

**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 9 / 16
	<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

A.	Full Name (Last, First, Middle Initial) Dr. J. Hadley Hall		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 8		
	Mailing Address 2304 West IH 20 Suite 150		Transaction ID: SA11AI.17271		
	City Arlington	State TX	Zip Code 76017	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Park Forest Oral Surgery		Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) William Jordan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 8		
	Mailing Address 3501 Town Center Blvd S		Transaction ID: SA11AI.17282		
	City Sugar Land	State TX	Zip Code 77479	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oral & Maxillofacial Surg- eons		Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Owen Kaiser		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 6 / 2 0 0 8		
	Mailing Address 6471 N La Cholla Blvd Suite 101		Transaction ID: SA11AI.17257		
	City Tucson	State AZ	Zip Code 85741-3141	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Casas Adobes OMS		Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	