REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM
2000 OCT 16 A 2:13

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00005660 090600 P 282
DR THOMAS WEIL
ORAL AND MAXILLOFACIAL SURGERY
POLITICAL ACTION COMMITTEE ID
9700 WEST BRYN MAWR AVE
9700 WEST BRYN MAWR
ROSEMONT IL 60018

2. FEC IDENTIFICATION NUMBER
C 00005660

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/00 through 9/30/00		
6. (a) Cash on Hand January 1, $2000		$ 512433.67
(b) Cash on Hand at Beginning of Reporting Period	$ 394561.27	
(c) Total Receipts (from Line 19)	$ 60806.96	$ 133702.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 455368.23	$ 646136.19
7. Total Disbursements (from Line 30)	$ 139455.35	$ 330223.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 315912.88	$ 315912.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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~~ Co-Treasurer
Carol L. O'Brien

Signature of ~~Treasurer~~ Co-Treasurer
Carol L. O'Brien, Esq.

Date 10/11/00

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Oral and Maxillofacial Surgery Political Action Committee

REPORT COVERING PERIOD FROM 7/1/00 TO: 9/30/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	28705.00	42840.00	11(a)(i)
i. Itemized (use Schedule A)	26720.00	75110.00	11(a)(ii)
ii. Unitemized	55425.00	117950.00	11(a)(iii)
iii. Total (add i and ii) ➤	-0-	-0-	11(b)
b. Political Party Committees	-0-	-0-	11(c)
c. Other Political Committees (such as PACs)	55425.00	117950.00	11(d)
d. Total Contributions (add a iii, b and c) ➤	-0-	-0-	12
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	13
13. All Loans Received	-0-	-0-	14
14. Loan Repayments Received	-0-	-0-	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	5381.96	15752.52	17
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	18
18. Transfers from Nonfederal Account for Joint Activity	60806.96	133702.52	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	60806.96	133702.52	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	-0-	-0-	21(a)(i)
i. Federal Share	-0-	-0-	21(a)(ii)
ii. Non-Federal Share	8955.35	36723.31	21(b)
b. Other Federal Operating Expenditures	8955.35	36723.31	21(c)
c. Total Operating Expenditures (add a I, a II, and b) ➤	-0-	-0-	22
22. Transfers to Affiliated/Other Party Committees	115500.00	275500.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	24
24. Independent Expenditures (use Schedule E)	-0-	-0-	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	26
26. Loan Repayments Made	-0-	-0-	27
27. Loans Made			
28. Refunds of Contributions To:	-0-	-0-	28(a)
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(b)
b. Political Party Committees	-0-	-0-	28(c)
c. Other Political Committees (such as PACs)	-0-	-0-	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	15000.00	18000.00	28
29. Other Disbursements	139455.35	330223.31	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	139455.35	330223.31	31
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	55425.00	117950.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	55425.00	117950.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	8955.35	36723.31	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	8955.35	36723.31	37

FE3AN1CO

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 15

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Adams 455 S Washington St Suite 4 Gettysburg PA 17325 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 375.00	8/22/00	375.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joel Adler 1895 Phoenix Blvd Suite 135 College Park GA 30349 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crown Center Occupation: Oral Surgeon Aggregate Year-to-Date: $ 325.00	7/24/00	200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Asdell 707 N Michigan St Suite 300 South Bend IN 46601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Michiana OMS Occupation: Oral Surgeon Aggregate Year-to-Date: $ 375.00	9/13/00	275.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Avaston 90 Cypress Way E Suite 30 Naples FL 34110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 250.00	9/9/00	125.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gordon Austin 919 Dixie St Carrollton GA 30117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 375.00	9/13/00 9/22/00	275.00 100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Bendnell 9200 SW Barnes Rd Portland OR 97225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 250.00	9/22/00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Max Beker 225 Abraham Flexner Way Suite 302 Louisville KY 40202-1851 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kentuckiana Oral Surgery Assoc Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/22/00	275.00

SUBTOTAL of Receipts This Page (optional) 1875.00

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

FE8AN103

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 2 OF 15 | FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Bennion 2520 17th St W Billings MT 59102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oral and Maxillofacial Surgery Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	8/10/00	275.00
B. Full Name, Mailing Address and ZIP Code Bruce Bobofchak 929 W Carl Sandburg Dr Galesburg IL 61401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Western Illinois Oral and Maxillofacial Surgery LTD Occupation: Oral Surgeon Aggregate Year-to-Date: $ 250.00	9/9/00 9/18/00	125.00 125.00
C. Full Name, Mailing Address and ZIP Code Terry Booth 306 W Washington Suite 202 Jackson MI 49201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 250.00	8/11/00	125.00
D. Full Name, Mailing Address and ZIP Code Jack Buhrow 4202 N 32nd St Suite A Phoenix AZ 85018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St Joseph's Hospital Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/20/00	275.00
E. Full Name, Mailing Address and ZIP Code Michael Callahan 540 Deerhill Rd Shavertown PA 18708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Callahan + Bergey Assoc Occupation: Oral Surgeon Aggregate Year-to-Date: $ 300.00	9/22/00	300.00
F. Full Name, Mailing Address and ZIP Code Albert Carlotti 243 Jefferson Blvd Warwick RI 02888 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Maxillofacial Surgery LTD Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/15/00	275.00
G. Full Name, Mailing Address and ZIP Code Gary Carlsen 17822 Beach Blvd Suite 342 Huntington Beach CA 92647 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 250.00	8/18/00 9/22/00	100.00 150.00

SUBTOTAL of Receipts This Page (optional) 1750.00

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

FE6AN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 15

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Casperson 200 E Washington St Appleton WI 54911 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	OMS Surgical Associates Oral Surgeon $ 275.00	9/22/00	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Randall Caton 2121 NW 40th Terrace Suite C Gainesville FL 32605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Oral Surgeon $ 375.00	7/12/00	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Tony Chu 4407 Phil St Bellaire TX 77401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Texas Oral Surgeon $ 225.00	8/21/00 8/22/00	25.00 200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terry Cisler 1602 N Randall Ave Somerville WI 53549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Wisconsin OMS Oral Surgeon $ 600.00	8/18/00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Clark 2300 Carreth Rd Drexel Hill PA 19026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Daniel J Daley Jr DDS PC Oral Surgeon $ 275.00	7/31/00	275.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kent Cohenour 3727 NW 63rd St Suite 300 Oklahoma City OK 73116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	OMS Associates Oral Surgeon $ 350.00	9/9/00	225.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Coleman 19600 Highway 73 Suite C101 Cornelius NC 28031 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carolina Oral & Facial Surgery Oral Surgeon $ 275.00	9/20/00	275.00

SUBTOTAL of Receipts This Page (optional)	1875.00
TOTAL This Period (last page this line number only)	

FE5AN108

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Cook 407 S Kentucky Ave Lakeland FL 33801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation Oral Surgeon Aggregate Year-to-Date > $275.00	9/15/00	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Cullum 101 Ironwood Dr Suite 170 Coeur D Alene ID 83814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alpine Surgery Center Occupation Oral Surgeon Aggregate Year-to-Date > $255.00	9/13/00 9/25/00	130.00 125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Daley 2300 Garrett Rd Drexel Hill PA 19026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Daniel F Daley Jr DDS PC Occupation Oral Surgeon Aggregate Year-to-Date > $375.00	7/31/00 9/13/00	275.00 100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Davis 3330 Capital Oaks Dr Tallahassee FL 32308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tallahassee OMS Occupation Oral Surgeon Aggregate Year-to-Date > $375.00	8/18/00	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis DiPlacido 6696 Overlook Dr Fort Myers FL 33919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southwest Florida Oral Surgery Occupation Oral Surgeon Aggregate Year-to-Date > $275.00	8/10/00	275.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Duffy 3727 NW 63rd Suite 300 Oklahoma City OK 73116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oral Surgery Assoc. Occupation Oral Surgeon Aggregate Year-to-Date > $350.00	9/22/00	350.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shawn Engebretsen 821 E Ocean Blvd Suite A Stuart FL 34994 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oral-Facial Surgical Associates Occupation Oral Surgeon Aggregate Year-to-Date > $ 275.00	7/26/00	275.00

SUBTOTAL of Receipts This Page (optional) 1905.00

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

FEMAN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code Clifford Evans 28 First St Stamford CT 06905 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Stamford Hospital Occupation Oral Surgeon Aggregate Year-to-Date > $ 275.00	Date (month, day, year) 7/25/00	Amount of Each Receipt this Period 275.00
B. Full Name, Mailing Address and ZIP Code Douglas Fain 3700 W 83rd St Suite 203 Prairie Village KS 66208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Oral & Facial Surgery Assoc. Occupation Oral Surgeon Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 8/10/00 9/13/00 9/20/00	Amount of Each Receipt this Period 275.00 275.00 50.00
C. Full Name, Mailing Address and ZIP Code Brent Garrison 8140 Knue Rd Suite 200 Indianapolis IN 46250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Indiana OMS Associates. Occupation Oral Surgeon Aggregate Year-to-Date > $ 375.00	Date (month, day, year) 8/23/00	Amount of Each Receipt this Period 275.00
D. Full Name, Mailing Address and ZIP Code Michael Garvey 6490 Main St Suite 4 Williamsville NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Oral Surgeon Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 9/13/00	Amount of Each Receipt this Period 275.00
E. Full Name, Mailing Address and ZIP Code Lawrence Gibson 505 E Broad St Westfield NJ 07090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Oral Surgeon Aggregate Year-to-Date > $ 375.00	Date (month, day, year) 7/24/00 7/25/00	Amount of Each Receipt this Period 250.00 125.00
F. Full Name, Mailing Address and ZIP Code Lewis Gilbert 807 Broad St P.O. Box 1008 Summersville WV 26651 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Oral Surgeon Aggregate Year-to-Date > $ 275.00	Date (month, day, year) 9/9/00	Amount of Each Receipt this Period 275.00
G. Full Name, Mailing Address and ZIP Code John Goeckermann 4220 S 27th St Suite 102 Milwaukee WI 53221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer OMS Associates of Milwaukee Ltd Occupation Oral Surgeon Aggregate Year-to-Date > $ 225.00	Date (month, day, year) 9/22/00	Amount of Each Receipt this Period 225.00
SUBTOTAL of Receipts This Page (optional)			2300.00
TOTAL This Period (last page this line number only)			

FE6AN108

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 6 OF 15 | FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Gordon 720 MacDade Blvd Folsom PA 19033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crozer Chester Med Ctr Occupation: Oral Surgeon Aggregate Year-to-Date > $ 325.00	9/15/00 7/22/00	25.00 50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Gossett 3109 Frederick Suite A St Joseph Mo 64506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date > $ 275.00	8/10/00	275.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Gotcher 1928 Alcoa Highway Suite 305 Knoxville TN 37920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University OMS Occupation: Oral Surgeon Aggregate Year-to-Date > $ 550.00	8/25/00	275.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Monroe Harris 7650 Parham Rd Suite 110 Richmond VA 23294 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Luke's Hospital Occupation: Oral Surgeon Aggregate Year-to-Date > $ 275.00	9/20/00	275.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Harsany 175 N Jackson Ave Suite 104 San Jose CA 95116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date > $ 375.00	7/24/00 9/11/00	100.00 275.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Hunter 451 Andover St Suite 125 North Andover MA 01845 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Boston City Hospital Occupation: Oral Surgeon Aggregate Year-to-Date > $ 350.00	8/3/00 8/22/00	275.00 75.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Isbell 524 S Sycamore St Petersburg VA 23803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southside Regional Med Ctr Occupation: Oral Surgeon Aggregate Year-to-Date > $ 275.00	8/30/00	275.00

SUBTOTAL of Receipts This Page (optional) 1900.00

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

FE2ANY.03

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jay Jefferson 3900 Wake Forest Rd Suite 101 Raleigh NC 27609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Raleigh Oral + Maxillofacial Surgery Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/22/00	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
S Jensen 1600 W Central Rd Arlington Heights IL 60005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northwest Oral + Maxillofacial Surgery Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/22/00	275.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carl Johnson 601 S Carr Rd Suite 300 Renton WA 98055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pacific Medical Center Occupation: Oral Surgeon Aggregate Year-to-Date: $ 400.00	9/25/00	400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Johnson 7509 NW 23rd Bethany OK 73008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 375.00	9/22/00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terry Jones 5900 Cubero Drive NE Albuquerque NM 87109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/20/00	275.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Spiro Karras 6677 N Lincoln Ave Suite 330 Lincolnwood IL 60712 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 350.00	9/22/00	350.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Keck 3950 N 8th St Suite 100 St Cloud MN 56303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Centrastate Oral and Maxillofacial Surgeons PA Occupation: Oral Surgeon Aggregate Year-to-Date: $ 300.00	7/24/00	300.00

SUBTOTAL of Receipts This Page (optional) 2,125.00

TOTAL This Period (last page this line number only)

FE6AN100

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Kelley 840 First Colonial Rd Suite 101 Virginia Beach VA 23451 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Naval Medical Ctr Oral Surgeon Aggregate Year-to-Date > $ 275.00	9/20/00	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Theodore Kiersch 801 N Wilmot Suite E2 Tucson AZ 85711 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Associates in OMS Oral Surgeon Aggregate Year-to-Date > $ 275.00	9/15/00	275.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Kinsey 6043 Prestley Hill Rd Suite A Douglasville GA 30134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Atlanta Oral and Maxillofacial Surgery Oral Surgeon Aggregate Year-to-Date > $ 275.00	8/11/00	275.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
W Klein 725 Swift Blvd Suite A Richland WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Oral Surgeon Aggregate Year-to-Date > $ 275.00	9/23/00	275.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Laskin 10802 Chipewyan Dr Richmond VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Oral Surgeon Aggregate Year-to-Date > $ 325.00	8/11/00 8/22/00	275.00 50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Lew 200 Hawkins Dr/E202GH Iowa City IA 52242 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Univ of Iowa Hospital & Clinic Oral Surgeon Aggregate Year-to-Date > $ 275.00	9/5/00	275.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Logan 1625 E Hl Andrews Rd Medford OR 97504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Assoc for OMS Oral Surgeon Aggregate Year-to-Date > $ 275.00	9/13/00	275.00

SUBTOTAL of Receipts This Page (optional) 1925.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 9 OF 15

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Malin 343 Franklin Rd Suite 106 Brentwood TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	8/23/00	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin McLaughlin 83 East Av Suite 302 Norwalk CT 06851 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/5/00	275.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Molfus 2501 Crestwood Bldg Suite 302 North Little Rock AR 72116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 225.00	9/5/00	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Monterubio 1034 S Brentwood Suite 1010 St Louis MO 63117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Monterubio & Herboza Oral & Maxillofacial Surgery PC Occupation: Oral Surgeon Aggregate Year-to-Date: $ 225.00	9/14/00 9/22/00	125.00 100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ofilio Morales 7226 Black Bull Ln Orlando FL 32835 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Orlando Oral Surgery Occupation: Oral Surgeon Aggregate Year-to-Date: $ 325.00	9/13/00	200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Neal 13345 1st Ave NE Suite 203 Seattle WA 98125 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northwest Dental Center Occupation: Oral Surgeon Aggregate Year-to-Date: $ 300.00	7/31/00	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Nellen 4811 S 76th St Suite 304 Greenfield WI 53220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	OMS Consultants of WI Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/20/00	275.00

SUBTOTAL of Receipts This Page (optional) 1450.00

TOTAL This Period (last page this line number only)

FE5ANN09

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 10 OF 15

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Somer Nelson 3217 Grove Ave Richmond VA 23221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Mary's Hospital Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	8/30/00	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Nissen 280 N Sykes Creek Pkwy Merrit Island FL 32953 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 750.00	8/11/00 8/21/00	275.00 350.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Paxton 12109 E Broadway Bldg C Spokane WA 99206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spokane Oral and Maxillofacial Surgery Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	8/25/00	275.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffry Persons 14942 Irvine Blvd Suite 225 Tustin CA 92780 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 375.00	9/13/00	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorin Peterson 77 W Forest Ave Suite 107 Flagstaff AZ 86001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	OMS of Northern Arizona Occupation: Oral Surgeon Aggregate Year-to-Date: $ 500.00	9/20/00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Pikes 2711 Tampa Rd Palm Harbor FL 34684 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Coastal Jaw Surgery Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/22/00	275.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Pollan 4415 Buffalo Rd North Chili NY 14514 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lee D Pollan DMD PC Occupation: Oral Surgeon Aggregate Year-to-Date: $ 375.00	9/20/00 9/22/00	275.00 100.00

SUBTOTAL of Receipts This Page (optional) 2425.00

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

FE6AN198

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Abdollah Rahimi 13550 26th Ave N Plymouth MN 55441 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Minnesota OMS Oral Surgeon $ 275.00	9/22/00	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sanford Ratner 1125 E 17th St Santa Ana CA 92701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Joseph's Hospital Oral Surgeon $ 250.00	9/14/00	125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Reaus 3501 Soncy Rd Unit 101 Amarillo TX 79119 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Oral Surgeon $ 225.00	7/24/00	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edward Rentschler 425 Roxbury Rd Rockford IL 61107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Oral Surgeon $ 275.00	9/22/00	275.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Riva 33 Main St Suite 201 Chatham NJ 07928 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Overlook Hospital Oral Surgeon $ 375.00	9/22/00	150.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gustav Robertson 4033 Talbot Rd S Suite 220 Renton WA 98055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Oral Surgeon $ 275.00	9/11/00	275.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Rooney 1703 Polaris Circle Havana IL 61350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Valley Oral & Maxillofacial Surgery Oral Surgeon $ 225.00	9/13/00	200.00

SUBTOTAL of Receipts This Page (optional) 1400.00

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

FEMAH109

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Saal 236 Progressive Blvd Houma LA 70360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 325.00	8/11/00	200.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily Subbagh 1035 S 320th St Federal Way WA 98003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	8/18/00	275.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Steven Saxe 1570 S Rainbow Blvd Las Vegas NV 89146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/20/00	275.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Peter Scheer 39-935 Vista Del Sol Rancho Mirage CA 92270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mirage Ctr Oral and Maxillo Surgery Occupation: Oral Surgeon Aggregate Year-to-Date: $ 600.00	8/24/00 9/22/00	500.00 100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Schwartz 55 E Washington Suite 2500 Chicago IL 60602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	oral and Maxillofacial Surgery Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/20/00	275.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Timothy Shahbazian 2111 Parkside Dr Suite B Fremont CA 94536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington Township Hospital Occupation: Oral Surgeon Aggregate Year-to-Date: $ 775.00	8/23/00	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stephen Shall 4447 Talmadge Suite A Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Charles Hospital Occupation: oral Surgeon Aggregate Year-to-Date: $ 275.00	9/22/00	275.00

SUBTOTAL of Receipts This Page (optional) 2400.00

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

FE5ANH03

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Simeone 6410 Rockledge Dr Suite 301 Bethesda MD 20817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 450.00	9/13/00	150.00
B. Paul Sims 775 W Gold Butte MT 59701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: oral Surgeon Aggregate Year-to-Date: $ 275.00	8/21/00	275.00
C. Thomas Skiba 690 N Route 31 Crystal Lake IL 60012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Crystal Lake Oral & Maxillofacial Surgery Ltd Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	7/31/00	275.00
D. Terry Slaughter 420 E Romie Ln Salinas CA 93901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Associates for Oral and Maxillofacial Surgery Occupation: Oral Surgeon Aggregate Year-to-Date: $ 375.00	8/30/00	275.00
E. Full Name, Mailing Address and ZIP Code Marvin Slott 6801 NW 9th Blvd Suite 1 Gainesville FL 32605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Marvin M Slott DDS PA Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/22/00	275.00
F. Full Name, Mailing Address and ZIP Code Barry Stacey 5041 Dallas Hwy Suite A Powder Springs GA 30127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cobb Hospital + Med Ctr Occupation: Oral Surgeon Aggregate Year-to-Date: $ 375.00	8/11/00 8/18/00	275.00 100.00
G. Full Name, Mailing Address and ZIP Code Thomas Starshak 1940 W Galena Blvd Aurora IL 60506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Associated OMS of Northern Illinois Occupation: Oral Surgeon Aggregate Year-to-Date: $ 325.00	9/15/00 9/20/00	100.00 225.00
SUBTOTAL of Receipts This Page (optional)			1950.00
TOTAL This Period (last page this line number only)			

FE5AN163

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Steichen 1600 W Central Rd Arlington Heights IL 60005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northwest OMS Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/22/00	275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Sturtz 9416 S Main St Plymouth MI 48170 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St Joseph Hospital Occupation: Oral Surgeon Aggregate Year-to-Date: $ 325.00	9/20/00	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Swift 515 Delaware St SE Minneapolis MN 55455 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Minnesota Occupation: Oral Surgeon Aggregate Year-to-Date: $ 300.00	9/13/00	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nicholas Tedeschi 992 Mantua Pike Suite 302 Woodbury Heights NJ 08097 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westwood Oral Surgery Assoc Occupation: Oral Surgeon Aggregate Year-to-Date: $ 375.00	9/20/00	275.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Thomas 5501 Fortune's Ridge Dr Suite H Durham NC 27713 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/20/00	275.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Tipps 6015 Shallowford Rd Chattanooga TN 37421 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Associates in OMS Occupation: Oral Surgeon Aggregate Year-to-Date: $ 400.00	8/18/00 8/25/00	300.00 100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Traub 8400 Osuna Rd NE Suite 6B Albuquerque NM 87111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	7/26/00	150.00

SUBTOTAL of Receipts This Page (optional) 1725.00

TOTAL This Period (last page this line number only)

FE6AN100

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 15 OF 15

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Turner 1209 Starr Dr Dalton GA 30720 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/22/00	275.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas Weil 2450 Fondren A+Wetheimer Houston TX 77063 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Thomas M Weil DDS Inc Occupation: Oral Surgeon Aggregate Year-to-Date: $ 300.00	9/25/00	300.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Whiston 3313 N Ohio St Arlington VA 22207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Drs Whiston Patterson + m Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	8/25/00	275.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R White 7800 N Mopac Suite 270 Austin TX 78759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Austin OMS Associates Occupation: Oral Surgeon Aggregate Year-to-Date: $ 400.00	9/20/00	400.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mark Wohlford 1001 W 10th St RoomRW209 Indianapolis IN 46202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Indiana University Occupation: Oral Surgeon Aggregate Year-to-Date: $ 250.00	9/25/00	125.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Eric Woolbright 3007 Spring Mill Dr Springfield IL 62704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Springfield Associates Occupation: Oral Surgeon Aggregate Year-to-Date: $ 275.00	9/20/00	275.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	1650.00
TOTAL This Period (last page this line number only)	28705.00

FE8AN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code Northern Trust Bank 8701 W Higgins Road Chicago IL 60631 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 7138.15	Date (month, day, year) 7/7/00 7/31/00 8/7/00 8/21/00 9/7/00	Amount of Each Receipt this Period 631.85 163.45 652.91 138.37 771.92
B. Full Name, Mailing Address and ZIP Code Kemper Financial Srvs Zurich 811 Main St Kansas City Mo 64105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 8614.37	Date (month, day, year) 7/31/00 8/25/00 9/25/00	Amount of Each Receipt this Period 1134.67 1105.00 783.79
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) 5381.96

FE3AN103

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code Sir Speedy 710 E OgdenAve Suite340 Naperville IL 60563	Purpose of Disbursement Ad Sticks, letterhead + envelopes, tickets Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7/13/00 7/18/00 9/29/00	Amount of Each Disbursement This Period 41.00 2064.30 248.80
B. Full Name, Mailing Address and ZIP Code AAOMS 9700 W Bryn Mawr Ave Rosemont IL 60018	Purpose of Disbursement Supplies, Postage, Dinner Deposit, ClipArt Purchased Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7/18/00 8/21/00 9/14/00 9/15/00	Amount of Each Disbursement This Period 186.42 239.71 123.12 524.95
C. Full Name, Mailing Address and ZIP Code Leading Authorities Inc. 919 18th St NW Suite 500 Washington DC 20006	Purpose of Disbursement Event Entertainment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 4250.00
D. Full Name, Mailing Address and ZIP Code PC/Nametag P O Box 55005 Madison WI 53705-8805	Purpose of Disbursement Ribbons Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/14/00	Amount of Each Disbursement This Period 457.50
E. Full Name, Mailing Address and ZIP Code Diane T. M. Blackburn 321 North Willow Street Itasca IL 60143	Purpose of Disbursement Design + layout Newsletter Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/29/00	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code Northern Trust Bank O'Hare 8501 West Higgins Road Chicago IL 60631	Purpose of Disbursement Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7/31/00 8/31/00 9/7/00	Amount of Each Disbursement This Period 158.08 137.03 248.41
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
		SUBTOTAL of Disbursements This Page (optional)	
		TOTAL This Period (last page this line number only)	8929.32

FE5AN002

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Feinstein 2000 10350 Santa Monica Blvd Suite 250 Los Angeles CA 90025	Senate - CA - Diane Feinstein - Democrat Disbursement for: Primary [X] General [ ] Other (specify) 2000	7/13/00	1000.00
B. Full Name, Mailing Address and ZIP Code Feinstein 2000 601 S. Glenoaks Blvd #208 Burbank CA 91502	Purpose of Disbursement Senate - CA - VOIDED Diane Feinstein - Democrat Disbursement for: Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 5/23/00	Amount of Each Disbursement This Period <1000.00>
C. Full Name, Mailing Address and ZIP Code Clay Campaign Committee 8011 N Kings Highway St Louis MO 63115	Purpose of Disbursement HOR - 1st Dist - MO Democrat - William Clay Disbursement for: Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 7/18/00	Amount of Each Disbursement This Period 2000.00
D. Full Name, Mailing Address and ZIP Code Mike Thompson for Congress 436 New Jersey Ave SE Washington DC 20003	Purpose of Disbursement HOR - 1st Dist - CA Democrat - Mike Thompson Disbursement for: Primary [ ] General [X] Other (specify) 2000	Date (month, day, year) 7/26/00	Amount of Each Disbursement This Period 1000.00
E. Full Name, Mailing Address and ZIP Code Akaka in 2000 3125 Kaohinani Dr Honolulu HI 96817	Purpose of Disbursement Senate - Democrat HI - Daniel Kahikina Akaka Disbursement for: Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
F. Full Name, Mailing Address and ZIP Code Baker for Congress Committee P.O. Box 1694 Baton Rouge LA 70821	Purpose of Disbursement HOR - 6th Dist - Republican LA - Richard Hugh Baker Disbursement for: Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
G. Full Name, Mailing Address and ZIP Code Berkley 2000 3069 Conquista Ct Las Vegas NV 89121	Purpose of Disbursement HOR - 1st Dist - Democrat NV - Shelley Berkley Disbursement for: Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
H. Full Name, Mailing Address and ZIP Code Bill Settle for Congress 110 N 6th St Muskogee OK 74401	Purpose of Disbursement HOR - 2nd Dist - Democrat OK - Bill Settle Disbursement for: Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
I. Full Name, Mailing Address and ZIP Code Billy Tauzin Congressional Committee 550 South Van Houma LA 70361	Purpose of Disbursement HOR - 3rd Dist - Republican LA - W.J. "Billy" Tauzin Disbursement for: Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00

SUBTOTAL of Disbursements This Page (optional) 8000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Citizens Committee for Gilman for Congress P O Box 3001 Middletown NY 10940	Purpose of Disbursement HOR-20th Dist-Republican NY-Benjamin A Gilman Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
B. Full Name, Mailing Address and ZIP Code Committee to ReElect Vito Fossella P O Box 131403 Staten Island NY 10313	Purpose of Disbursement HOR-13th Dist. NY Republican-Vito S Fossella Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
C. Full Name, Mailing Address and ZIP Code David Vitter for Congress 2520 Metairie Rd Metairie LA 70001	Purpose of Disbursement HOR-1st Dist-Republican LA-David B Vitter Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
D. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 20 East Main St Suite 235 Waterbury CT 06702	Purpose of Disbursement HOR-5th Dist-Democrat CT-James H Maloney Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Friends of Craig Thomas P.O. Box 1580 Casper WY 82602	Purpose of Disbursement Senate-Republican WY-Craig Thomas Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
F. Full Name, Mailing Address and ZIP Code Friends of Corrine Brown 3109 River Bend Ct. D-102 Laurel MD 20724	Purpose of Disbursement HOR-3rd Dist-Democrat FL-Corrine Brown Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
G. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw 2600 NE 14th St Causeway Pompano Beach FL 33062	Purpose of Disbursement HOR-22nd Dist-Republican FL-E Clay Shaw Jr Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 2000.00
H. Full Name, Mailing Address and ZIP Code Friends of Sherwood Boehlert Committee P.O Box C Utica NY 13503	Purpose of Disbursement HOR-23rd Dist-Republican NY-Sherwood Boehlert Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
I. Full Name, Mailing Address and ZIP Code Friends for Jim McDermott P O Box 21786 Seattle WA 98111	Purpose of Disbursement HOR-7th Dist-Democrat WA-James A McDermott Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	Amount of Each Disbursement This Period 1000.00
SUBTOTAL of Disbursements This Page (optional)			9500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Patrick J Kennedy, Inc. P O Box 1356 Providence RI 02901	HOR-1st Dist-Democrat RI-Patrick J Kennedy Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
B. Full Name, Mailing Address and ZIP Code Friends of Mark Foley for Congress P O Box 30505 Palm Beach Gardens FL 33420	Hor-16th Dist-Republican FL-Mark Adam Foley Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
C. Full Name, Mailing Address and ZIP Code Gibbons for Congress 542 1/2 Plumas St Reno NV 89509	Hor-2nd Dist-Republican NV-James A Gibbons Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1500.00
D. Full Name, Mailing Address and ZIP Code JD Hayworth for Congress 10789 N 90th St #102 Scottsdale AZ 85260	Hor-6th Dist-Republican AZ-JD Hayworth Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
E. Full Name, Mailing Address and ZIP Code Hefley for Congress 912 N. Circle Dr #203 Colorado Springs Co 80909	Hor-5th Dist-Republican Co-Joel Hefley Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
F. Full Name, Mailing Address and ZIP Code Jefferson Committee 650 Poydras St #2245 New Orleans LA 70139	Hor-2nd Dist-Democrat LA-William J Jefferson Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
G. Full Name, Mailing Address and ZIP Code Kind for Congress Committee 505 King St #105 LaCrosse WI 54601	Hor-3rd Dist-Democrat WI-Ronald J Kind Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
H. Full Name, Mailing Address and ZIP Code Lincoln Diaz-Balart for Congress Committee 9737 NW 41st St #181 Miami FL 33178	Hor-21st Dist-Republican FL-Lincoln Diaz-Balart Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
I. Full Name, Mailing Address and ZIP Code Luther for Congress Volunteer Committee 1399 Geneva Ave North #20 Oakdale MN 55128	Hor-6th Dist-Democrat MN-Bill Luther Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
SUBTOTAL of Disbursements This Page (optional)			9500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code McNulty for Congress P O Box 1560 Green Island NY 12183	HOR-21st Dist-Democrat NY-Michael R McNulty Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
B. Full Name, Mailing Address and ZIP Code Nelson 2000 1915 N 121st St - Suite B Omaha NE 68154	Purpose of Disbursement Senate-Democrat- NE-Benjamin E Nelson Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	8/10/00	2000.00
C. Full Name, Mailing Address and ZIP Code Pastor for Arizona P O Box 6554 Phoenix AZ 85005	Purpose of Disbursement HOR-2nd Dist-Democrat AZ-Edward L. Pastor Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/10/00	1000.00
D. Full Name, Mailing Address and ZIP Code Putnam for Congress Committee P. O Box 2426 Bowtow FL 33831	Purpose of Disbursement HOR-12th Dist-Republican FL-Adam Hughes Putnam Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	1000.00
E. Full Name, Mailing Address and ZIP Code Quinn for Congress P O Box 2012 Blasdell NY 14219	Purpose of Disbursement HOR-30th Dist-Republican NY-Jack Quinn Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	1000.00
F. Full Name, Mailing Address and ZIP Code Reynolds for Congress 171 Sukky's Trail New York NY 14534	Purpose of Disbursement HOR-27th Dist-Republican NY-Thomas M Reynolds Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	1000.00
G. Full Name, Mailing Address and ZIP Code Richard E Neal for Congress Committee 76 Magnolia Terr Springfield MA 01108	Purpose of Disbursement HOR-2nd Dist-Democrat MA-Richard E Neal Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	1000.00
H. Full Name, Mailing Address and ZIP Code Ros-Lehtinen for Congress 1001 Brickell Bay Dr 9th Floor Miami FL 33131	Purpose of Disbursement HOR-18th Dist-Republican FL-Ileana Ros-Lehtinen Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	1000.00
I. Full Name, Mailing Address and ZIP Code Stabenow for US Senate P O Box 4945 East Lansing MI 48826	Purpose of Disbursement Senate-Democrat MI-Debbie Stabenow Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/10/00	2000.00
		SUBTOTAL of Disbursements This Page (optional)	11000.00
		TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Watts for Congress P O Box 720445 Norman OK 73070	HOR - 4th Dist - Republican OK - Julius Caesar Watts Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	8/10/00	1000.00
B. Full Name, Mailing Address and ZIP Code Democratic National Committee 430 S Capitol St SE Washington DC 20003	Purpose of Disbursement For the Democratic Committee Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 8/14/00	Amount of Each Disbursement This Period 5000.00
C. Full Name, Mailing Address and ZIP Code Gore 2000 Inc. 2410 Charlotte Nashville TN 37203	Purpose of Disbursement Presidental - Democrat Al Gore - VOIDED Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 5/23/00	Amount of Each Disbursement This Period (5000.00)
D. Full Name, Mailing Address and ZIP Code Rehberg for Congress 1201 Grand Ave Billings MT 59102	Purpose of Disbursement HOR - At Large - Republican MT - Dennis Rehberg Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 8/16/00	Amount of Each Disbursement This Period 1500.00
E. Full Name, Mailing Address and ZIP Code Bachus for Congress P O Box 59444 Birmingham AL 35259	Purpose of Disbursement HOR - 6th Dist - Republican AL - Spencer T Bachus Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
F. Full Name, Mailing Address and ZIP Code Bob Matsui for Congress Committee 555 Capitol Mall #1425 Sacramento CA 95814	Purpose of Disbursement HOR - 5th Dist - Democrat CA - Robert Matsui Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
G. Full Name, Mailing Address and ZIP Code Chambliss for Congress P O Box 4084 Macon GA 31208	Purpose of Disbursement HOR - 8th Dist - Republican GA - Saxby Chambliss Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
H. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congressman Duncan Hunter 9340 Fuerte Dr #302 La Mesa CA 91941	Purpose of Disbursement HOR - 52nd Dist - Republican CA - Duncan Hunter Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
I. Full Name, Mailing Address and ZIP Code Friends of Lane Evans Committee P O Box 5263 Rock Island IL 61204	Purpose of Disbursement HOR - 17th Dist - Democrat IL - Lane A Evans Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00

SUBTOTAL of Disbursements This Page (optional) 7500.00

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Farr 555 Capitol Mall #425 Sacramento CA 95814	H0R-17th Dist-Democrat CA-Sam Farr Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	8/28/00	1000.00
B. Full Name, Mailing Address and ZIP Code Gallegly for Congress P O Box 940001 Simi Valley CA 93094	Purpose of Disbursement H0R-23rd Dist-Republican CA-Elton Gallegly Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
C. Full Name, Mailing Address and ZIP Code Gutierrez for Congress C/O Raul Vega 2750 N Ashland Ave Chicago IL 60614	Purpose of Disbursement H0R-4th Dist-Democrat IL-Luis V Gutierrez Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
D. Full Name, Mailing Address and ZIP Code Henry J Hyde For Congress Committee P O Box 332 Des Plaines IL 60016	Purpose of Disbursement H0R-6th Dist-Republican IL-Henry J Hyde Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
E. Full Name, Mailing Address and ZIP Code Hilliard for Congress Campaign P O Box 11705 Birmingham AL 35202	Purpose of Disbursement H0R-7th Dist-Democrat AL-Earl Fredrick Hilliard Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
F. Full Name, Mailing Address and ZIP Code Issa for Congress P O Box 760 Vista CA 92085	Purpose of Disbursement H0R-48th Dist-Republican CA-Darrell E Issa Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
G. Full Name, Mailing Address and ZIP Code Napolitano for Congress 555 Capitol Mall #1425 Sacramento CA 95814	Purpose of Disbursement H0R-34th Dist-Democrat CA-Grace Napolitano Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
H. Full Name, Mailing Address and ZIP Code Paul Perry for Congress P O Box 5453 Evansville IN 47716	Purpose of Disbursement H0R-8th Dist-Democrat IN-Paul E Perry Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1500.00
I. Full Name, Mailing Address and ZIP Code Mike Ross for Congress Committee P. O. Box 360 Prescott AR 71857	Purpose of Disbursement H0R-4th Dist-Democrat AR-Michael Avery Ross Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 8/28/00	Amount of Each Disbursement This Period 1000.00
SUBTOTAL of Disbursements This Page (optional)			9500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Snyder for Congress Campaign Committee P O Box 250998 Little Rock AR 72225	HOR-2nd Dist-Democrat AR-Victor Fredrick Snyder Primary ☐ General ☒ 2000	8/28/00	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Horn for Congress 3944 Pine Ave Long Beach CA 90807	HOR-38th Dist-Republica CA-Steve Horn Primary ☐ General ☒ 2000	8/28/00	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Terry Everett for Congress P O Box 230189 Montgomery AL 36123	HOR-2nd Dist-Republica AL-Terry Everett Primary ☐ General ☒ 2000	8/28/00	1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Sanford D Bishop Jr for Congress P O Box 909 Columbus GA 31902	HOR-2nd Dist-Democrat GA-Sanford D Bishop Jr Primary ☐ General ☒ 2000	8/30/00	1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Baldacci for Congress P O Box 623 Bangor ME 04402	HOR-2nd Dist-Democrat ME-John Elias Baldacci Primary ☐ General ☒ 2000	9/11/00	1000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Cannon for Congress 310 S Main #1420 Salt Lake City UT 84101	HOR-3rd Dist-Republica UT-Christopher B Cannon Primary ☐ General ☒ 2000	9/11/00	1000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Chet Edwards for Congress P O Box 23273 Waco TX 76702	HOR-11th Dist-Democrat TX-Chet Edwards Primary ☐ General ☒ 2000	9/11/00	1000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Ciro D Rodriguez for Congress P O Box 12528 San Antonio TX 78212	HOR-28th Dist-Democrat TX-Ciro D Rodriguez Primary ☐ General ☒ 2000	9/11/00	1000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Gillmor P O Box 710 Port Clinton OH 43452	HOR-5th Dist-Republica OH-Paul E Gillmor Primary ☐ General ☒ 2000	9/11/00	1000.00

SUBTOTAL of Disbursements This Page (optional) 9000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Sarbanes P o Box 26222 Baltimore MD 21210	Senate - Democrat MD - Paul S Sarbanes Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1000.00
B. Full Name, Mailing Address and ZIP Code Citizens for Tony Hall 1812 Kettering Tower Dayton OH 45423	Purpose of Disbursement HOR-3rd Dist-Democrat OH - Tony P Hall Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
C. Full Name, Mailing Address and ZIP Code Committee to Elect Lindsey Graham P o Box 1155 Seneca SC 29679	Purpose of Disbursement HOR-3rd Dist-Republican SC - Lindsey O Graham Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
D. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congressman Chris Smith P O Box 3184 Hamilton NJ 08619	Purpose of Disbursement HOR-4th Dist-Republican NJ Chris Smith Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 2000.00
E. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P O Box 2008 Murfreesboro TN 37133	Purpose of Disbursement HOR-6th Dist-Democrat TN - Burton Jennings Gordon Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1500.00
F. Full Name, Mailing Address and ZIP Code Coyne for Congress 33rd FLR Gulf Tower 707 Grant St Pittsburgh PA 15222	Purpose of Disbursement HOR-14th Dist-Democrat PA - William S Coyne Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
G. Full Name, Mailing Address and ZIP Code Dave Camp for Congress 2000 5915 Eastman Ave #100 Midland MI 48640	Purpose of Disbursement HOR-4th Dist-Republican MI - David Lee Camp Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
H. Full Name, Mailing Address and ZIP Code Doyle for Congress Committee 2227 Hampton St Pittsburgh PA 15218	Purpose of Disbursement HOR-18th Dist-Democrat PA - Mike Doyle Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
I. Full Name, Mailing Address and ZIP Code Duncan for Congress P. O. Box 2646 Knoxville TN 37901	Purpose of Disbursement HOR-2nd Dist-Republican TN - John James Duncan Jr Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
SUBTOTAL of Disbursements This Page (optional)			10500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy for Congress P O Box 746 Bismarck ND 58502	HOR-At Large-Democrat ND-Earl Ralph Pomeroy Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frelinghuysen for Congress 19 Cattano Ave Morristown NJ 07960	HOR-11th Dist-Republican NJ-Rodney P. Frelinghuysen Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Saxton P. O. Box 795 Mt. Holly NJ 08060	HOR-3rd Dist-Republican NJ-James H Saxton Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Frank Wolf P. O. Box 6596 McLean VA 22106	HOR-10th Dist-Republican VA-Frank Rudolph Wolf Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dick Lugar Inc. 1100 W 42nd St # 335 Indianapolis IN 46208	Senate-Republican IN-Richard G. Lugar Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	2000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Zach Wamp 651 E 4th St #200 Chattanooga TN 37403	HOR-3rd Dist Republican TN-Zach Wamp Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Robert C Byrd Committee 1300 Connecticut Ave NW #600 Washington DC 20036	Senate-Democrat WV-Robert C Byrd Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Ronnie Shows RT 2 Box 234 Gates Rd Bassfield MS 39421	HOR-4th Dist-Democrat MS-Clifford Ronald Shows Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Connie Morella for Congress Committee 7101 Wisconsin Ave #102 Bethesda MD 20814	HOR-8th Dist-Republican MD-Constance A Morella Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1000.00

SUBTOTAL of Disbursements This Page (optional) 11000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Gilchrest for Congress P O Box 644 Chestertown MD 21620	HOR-1st Dist-Republican MD-Wayne T. Gilchrest Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	1000.00
B. Full Name, Mailing Address and ZIP Code Greenwood for Congress 50 E Court St P O Box 1775 Doylestown PA 18901	Purpose of Disbursement HOR-8th Dist-Republican PA-James C Greenwood Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
C. Full Name, Mailing Address and ZIP Code Heather Wilson for Congress P O Box 14070 Albuquerque NM 87191	Purpose of Disbursement HOR-1st Dist-Republican NM-Heather A Wilson Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 2000.00
D. Full Name, Mailing Address and ZIP Code Henry E Brown Sr for Congress 1035 Dominion Dr Hanahan SC 29406	Purpose of Disbursement HOR-1st Dist-Republican SC-Henry E Brown Jr Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
E. Full Name, Mailing Address and ZIP Code Hulshof for Congress P O Box 1621 Columbia MO 65205	Purpose of Disbursement HOR-9th Dist-Republican MO-Kenny Charles Hulshof Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
F. Full Name, Mailing Address and ZIP Code Jim Hansen Committee P. O Box 654 Farmington UT 84025	Purpose of Disbursement HOR-1st Dist-Republican UT-James V Hansen Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
G. Full Name, Mailing Address and ZIP Code John Thune for Congress PO Box 516 Sioux Falls SD 57101	Purpose of Disbursement HOR-At Large-Republican SD-John R Thune Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
H. Full Name, Mailing Address and ZIP Code John D Dingell for Congress Committee 607 14th St NW Washington DC 20005	Purpose of Disbursement HOR-16th Dist-Democrat MI-John D Dingell Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 2000.00
I. Full Name, Mailing Address and ZIP Code Julia Carson for Congress Committee IN Capital St # 211 740 Market Square Center Indianapolis IN 46204	Purpose of Disbursement HOR-10th Dist-Democrat IN-Julia Carson Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00

SUBTOTAL of Disbursements This Page (optional) 11000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Kay Granger Campaign Fund 910 Houston St #105-C Ft Worth TX 76102	Purpose of Disbursement: HOR-12th Dist-Republican TX-Kay Granger Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
B. Full Name, Mailing Address and ZIP Code LaTourette for Congress Committee 1004 Millridge Rd Highland Hts OH 44143	Purpose of Disbursement: HOR-19th Dist-Republican OH-Steven LaTourette Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
C. Full Name, Mailing Address and ZIP Code Lieberman 2000 Committee 36 Woodland St Hartford CT 06105	Purpose of Disbursement: Senate-Democrat CT-Joseph Lieberman Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
D. Full Name, Mailing Address and ZIP Code LoBiondo for Congress P O Box 775 Marmora NJ 08223	Purpose of Disbursement: HOR-2nd Dist-Republican NJ-Frank A LoBiondo Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
E. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee P O Box 4219 Dallas TX 75208	Purpose of Disbursement: HOR-24th Dist-Democrat TX-Martin Frost Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
F. Full Name, Mailing Address and ZIP Code Menendez for Congress P O Box 848 Union City NJ 07087	Purpose of Disbursement: HOR-13th Dist-Democrat NJ-Robert Menendez Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
G. Full Name, Mailing Address and ZIP Code Moran for Congress P O Box 128 Hays KS 67601	Purpose of Disbursement: HOR-1st Dist-Republican KS-Jerry Moran Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
H. Full Name, Mailing Address and ZIP Code People for English P. O. Box 1940 Erie PA 16507	Purpose of Disbursement: HOR-21st Dist-Republican PA-Phil English Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
I. Full Name, Mailing Address and ZIP Code Pete Sessions for Congress P O Box 38585 Dallas TX 75238	Purpose of Disbursement: HOR-5th Dist-Republican TX-Pete Sessions Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1500.00
		SUBTOTAL of Disbursements This Page (optional)	9500.00
		TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Snowe for Senate P O Box 2000 Portland ME 04104	Senate - Republican ME - Olympia J Snowe Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	9/11/00	2000.00
B. Full Name, Mailing Address and ZIP Code Spence for Congress Committee P O Box 1475 Columbia SC 29202	Purpose of Disbursement HOR - 2nd Dist - Republican SC - Floyd Davidson Spence Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
C. Full Name, Mailing Address and ZIP Code Thornberry for Congress 724 Polk #730 Amarillo TX 79101	Purpose of Disbursement HOR - 13th Dist - Republican TX - William M Thornberry Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
D. Full Name, Mailing Address and ZIP Code Tom Davis for Congress 6429 Downing Ct Annandale VA 22003	Purpose of Disbursement HOR - 11th Dist - Republican VA - Thomas M Davis Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 2000.00
E. Full Name, Mailing Address and ZIP Code Tom Sawyer Committee 1540 W Market St #201 Akron OH 44313	Purpose of Disbursement HOR - 14th Dist - Democrat OH - Tom Sawyer Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
F. Full Name, Mailing Address and ZIP Code Walter Jones Committee 2000 8384 Six Forks Rd #203 Raleigh NC 27615	Purpose of Disbursement HOR - 3rd Dist - Republican NC - Walter Beamon Jones Jr Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
G. Full Name, Mailing Address and ZIP Code Wynn for Congress P O Box 5323 c/o Mitchell & Titus, LLP Capitol Heights MD 20791	Purpose of Disbursement HOR - 4th Dist - Democrat MD - Albert R Wynn Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/11/00	Amount of Each Disbursement This Period 1000.00
H. Full Name, Mailing Address and ZIP Code A Lot of People Supporting Ed Bernstein 6100 Elton Ave #1000 Las Vegas NV 89107	Purpose of Disbursement Senate - Democrat NV - Ed Bernstein Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 9/29/00	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 9500.00

TOTAL This Period (last page this line number only) 115500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement / Disbursement for: / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Talent for Governor 1031 Executive Parkway #100 St Louis MO 63141	Governor - Republican MO - Jim Talent Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	8/29/00	1000.00
B. Full Name, Mailing Address and ZIP Code Cansler Committee 107 Merrimon Ave Asheville NC 28801	Purpose of Disbursement HOR - 51st Dist - Republican NC - Lanier M Cansler Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Mitchell 102 E 5th St Rock Falls IL 61071	Purpose of Disbursement HOR - 72nd Dist - Republican IL - Jerry Mitchell Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
D. Full Name, Mailing Address and ZIP Code Cohen for State Senate 349 Kenilworth Memphis TN 38103	Purpose of Disbursement Senate #30 Democrat TN - Steve Ira Cohen Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
E. Full Name, Mailing Address and ZIP Code Edwards Election Committee 212 Riverside Dr Washington NC 27889	Purpose of Disbursement HOR - 2nd Dist - Democrat NC - Bena L Edwards Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
F. Full Name, Mailing Address and ZIP Code Friends of Lee 109 Glenview Place Chapel Hill NC 27514	Purpose of Disbursement Senate - Democrat NC - Howard N Lee Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
G. Full Name, Mailing Address and ZIP Code Friends of Don Davidson 11101 NE 8th St #206 Bellevue WA 98004	Purpose of Disbursement State Insurance Commissioner Republican WA - Donald Scott Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	9/11/00	2000.00
H. Full Name, Mailing Address and ZIP Code Jim Black Campaign 6032 Heathvalley Rd Charlotte NC 28210	Purpose of Disbursement HOR - 36th Dist - Democrat NC - James B Black Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
I. Full Name, Mailing Address and ZIP Code The Mike Easley Committee P O Box 2686 Raleigh NC 27602	Purpose of Disbursement Governor - Democrat NC - Michael Easley Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	9/11/00	1000.00
SUBTOTAL of Disbursements This Page (optional)			10000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Pryor for Attorney General P O Box 2720 Little Rock AR 72203	Purpose of Disbursement: Atty. General - Democrat AR - Mark L. Pryor Disbursement for: [X] Primary [ ] General Other (specify) 2002	9/11/00	1000.00
B. Full Name, Mailing Address and ZIP Code Rucho for Senate 400 Trafalgar Pl Matthews NC 28105	Purpose of Disbursement: Senate - Republican 37th Dist - NC - Robert Rucho Disbursement for: [ ] Primary [X] General Other (specify) 2000	9/11/00	2000.00
C. Full Name, Mailing Address and ZIP Code Staples Campaign P O Box 257 Palestine TX 75802	Purpose of Disbursement: Senate - Republican 3rd dist - TX - Todd Staples Disbursement for: [ ] Primary [X] General Other (specify) 2000	9/11/00	1000.00
D. Full Name, Mailing Address and ZIP Code Committee to Elect Pete Steinhauer 7492 Spring Dr Boulder Co 80303	Purpose of Disbursement: Board of Regents - U of Co Republican - Co-Pete Steinhauer Disbursement for: [ ] Primary [X] General Other (specify) 2000	9/29/00	1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	15000.00

FE6AN103

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 10/11/00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR
PREPARER

10/16/00
DATE PREPARED

(6/2000)