

**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-
 BP

ADDRESS (number and street) 9700 West Bryn Mawr Ave.
 Check if different than previously reported. (ACC) Rosemont IL 80018

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00005690 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) X Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) Election on in the State of
 (b) Monthly Report Due On:
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 (d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER) Election on in the State of

5. Covering Period 07 01 2002 through 07 31 2002

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. Terry Cisler

Signature of Treasurer Electronically Filed by Dr. Terry Cisler Date 08 16 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^h 07 ^D 01 ^v 2002 To: ^h 07 ^D 31 ^v 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		415225.23
(b) Cash on Hand at Beginning of Reporting Period	402301.18	
(c) Total Receipts (from Line 19)	14280.38	119734.84
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	416581.56	534960.07
7. Total Disbursements (from Line 30)	13091.12	131469.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	403490.44	403490.44
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	5868.00	

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 (Revised 1/2001)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^h07 ^d01 ^y2002 To: ^h07 ^d31 ^y2002

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)	8085.00	
(ii) Unitemized	5710.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13795.00	113200.00
(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 32, page 4)	13795.00	113200.00
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	485.38	3534.84
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	14280.38	119734.84
20. Total Federal Receipts (subtract Line 18 from Line 19)	14280.38	119734.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	91.12	16368.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	91.12	16368.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	99500.00
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	0.00
(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	0.00
29. Other Disbursements.....	7500.00	15601.61
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	13091.12	131469.63
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	13091.12	131469.63
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	13795.00	113200.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	13795.00	113200.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	91.12	16368.02
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	91.12	16368.02

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

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)

A. Dr. Lawrence Beck

Mailing Address

1803 10th Avenue

City

Port Huron

State

MI

Zip Code

48060-3105

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.7686

Full Name (Last, First, Middle Initial)

B. Dr. Frederick Bunch

Mailing Address

756 Porter Ave.

City

Stockton

Suite 400

State

CA

Zip Code

95207

Date of Receipt

N M / D E / Y Y Y Y
07 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Fred L Bunch DDS MS

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7626

Full Name (Last, First, Middle Initial)

C. Dr. David Chilton

Mailing Address

1625 Medical Center Point

City

Colorado Springs

Suite 260

State

CO

Zip Code

80907

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period

75.00

FEC ID number of contributing
federal political committee.

Name of Employer
Oral Surgery Associates

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: SA11A1.7627

SUBTOTAL of Receipts This Page (optional) ▶

725.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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. Daniel Daley

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Mailing Address
2300 Garrett Rd.

City State Zip Code
Drexel Hill PA 19026-1102

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Daniel J. Daley Jr. DDS PC Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 850.00

Transaction ID: SA11A1.7665

B. Full Name (Last, First, Middle Initial)
Dr. James Davis

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Mailing Address
3330 Capital Oaks Drive

City State Zip Code
Tallahassee FL 32308-5327

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tallahassee OMS Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 650.00

Transaction ID: SA11A1.7689

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Dean

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2002

Mailing Address
1448 East Center Street P.O. Box 6033

City State Zip Code
Pocatello ID 83205

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Facial & Oral Surgery Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.7695

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Mary Delsol

Mailing Address

32241 Crown Valley Pkwy

Suite 220

City

State

Zip Code

Dana Point

CA

92629

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Oral & Maxillofacial surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Transaction ID: SA11A1.7686

Full Name (Last, First, Middle Initial)

B. Dr. Gary Dwight

Mailing Address

1400 E. Michigan

City

State

Zip Code

Lansing

MI

48912-2110

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.7616

Full Name (Last, First, Middle Initial)

C. Dr. Mark Egbert

Mailing Address

P.O. Box 5371

CH-19

City

State

Zip Code

Seattle

WA

98104

Date of Receipt

N M / D E / Y Y Y Y
07 / 17 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Children's Memorial Hospital

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Transaction ID: SA11A1.7697

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Thomas Engler

Mailing Address

1B15 Schadt Avenue

City

State

Zip Code

Whitehall

PA

18052

Date of Receipt

N M / D E / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Peachtree Office Plaza

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.7625

Full Name (Last, First, Middle Initial)

B. Dr. Lawrence Falender

Mailing Address

8870 East Washington Street

Suite 210

City

State

Zip Code

Indianapolis

IN

46229

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.7608

Full Name (Last, First, Middle Initial)

C. Dr. Eric Geist

Mailing Address

2916 West Deborah

City

State

Zip Code

Monroe

LA

71201

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Oral Surgery Associates

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.7650

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Robert Gilum

Mailing Address

240 Woodwinds Lane

City

State

Zip Code

Wayzata

MN

55391

Date of Receipt

N M / D E / Y Y Y Y
07 / 18 / 2002

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Associated OMS

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.7675

Full Name (Last, First, Middle Initial)

B. Dr. Thomas Hebdt

Mailing Address

7730 N. Union Blvd.

Suite 103

City

State

Zip Code

Colorado Springs

CO

80920

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2002

FEC ID number of contributing
federal political committee.

150.00

Name of Employer
Oral Surgery Spec. of Colorado sp-
rings

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Transaction ID: SA11A1.7655

Full Name (Last, First, Middle Initial)

C. Dr. Christopher Kane

Mailing Address

4350 Marconi Ave.

Suite 200

City

State

Zip Code

Sacramento

CA

95261

Date of Receipt

N M / D E / Y Y Y Y
07 / 18 / 2002

FEC ID number of contributing
federal political committee.

150.00

Name of Employer
Self

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: SA11A1.7699

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 25

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. W. Kelly

Mailing Address

59 Quinsigamond Avenue

City

State

Zip Code

Worcester

MA

01610-1895

Date of Receipt

N M / D E / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Oral surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7715

Full Name (Last, First, Middle Initial)

B. Dr. Michael Kosin

Mailing Address

2036 Patton Chapel Road

City

State

Zip Code

Birmingham

AL

35216

Date of Receipt

N M / D E / Y Y Y Y
07 / 28 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kosin & Kahn PC

Occupation

Oral Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7840

Full Name (Last, First, Middle Initial)

C. Dr. Michael Kosin

Mailing Address

2036 Patton Chapel Road

City

State

Zip Code

Birmingham

AL

35216

Date of Receipt

N M / D E / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kosin & Kahn PC

Occupation

Oral Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Transaction ID: SA11A1.7838

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Michael Langan

Mailing Address
610 North Mills
City State Zip Code
Orlando FL 32803-7103

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central Florida OMS Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.7635

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

Mailing Address
1816 Chapel Drive Suite H
City State Zip Code
Findlay OH 45840-1343

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OMS Associates Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.7647

Full Name (Last, First, Middle Initial)
C. Dr. John Maleta

Mailing Address
1469 29th Street
City State Zip Code
West Des Moines IA 50266

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Iowa OMS PC Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.7607

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 25	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. Jay Malquist

Mailing Address
5415 SW Westgate Dr. Suite L-7
City: Portland State: OR Zip Code: 97221-2409

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Occupation: Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: SA11A1.7682

Full Name (Last, First, Middle Initial)
B. Dr. Gene Martin

Mailing Address
185 Haddon Avenue
City: Haddonfield State: NJ Zip Code: 08033

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Occupation: Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.7709

Full Name (Last, First, Middle Initial)
C. Dr. Michael Melick

Mailing Address
475 Chase Parkway
City: Waterbury State: CT Zip Code: 06706-3339

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2002

Amount of Each Receipt this Period
325.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Occupation: Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 325.00

Transaction ID: SA11A1.7717

SUBTOTAL of Receipts This Page (optional) ▶ **725.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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. Robert Morris

Mailing Address
1638 Nicholasville Road Suite B-103

City State Zip Code
Lexington KY 40503

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.7631

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

Mailing Address
5D West Big Beaver Road Suite 190

City State Zip Code
Bloomfield Hills MI 48304-3911

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Torgerson & Smail PC Occupation
Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.7692

C. Full Name (Last, First, Middle Initial)
Dr. Bradford Porter

Mailing Address
195 Haddon Ave.

City State Zip Code
Haddonfield NJ 08033-2305

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.7670

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Ronald Redus

Mailing Address
3501 Soney Road Unit 101
City Amarillo State TX Zip Code 79119-6405

Date of Receipt
N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.7611

Full Name (Last, First, Middle Initial)
B. Dr. Edward Rentschler

Mailing Address
425 Roxbury Road
City Rockford State IL Zip Code 61107

Date of Receipt
N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 425.00

Transaction ID: SA11A1.7687

Full Name (Last, First, Middle Initial)
C. Dr. Paul Schwertz

Mailing Address
3504 Smithville Drive
City Dunkirk State MD Zip Code 20754

Date of Receipt
N M / D E / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

Transaction ID: SA11A1.7654

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 25	
	<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. Thomas Skiba

Mailing Address
680 North Route 31

City State Zip Code
Crystal Lake IL 60012

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 850.00

Transaction ID: SA11A1.7605

B. Full Name (Last, First, Middle Initial)
Dr. Terry Slaughter

Mailing Address
420 East Romie Lane

City State Zip Code
Salinas CA 93901-4017

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Associates for OMS Occupation
Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 475.00

Transaction ID: SA11A1.7680

C. Full Name (Last, First, Middle Initial)
Dr. Gary Smith

Mailing Address
10068 Nantucket Dr.

City State Zip Code
San Ramon CA 94583

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

Transaction ID: SA11A1.7691

SUBTOTAL of Receipts This Page (optional) ▶ **375.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. J. Soliday

Mailing Address

507 North Frederick Avenue

City

State

Zip Code

Gaithersburg

MD

20877-2506

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.7681

Full Name (Last, First, Middle Initial)

B. Dr. Barry Stacey

Mailing Address

5041 Dallas Hwy. Bldg 2

Suite A

City

State

Zip Code

Powder Springs

GA

30127

Date of Receipt

N M / D E / Y Y Y Y
07 / 16 / 2002

Amount of Each Receipt this Period

75.00

FEC ID number of contributing
federal political committee.

Name of Employer
West Atlanta Oral Surgery

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Transaction ID: SA11A1.7622

Full Name (Last, First, Middle Initial)

C. Dr. Barry Stein

Mailing Address

211 West Beaver Avenue

City

State

Zip Code

State College

PA

16801-4819

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Tri-County Oral Facial Surgeons

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Transaction ID: SA11A1.7676

SUBTOTAL of Receipts This Page (optional) ▶

375.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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. Richard Terrenbaum

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Mailing Address
474 Hurffi Suite C
City State Zip Code
Sewell NJ 08080

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Atrium at Washington Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 850.00

Transaction ID: SA11A1.7633

B. Full Name (Last, First, Middle Initial)
Dr. Craig Thiede

Date of Receipt
M M / D D / Y Y Y Y
07 / 03 / 2002

Mailing Address
2401 W. Chapman Suite 101
City State Zip Code
Orange CA 92668

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.7684

C. Full Name (Last, First, Middle Initial)
Dr. Bradford Towne

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2002

Mailing Address
310 Fisher Rd. Suite 1
City State Zip Code
Berlin VT 05602-9802

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northern Vermont Oral Surgery Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 475.00

Transaction ID: SA11A1.7686

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Bradford Toome

Mailing Address
310 Fisher Rd. Suite 1

City State Zip Code
Berlin VT 05602-0802

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
175.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northern Vermont Oral Surgery Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 850.00

Transaction ID: SA11A1.7667

Full Name (Last, First, Middle Initial)
B. Dr. R. Triplett

Mailing Address
P.O. Box 860677

City State Zip Code
Dallas TX 75266-0677

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Baylor College of Dentistry Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.7608

Full Name (Last, First, Middle Initial)
C. Dr. W. Tucker

Mailing Address
724 Druid Hills Rd.

City State Zip Code
Temple Terrace FL 33617-3810

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.7690

SUBTOTAL of Receipts This Page (optional) ▶ 475.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 25
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

Full Name (Last, First, Middle Initial)
A. Dr. Lary Wolford

Mailing Address
3409 Worth Street Suite 400

City State Zip Code
Dallas TX 75246-2039

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
110.00

Name of Employer Self-employed Occupation
Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00

Transaction ID: SA11A1.7662

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	8085.00

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

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

FOR LINE NUMBER: PAGE 20 / 25

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Bank

Mailing Address

8501 W. Higgins Road

City

State

Zip Code

Chicago

IL

60631

Date of Receipt

N M / D E / Y Y Y Y
07 / 05 / 2002

Amount of Each Receipt this Period

184.94

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

CD Interest

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1784.14

Transaction ID: SA17.7749

Full Name (Last, First, Middle Initial)

B. Northern Trust Bank

Mailing Address

8501 W. Higgins Road

City

State

Zip Code

Chicago

IL

60631

Date of Receipt

N M / D E / Y Y Y Y
07 / 05 / 2002

Amount of Each Receipt this Period

34.76

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Interest

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1818.90

Transaction ID: SA17.7751

Full Name (Last, First, Middle Initial)

C. Scudder Investments Service Company

Mailing Address

P.O. Box 219154

City

State

Zip Code

Kansas City

MO

64121-7197

Date of Receipt

N M / D E / Y Y Y Y
07 / 25 / 2002

Amount of Each Receipt this Period

265.68

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Interest

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1003.84

Transaction ID: SA17.7750

SUBTOTAL of Receipts This Page (optional) ▶ **485.38**

TOTAL This Period (last page this line number only) ▶ **485.38**

**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 21 / 25

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Bank

Mailing Address

8501 W. Higgins Road

City

Chicago

State

IL

Zip Code

60631

Purpose of Disbursement

Interest fees

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

07^N / 05^M / 2002^Y

Amount of Each Disbursement this Period

91.12

Transaction ID: 5B21B.7747

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

91.12

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

91.12

**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 / 25

<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				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. COLYER FOR CONGRESS		Date of Disbursement 07 / 18 / 2002
Mailing Address P.O. Box 25345 City Overland Park State KS Zip Code 66225		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Federal Campaign contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: KS District: 03		Transaction ID: SB23.7742

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT ARTUR DAVIS TO CONGRESS		Date of Disbursement 07 / 01 / 2002
Mailing Address PO BOX 1845 City BIRMINGHAM State AL Zip Code 35201		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 Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: AL District: 07		Transaction ID: SB23.7746

Full Name (Last, First, Middle Initial) C. GERLACH, JIM		Date of Disbursement 07 / 18 / 2002
Mailing Address 808 HARBOUR RIDGE LANE City DOWNINGTOWN State PA Zip Code 19335		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 Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: PA District: 08		Transaction ID: SB23.7743

SUBTOTAL of Disbursements This Page (optional)	2500.00
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 23 / 25

<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				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. GINGREY FOR CONGRESS		Date of Disbursement 07 ^N / 18 ^M / 2002 ^Y
Mailing Address PO Box U City Marietta State GA Zip Code 30060		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 Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: GA District: 11	Transaction ID: SB23.7745	

Full Name (Last, First, Middle Initial) B. GRASSLEY COMMITTEE		Date of Disbursement 07 ^N / 18 ^M / 2002 ^Y
Mailing Address PO BOX 1000 City DES MOINES State IA Zip Code 50304		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Federal Campaign contribution Candidate Name		Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: IA District: 00	Transaction ID: SB23.7744	

C.

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	5500.00

**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 / 25

<input 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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Citizens for McNally

Mailing Address

121 Amanda Drive

City

Oak Ridge

State

TN

Zip Code

37830

Purpose of Disbursement

State Campaign contribution

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

07 / 19 / 2002

Amount of Each Disbursement this Period

5000.00

Transaction ID: SB29.771B

Full Name (Last, First, Middle Initial)

B. Kulongoski for Governor

Mailing Address

P.O. Box 398

City

Portland

State

OR

Zip Code

97207

Purpose of Disbursement

state campaign contribution

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

07 / 11 / 2002

Amount of Each Disbursement this Period

2500.00

Transaction ID: SB29.772B

C.

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

7500.00

SCHEDULE D

DEBTS AND OBLIGATIONS

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

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

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 Inc. Tax-Pay in 02 for 01 activity

Mailing Address

PO Box 19008

City State

Springfield IL

ZIP Code

62704-9008

Outstanding Balance Beginning This Period

945.00

Transaction ID: SD10.6547

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

945.00

B Full Name (Last, First, Middle Initial) of Debtor or Creditor

Northern Trust Bank

Nature of Debt (Purpose):

Fed Inc. Tax-Pay in 02 for 01 activity

Mailing Address

85D1 W. Higgins Road

City State

Chicago IL

ZIP Code

60631

Outstanding Balance Beginning This Period

4923.00

Transaction ID: SD10.6548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4923.00

C

1) SUBTOTALS This Period This Page (optional)	▶	5868.00
2) TOTALS This Period (last page this line number only)	▶	5868.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	