

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Association of Oral and Maxillofacial Surgeons Political Action Committ- ee

ADDRESS (number and street) 9700 West Bryn Mawr Ave. Check if different than previously reported. (ACC) Rosemont IL 60018

2. FEC IDENTIFICATION NUMBER C00005660 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) X Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dr. David Prindiville Signature of Treasurer Electronically Filed by Dr. David Prindiville Date 09 14 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		646637.44
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	485942.38									
(c) Total Receipts (from Line 19)	24030.89	102482.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	509973.27	749119.46								
7. Total Disbursements (from Line 31)	46658.57	285804.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	463314.70	463314.70								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	333.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12325.00	48625.00
(ii) Unitemized	11636.00	49096.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23961.00	97721.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23961.00	97721.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	69.89	761.02
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24030.89	102482.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24030.89	102482.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	158.57	71799.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	158.57	71799.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	213500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	505.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	505.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46658.57	285804.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46658.57	285804.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	23961.00	97721.00
34. Total Contribution Refunds (from Line 28(d))	0.00	505.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23961.00	97216.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	158.57	71799.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	158.57	71799.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 / 29
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) Dr. Rocklin Alling		Date of Receipt	
	Mailing Address 1957 Hoover Court Suite 206		M M / D D / Y Y Y Y 08 / 18 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20208
	Birmingham	AL	35226-3618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer Self-Employed		Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Dr. Charles Bode		Date of Receipt	
	Mailing Address 5750 West Thunderbird Road Suite H-850		M M / D D / Y Y Y Y 08 / 31 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20215
	Glendale	AZ	85306-4694	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Affiliated OMS PC		Occupation Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Gordon Brady		Date of Receipt	
	Mailing Address 1463 Klondike Road Suite C		M M / D D / Y Y Y Y 08 / 31 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20216
	Conyers	GA	30207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer OMS Associates		Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) Dr. M. Braly		Date of Receipt MM / DD / YYYY 08 / 19 / 2010	
	Mailing Address 620 S. Madison Suite 302		Transaction ID: SA11AI.20217	
	City	State	Zip Code	Amount of Each Receipt this Period
	Enid	OK	73701-7270	375.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer Medical Plaza		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

B.	Full Name (Last, First, Middle Initial) Kirby Bunel		Date of Receipt MM / DD / YYYY 08 / 06 / 2010	
	Mailing Address 1701 Moores Ln		Transaction ID: SA11AI.20219	
	City	State	Zip Code	Amount of Each Receipt this Period
	Texarkana	TX	75503	375.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer Oral & Maxillofacial Surg- eons		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

C.	Full Name (Last, First, Middle Initial) Dr. Frederick Ciabattoni		Date of Receipt MM / DD / YYYY 08 / 31 / 2010	
	Mailing Address 510 Augusta Drive West		Transaction ID: SA11AI.20226	
	City	State	Zip Code	Amount of Each Receipt this Period
	Sinking Spring	PA	19608	375.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer Berks Oral Surgery		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) John Ciabattoni	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 1075 Berkshire Blvd Suite 800	Transaction ID: SA11AI.20225
	City State Zip Code Wyomissing PA 19610-2034	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Berks Oral Surgery Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Brent T. Garrison	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 8140 Knue Road Suite 200	Transaction ID: SA11AI.20238
	City State Zip Code Indianapolis IN 46250	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Dr. Barry Hendler	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 7901 Bustleton Avenue Suite 304	Transaction ID: SA11AI.20242
	City State Zip Code Philadelphia PA 19152-3302	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of PA Med Center Occupation Oral & Maxillofacial Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Hitchan		Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 110 Wisconsin Avenue		Transaction ID: SA11AI.20245
	City	State	Zip Code
	Cranberry Township	PA	16066
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Randolph Holly		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 1003 Monroe Street		Transaction ID: SA11AI.20246
	City	State	Zip Code
	Endicott	NY	13760-5221
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Associates in OMS		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Gary Jones		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 93 Aviemore Dr		Transaction ID: SA11AI.20249
	City	State	Zip Code
	Pinehurst	NC	28374
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pinehurst Oral Surgery		Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1375.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) Dr. Robert Lamb	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 1004 Medical Park Blvd	Transaction ID: SA11AI.20253
	City State Zip Code Edmond OK 73013	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Dr. Stuart E. Lieblich	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 34 Dale Road Suite 105	Transaction ID: SA11AI.20256
	City State Zip Code Avon CT 06001-3659	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Avon OMS Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jay Malmquist	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 5415 SW Westgate Dr. Suite L-7	Transaction ID: SA11AI.20259
	City State Zip Code Portland OR 97221-2409	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.

Full Name (Last, First, Middle Initial)
Dr. Matthew Monesmith

Mailing Address 721 West 13th Street
Suite 221

City Jasper State IN Zip Code 47546

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.20262

Amount of Each Receipt this Period
375.00

B.

Full Name (Last, First, Middle Initial)
David Montes

Mailing Address 1212 7th St S

City Fargo State ND Zip Code 58103-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: SA11AI.20263

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert Nustad

Mailing Address 605 Hillcrest

City Owatonna State MN Zip Code 55060

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: SA11AI.20267

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1375.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.

Full Name (Last, First, Middle Initial)
Dr. Lee Pollan

Mailing Address 4415 Buffalo Road

City State Zip Code
North Chili NY 14514-1024

FEC ID number of contributing federal political committee. **C**

Name of Employer Lee D. Pollan DMD PC Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.20277

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. David Prindiville

Mailing Address 945 Main St.
Suite 310

City State Zip Code
Manchester CT 06040-6064

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.20279

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas Schugel

Mailing Address 3700 West 83rd Street
Suite 203

City State Zip Code
Prairie Village KS 66208

FEC ID number of contributing federal political committee. **C**

Name of Employer Oral & Facial Surgery Associates Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11AI.20288

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) Dr. Gary Seldomridge		Date of Receipt	
	Mailing Address 190 Good Drive		M M / D D / Y Y Y Y Y 08 / 06 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20290
	Lancaster	PA	17603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Conestoga OMS		Occupation Oral Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Dr. Thomas Slack		Date of Receipt	
	Mailing Address 3801 Glenkerry Court		M M / D D / Y Y Y Y Y 08 / 19 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20291
	Portage	MI	49024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Kalamazoo OMS PC		Occupation Self-Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Shelby Smithey		Date of Receipt	
	Mailing Address 431 Keisler Drive Suite 101		M M / D D / Y Y Y Y Y 08 / 06 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20293
	Cary	NC	27511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		375.00	
Name of Employer Shelby R. Smithey DDS		Occupation Oral & Maxillofacial Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) J Alex Tomaich		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 116 B Street		Transaction ID: SA11AI.20297		
	City Davis	State CA	Zip Code 95616	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Davis Oral & Maxillofacial Sur	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) Charles Tucker		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 17 Arentzen Blvd Suite 104		Transaction ID: SA11AI.20300		
	City Charleroi	State PA	Zip Code 15022	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oral Surgery Associates	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Robert Walker		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 5323 Harry Hines Blvd.		Transaction ID: SA11AI.20303		
	City Dallas	State TX	Zip Code 75309-9109	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) Dr. John Werther		Date of Receipt
	Mailing Address 2011 Murphy Avenue Suite 604		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Nashville	TN	37203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20305
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Oral Surgeon	<input type="text"/> 375.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 375.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. William Whitlow		Date of Receipt
	Mailing Address 1905 East 23rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Hutchinson	KS	67502
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20308
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Oral Surgeon	<input type="text"/> 375.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 375.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Timothy Zuck		Date of Receipt
	Mailing Address 200 East Washington Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Appleton	WI	54911
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20310
Name of Employer		Occupation	Amount of Each Receipt this Period
OMS Surgical Associates		Oral surgeon	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/> 12325.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 29
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.

Full Name (Last, First, Middle Initial) The Northern Trust Company		Date of Receipt MM / DD / YYYY 08 / 08 / 2010
Mailing Address 1501 Woodfield Road		Transaction ID: SA17.20200
City Schaumburg	State IL	Zip Code 60173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.70
Name of Employer	Occupation	CD Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 704.81	

B.

Full Name (Last, First, Middle Initial) The Northern Trust Company		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 1501 Woodfield Road		Transaction ID: SA17.20202
City Schaumburg	State IL	Zip Code 60173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.33
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 753.14	

SUBTOTAL of Receipts This Page (optional)	▶	69.03
TOTAL This Period (last page this line number only)	▶	69.03

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address 2211 N. First Street City San Jose State CA Zip Code 95131 Purpose of Disbursement Paypal collection fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20204 Date of Disbursement 08 / 18 / 2010	Amount of Each Disbursement this Period 54.53
B.	Full Name (Last, First, Middle Initial) Paypal Mailing Address 2211 N. First Street City San Jose State CA Zip Code 95131 Purpose of Disbursement Paypal collection fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20205 Date of Disbursement 08 / 24 / 2010	Amount of Each Disbursement this Period 6.10
C.	Full Name (Last, First, Middle Initial) Paypal Mailing Address 2211 N. First Street City San Jose State CA Zip Code 95131 Purpose of Disbursement Paypal collection fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20206 Date of Disbursement 08 / 30 / 2010	Amount of Each Disbursement this Period 20.90

SUBTOTAL of Disbursements This Page (optional) ▶

81.53

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address 2211 N. First Street City San Jose State CA Zip Code 95131 Purpose of Disbursement Paypal collection fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20207 Date of Disbursement 08 / 31 / 2010	Amount of Each Disbursement this Period 6.10
B.	Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 1501 Woodfield Road City Schaumburg State IL Zip Code 60173 Purpose of Disbursement Bank fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20203 Date of Disbursement 08 / 03 / 2010	Amount of Each Disbursement this Period 70.94

SUBTOTAL of Disbursements This Page (optional) ►

77.04

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

158.57

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 29

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS Mailing Address PO Box 1527 City Annapolis State MD Zip Code 21404 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20340 Date of Disbursement 08 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL COMMIT- TEE Mailing Address PO Box 1242 City Tucson State AZ Zip Code 85702 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20341 Date of Disbursement 08 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) BARTLETT FOR CONGRESS COMMITTEE Mailing Address P.O. Box 245 City Middletown State MD Zip Code 21769 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20326 Date of Disbursement 08 / 06 / 2010
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 29

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) BOBBY SCOTT FOR CONGRESS	Transaction ID: SB23.20344
	Mailing Address P.O. Box 251	Date of Disbursement 08 / 26 / 2010
	City Newport News State VA Zip Code 23607	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS	Transaction ID: SB23.20333
	Mailing Address PO Box 250	Date of Disbursement 08 / 19 / 2010
	City Newburgh State IN Zip Code 47629	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND	Transaction ID: SB23.20327
	Mailing Address PO Box 133	Date of Disbursement 08 / 06 / 2010
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS	Transaction ID: SB23.20328
	Mailing Address PO Box 442	Date of Disbursement MM / DD / YYYY 08 / 06 / 2010
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010	Transaction ID: SB23.20331
	Mailing Address POST OFFICE BOX 977	Date of Disbursement MM / DD / YYYY 08 / 11 / 2010
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS	Transaction ID: SB23.20351
	Mailing Address 315 Inspiration Lane	Date of Disbursement MM / DD / YYYY 08 / 30 / 2010
	City Gaithersburg State MD Zip Code 20878	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 29

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS	Transaction ID: SB23.20345
	Mailing Address P.O. BOX 960821	Date of Disbursement 08 / 26 / 2010
	City RIVERDALE State GA Zip Code 30296	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC	Transaction ID: SB23.20342
	Mailing Address PO BOX 16664	Date of Disbursement 08 / 25 / 2010
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: SB23.20332
	Mailing Address PO Box 50100 PO Box 50100	Date of Disbursement 08 / 11 / 2010
	City Springfield State MO Zip Code 65805	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF WEINER Mailing Address 1 Ascan Avenue #31 suite 31 City Forest Hills State NY Zip Code 11375 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20346 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS Mailing Address 2345 Grand, Suite 2400 City Kansas City State MO Zip Code 64108 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20329 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) HARRY TEAGUE FOR CONGRESS Mailing Address PO BOX 5153 PO BOX 5153 City HOBBS State NM Zip Code 88241 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20338 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 29

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

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NAME OF COMMITTEE (In Full)
American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee

A.	Full Name (Last, First, Middle Initial) JEFF MILLER FOR CONGRESS	Transaction ID: SB23.20337 Date of Disbursement 08 / 19 / 2010
	Mailing Address P. O. Box 126	Amount of Each Disbursement this Period 1000.00
	City Pensacola State FL Zip Code 32591	Category/ Type
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS	Transaction ID: SB23.20334 Date of Disbursement 08 / 19 / 2010
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	Category/ Type
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: SB23.20347 Date of Disbursement 08 / 26 / 2010
	Mailing Address PO BOX 10246	Amount of Each Disbursement this Period 3000.00
	City PHOENIX State AZ Zip Code 85064	Category/ Type
	Purpose of Disbursement Federal Campaign Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 22

Transaction ID: SB23.20339

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)
LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB23.20336

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TN District: 07

Transaction ID: SB23.20335

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

PAUL BROUN COMMITTEE

Mailing Address P.O. Box 1512

City Athens State GA Zip Code 30601

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 10

Transaction ID: SB23.20348

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

PAUL GOSAR FOR CONGRESS

Mailing Address 2222 E. Cedar Ave.

City Flagstaff State AZ Zip Code 86004

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB23.20343

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

POLLAK FOR CONGRESS

Mailing Address 500 Davis Street
Suite 812

City Evanston State IL Zip Code 60201

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 09

Transaction ID: SB23.20352

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District: 04

Transaction ID: SB23.20349

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

ROB WOODALL FOR CONGRESS

Mailing Address POST OFFICE BOX 1871

City LAWRENCEVILLE State GA Zip Code 30046

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 07

Runoff

Transaction ID: SB23.20330

Date of Disbursement

08 / 06 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 09

Transaction ID: SB23.20353

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

WESTMORELAND FOR CONGRESS

Mailing Address P.O. Box 458

City State Zip Code
Sharpsburg GA 30277

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 03

Transaction ID: SB23.20350

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

46500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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

NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committee

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

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

Mailing Address PO Box 19008

City	State	ZIP Code
Springfield	IL	62794-9008

Outstanding Balance Beginning This Period

326.00

Transaction ID: SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

326.00

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

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

Mailing Address PO Box 19008

City	State	ZIP Code
Springfield	IL	62794-9008

Outstanding Balance Beginning This Period

7.00

Transaction ID: SD9.19670

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.00

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