust Company Date of Disbursement o^M7 0 6 2010 Mailing Address 1501 Woodfield Road City State Zip Code Amount of Each Disbursement this Period Schaumburg IL 60173 39.15 Purpose of Disbursement Bank Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	48.45
TOTAL This Period (last page this line number only)	•	32292.18

Other (specify)

State:

	O (FEC FOIIII .	•		arate schedule(s)			R LINE leck only		R:			PAGE	11/1	8
TEMIZED DIS	SBURSEMEN	TS		category of the Summary Page			21b 27	22 28a	X	23 28b	24 28		25 29	2 3
or for commercial put NAME OF COMI	ed from such Reports rposes, other than usin MITTEE (In Full) ociation of Oral and	ng the name	and addres	ss of any political	com	nmitt	person fo	or the pu		e of so	oliciting	contri	ibutions	
/ ee Full Name (Last,	First, Middle Initial) HWARTZ FOR CO P.O. Box 2232							Trans		sburse	SB2 ement		181 Ž 0 1 0	Y
City Jenkintown Purpose of Disbu Federal Campaig			State PA	Zip Code 19046		·		Amou	int of	Each	Disbur		nt this P	-
Candidate Name Office Sought:	X House Senate President District: 13	Disburse	ment For: Primary Other (spe	2010 X General ecify)		ateg Typ	-							
Full Name (Last,	First, Middle Initial) FOR CONGRESS 555 Capitol Mal		125					Date		sburse	SB2 ement		176 Ž 0 1 0	Y
City Sacramento Purpose of Disbu Federal Campaig Candidate Name Office Sought:	n Contribution		State CA ment For:	Zip Code 95814		ateg Typ	-	Amou	int of	f Each	Disbur		nt this P	-
State: CA Full Name (Last, CITIZENS FOI	Senate President District: 14 First, Middle Initial) R ALTMIRE P.O. Box 1776		Primary Other (spe	X General ecify) ▼					of Di	on ID:			187 Ž 0 Ť 0	Y
City Freedom Purpose of Disbu Federal Campaig Candidate Name			State PA	Zip Code 15042		ateg Typ		Amou	int of	Each	Disbur		nt this P	-
Office Sought:	X House Senate President District: 04	Disburse	ment For: Primary Other (spe	2010 X General ecify)		. ,,,	-							
CURTOTAL of Dick	oursements This Page	(optional)					•	_				55	00.00	

	EDULE E	3 (FEC Form	3X)	Jse sepa	rate schedule(s)			E NUMBER: PAGE 12/18
ITEM	IIZED DIS	SBURSEMEN	TS f	or each d	category of the Summary Page		check on 21b	ily one) 22 X 23 24 25
							27	28a 28b 28c 29
								for the purpose of soliciting contributions olicit contributions from such committee
	<u>`</u>	MITTEE (In Full)						
Ame	erican Asso	ociation of Oral and	d Maxillofacia	al Surge	eons Political	Actior	n Comm	itt-
		First, Middle Initial) CONGRESS COM	IMITTEE					Transaction ID: SB23.20188 Date of Disbursement
Maili	ling Address	P.O. BOX 505						$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} D & 2 & D \\ 2 & 2 & D \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	LAND		Stat CA		Zip Code 91785			Amount of Each Disbursement this Period
Fede		rsement n Contribution						2000.00
	ndidate Name		1				egory/ ype	
Offic	ce Sought:	X House Senate President		nt For: imary her (spe	2010 X General			
State	te: CA	District: 26		nei (spe	City) 🔻			
	•	First, Middle Initial) ERIK PAULSEN	•					Transaction ID: SB23.20189 Date of Disbursement
Maili	ling Address	P.O. Box 44369 250 Prairie Cen						$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 2 & D \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City Ede	, en Prairie		Stat MN		Zip Code 55344			Amount of Each Disbursement this Period
	pose of Disbu leral Campaig	rsement n Contribution						2000.00
Can	ndidate Name						egory/ ype	
Offic	ce Sought:	X House Senate President		nt For: imary her (spe	2010 X General			
	te: MN	District: 03						
	Name (Last, IENDS OF S	First, Middle Initial) SCHUMER						Transaction ID: SB23.20175 Date of Disbursement
Maili	ling Address	509 MADISON	AVE SUITE	1902				077 7 01 7 2010
City NEV	, W YORK		Stat NY		Zip Code 10022			Amount of Each Disbursement this Period
Fede		rsement n Contribution						2000.00
Can	ndidate Name						egory/ ype	
	C	House	Disburseme	nt For: imary	2010 General			
	ce Sought:	X Senate President		her (spe	cify)			
Offic	te: NY	111		•	cify)			
Office	te: NY	President	Ot	her (spe				6000.00

SCHEDULE B (FEC Form 3X)

		Use separate schedule(s)		neck onl	NUMBE y one)			L	17101	= 13/	10
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	\Box	23 28b	2 2	4 8c	25 29	
	y Information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Max	name and address of any politic	al com	nmitt	ee to so	licit conti						5
<u>V</u>	Full Name (Last, First, Middle Initial) GARY MILLER FOR CONGRESS Mailing Address 721 S. Brea Canyon	Road, Suite 7				Trans Date	of Dis		ement	23.20	183 Ž 0 Ť () ^Y
	City Diamond Bar	State Zip Code CA 91789				Amou	ınt of	Each	Disbu	-	nt this I	-
	Purpose of Disbursement Federal Campaign Contribution Candidate Name			ateg	on/					1	000.00)
		oursement For: 2010 Primary X Genera Other (specify)		Тур								
	Full Name (Last, First, Middle Initial) HUNT B DOWNER CAMPAIGN					Date M_	of Dis	burse	ement	23.20	177 2 0 1 (Y
	Mailing Address 7839 MAIN STREET PO BOX 6042					0 7			6			
	City HOUMA	State Zip Code LA 70361				Amou	int of	Each	Disbu		nt this I	
	Purpose of Disbursement Federal Campaign Contribution									1	00.00)
	Candidate Name			ateg Typ	-							
	Office Sought: X House Senate President State: LA District: 03	oursement For: 2010 X Primary Genera Other (specify) ▼										
	Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS	, INC.				Date		burse	ement	23.20		V
	Mailing Address 2118 CENTRAL AVE #71	NUE SE				0 7	,	^D 2	2 ′		ž 0 i ()
	City Albuquerque	State Zip Code NM 87106				Amou	int of	Each	Disbu		nt this I	-
	Purpose of Disbursement Federal Campaign Contribution Candidate Name		C	ateg	orv/	L.				1	00.00	J
		oursement For: 2010		Тур								
	Senate President State: NM District: 01	Primary X Genera Other (specify) ▼										
_												

S	CHEDULE B (FEC Form 3X)	Use separa	ate schedule(s)				NUMB	ER:	F	PAGE	14 / 18	3
IT	EMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page		$\dot{\Box}$	21b	y one) 22	X 23			25 [26
_					<u> —</u>	27	28a		<u> </u>		29	30
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam											
\vdash	NAME OF COMMITTEE (In Full)		71									
	American Association of Oral and Maxillof ee	acial Surge	ons Political A	Actio	on C	omm	itt-					
	Full Name (Last, First, Middle Initial)								ID: SB2	3.2019)1	
	MARY BONO MACK COMMITTEE						Date		ursement	YY	γ .	Y
	Mailing Address PO Box 3370						0 7	7	^D 2 2 /	2 (0 1 0	
	City Palm Springs	State CA	Zip Code 92263				Amo	ount of Ea	ach Disbure	sement	this Pe	eriod
	Purpose of Disbursement	CA	92203	_		_	-			200	0.00	
	Federal Campaign Contribution											
	Candidate Name				atego Type	-						
	Office Sought: X House Disburse	ement For:	2010		-,,		-					
	Senate	Primary	X General									
	State: CA District: 45	Other (speci	шу) ₩									
	Full Name (Last, First, Middle Initial)						Tran	saction	ID: SB2	3.2019	8	
3.	MATHESON FOR CONGRESS								ursement			
	Mailing Address P O Box 521048 Suite A						0 ^M 7	7 M /	^D 30 /	ž	0 1 0	Y
	City Salt Lake City	State UT	Zip Code 84152				Amo	ount of Ea	ach Disburs	sement	this Pe	eriod
	Purpose of Disbursement Federal Campaign Contribution	01	04132	Г	-	_				250	0.00	
	Candidate Name			Ca	atego	ry/						
					Туре)						
	Office Sought: X House Disburse Senate	ement For: Primary	2010 X General									
	President	Other (spec										
	State: UT District: 02											
	Full Name (Last, First, Middle Initial) MIKE HONDA FOR CONGRESS						Date	of Disbu	ID: SB2:			-
	Mailing Address P.O. Box 8180						0 ^M 7	7 ^M /	^D 2 2 /	ž	0 1 0	Y
	City San Jose	State CA	Zip Code 95155				Amo	ount of Ea	ach Disburs	sement	this Pe	eriod
	Purpose of Disbursement Federal Campaign Contribution			Г						100	0.00	
	Candidate Name				atego Type	-						
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s	UBTOTAL of Disbursements This Page (optional)					•				550	0.00	-
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SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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/ ee			
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO Box 3176			Transaction ID: SB23.20195 Date of Disbursement O 7
City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution	[3000.00
Candidate Name		Category/ Type	
Senate President	ement For: 2010 Primary X General Other (specify)	,,	
State: NJ District: 06			
Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE			Transaction ID: SB23.20186 Date of Disbursement
Mailing Address 8331 LITTLE HARBOR	DRIVE		$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 1 \end{bmatrix}$
City CINCINNATI	State Zip Code OH 45244		Amount of Each Disbursement this Period
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X Senate President	ement For: 2010 Primary X General Other (specify)		
State: OH District: 00 Full Name (Last, First, Middle Initial)			
RE-ELECT MCGOVERN COMMITTEE			Transaction ID: SB23.20196 Date of Disbursement
Mailing Address PO Box 60405 PO Box 60405			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Worcester	State Zip Code MA 01606		Amount of Each Disbursement this Period
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SCHEDULE B (FEC Form 3X)

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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check only	E NUMBER: PAGE 17 / 18 ly one)					
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/ ee								
Full Name (Last, First, Middle Initial) TIM SCOTT FOR CONGRESS			Transaction ID: SB23.20179 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 1405 ASHLEY RIVER	ROAD		07 14 2010					
City CHARLESTON	State Zip Code SC 29407		Amount of Each Disbursement this Period					
Purpose of Disbursement Federal Campaign Contribution			1000.00					
Candidate Name		Category/ Type						
Senate President	oursement For: 2010 Primary X General Other (specify) ▼	•						
State: SC District: 01 Full Name (Last, First, Middle Initial)			ID 0000 00407					
VOLUNTEERS FOR SHIMKUS			Transaction ID: SB23.20197 Date of Disbursement					
Mailing Address P.O. BOX 661 PO BOX 5458			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$					
City COLLINSVILLE	State Zip Code IL 62234		Amount of Each Disbursement this Perio					
Purpose of Disbursement Federal Campaign Contribution			3000.00					
Candidate Name		Category/ Type						
Office Sought: X House Senate President State: IL District: 19	oursement For: 2010 Primary X General Other (specify)							
Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMM	IITTEE		Transaction ID: SB23.20178 Date of Disbursement					
Mailing Address P.O. BOX 391			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$					
City HOPKINSVILLE	State Zip Code KY 42241		Amount of Each Disbursement this Perio					
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Candidate Name		Category/ Type						
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SUBTOTAL of Disbursements This Page (optio	nal)		6000.00					
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SCHEDULE D (FEC Form 3X)

(Use separate schedule(s) for each

FOR LINE NUMBER:

PAGE 18 / 18

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DEBTS AND OBLIGATIONS

(check only one) numbered line) **Excluding Loans** NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofacial Surgeons Political Action Committ-A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Tax Overpymt for 20-08 carryover 09 Illinois Department of Revenue Mailing Address PO Box 19008 City State ZIP Code Springfield 62794-9008 IL Outstanding Balance Beginning This Period Transaction ID: SD9.18338 326.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 326.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Tax Overpymt for 20-09 carryover 2010 Illinois Department of Revenue Mailing Address PO Box 19008 ZIP Code City State Springfield IL 62794-9008 Outstanding Balance Beginning This Period Transaction ID: SD9.19670 7.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 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