

**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-  
 55

ADDRESS (number and street) 8700 West Bryn Mawr Ave.  
 Check if different than previously reported. (ACC) Rosemont IL 80018

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00005690

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

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

5. Covering Period 09 01 2003 through 09 30 2003

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. Douglas Fain

Signature of Treasurer Electronically Filed by Dr. Douglas Fain Date 10 13 2003

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							
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: <sup>H</sup>09 <sup>: :</sup>01 <sup>Y / Y /</sup>2003 To: <sup>H</sup>09 <sup>: :</sup>30 <sup>Y / Y /</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y / Y /</sup> 2003		355343.56
(b) Cash on Hand at Beginning of Reporting Period .....	391203.83	
(c) Total Receipts (from Line 19) .....	18186.94	101051.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	409390.77	456395.41
7. Total Disbursements (from Line 31) .....	10697.98	57702.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	398692.79	398692.79
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	633.00	
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. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>09 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2003

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) .....	14225.00	
(ii) Unitemized .....	3775.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	18000.00	98684.18
(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) .....	18000.00	98684.18
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	186.94	1867.67
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)) .....	18186.94	101051.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18186.94	101051.85

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	2497.98	7267.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2497.98	7267.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6300.00	44800.00
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	35.00
(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	35.00
29. Other Disbursements.....	1900.00	5600.00
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 ActMty (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))..	10697.98	57702.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10697.98	57702.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	18000.00	98684.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	35.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18000.00	98649.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2497.98	7267.62
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2497.98	7267.62

**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 / 27	
	<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

Full Name (Last, First, Middle Initial) <b>A. Dr. Warren Amasmith</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 214B 48th Place W		Transaction ID: SA11A1.9472
City Birmingham	State AL	Zip Code 35208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Max Behr</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 225 Abraham Flexner Way Suite 302		Transaction ID: SA11A1.9523
City Louisville	State KY	Zip Code 40202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Kentuckiana Oral Surgery Assoc.	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. John Brummer</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 1035 North Emporia Suite 175		Transaction ID: SA11A1.9508
City Wichita	State KS	Zip Code 67214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>825.00</b>
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 / 27	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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ee

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas Braun</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 3501 Terrace St. Suite 440		Transaction ID: SA11A1.9480
City Pittsburgh	State PA	Zip Code 15261-1833
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Pittsburgh	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul Cullum</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 105 Berrywood Dr.		Transaction ID: SA11A1.9494
City Columbia	State TN	Zip Code 38401-4750
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Vincent DiFede</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 198 Thomas Suite 1D1		Transaction ID: SA11A1.9528
City Frederick	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
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 8 / 27	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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ee

Full Name (Last, First, Middle Initial) <b>A. Dr. Timothy Durtsche</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 815 S. 10th St.		Transaction ID: SA11A1.9514
City LaCrosse	State WI	Zip Code 54601-4786
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Drs. Andersen & Durtsche, Ltd.	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Brian Dyess</b>		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 7777 Hennessy Blvd Suite 810		Transaction ID: SA11A1.9465
City Baton Rouge	State LA	Zip Code 70808-4300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert Flint</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 4970 S 900 E		Transaction ID: SA11A1.9548
City Salt Lake City	State UT	Zip Code 84117
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>900.00</b>
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 9 / 27	
	<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) <b>A. Dr. Scott Frank</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 701 West Deerfield Pkwy Suite 30		Transaction ID: SA11A1.9488
City Buffalo Grove	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer North Shore OMS	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert Gilum</b>		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 240 Woodwinds Lane		Transaction ID: SA11A1.9522
City Wayzata	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Associated OMS	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Edwin Granite</b>		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 2101 Foulk Road		Transaction ID: SA11A1.9524
City Wilmington	State DE	Zip Code 19810-4710
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>750.00</b>
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 10 / 27	
	<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) <b>A. Dr. Katherine A. Helton</b>		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 223 Walnut Street Suite 2		Transaction ID: SA11A1.9484
City Framingham	State MA	Zip Code 01701-8205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Theodore Hennig</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 800 Cooper Avenue Site 7		Transaction ID: SA11A1.9521
City Saginaw	State MI	Zip Code 48602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark Jackson</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 20 South Park Street Ste 508		Transaction ID: SA11A1.9527
City Madison	State WI	Zip Code 53715-1348
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ctr for OMS Madison Med Ctr	Occupation Oral & Maxillofacial Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>850.00</b>
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 / 27	
	<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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Full Name (Last, First, Middle Initial) A. Dr. J. Johnson		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 420 Laboratory Rd.		Transaction ID: SA11A1.9474
City Oak Ridge	State TN	Zip Code 37830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer OMS Specialists	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Jerry Jones		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 5900 Cubero Drive NE		Transaction ID: SA11A1.9495
City Albuquerque	State NM	Zip Code 87109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Efra Keras		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 6877 North Lincoln Avenue Suite 330		Transaction ID: SA11A1.9542
City Lincolnwood	State IL	Zip Code 60712
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1075.00</b>
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 / 27	
	<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) <b>A. Dr. Thomas Keane</b>		Date of Receipt M / D / Y 09 / 05 / 2003
Mailing Address 8545 France Ave. S. Suite 270		Transaction ID: SA11A1.9534
City Edina	State MN	Zip Code 55435
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Thomas M. Keane, DDS, PA	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. W. Kelly</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 59 Quinsigamond Avenue		Transaction ID: SA11A1.9550
City Worcester	State MA	Zip Code 01610-1895
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Self-Employed	Occupation Oral surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. W. Klein</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 725 Swift Blvd Suite A		Transaction ID: SA11A1.9512
City Richland	State WA	Zip Code 99352
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1075.00</b>
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 / 27	
	<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) <b>A. Dr. Michael Koslin</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 2036 Patton Chapel Road		Transaction ID: SA11A1.9485
City Birmingham	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Koslin & Kahn PC	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Stephen Koslin</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 3939 Hollywood Blvd First Floor West		Transaction ID: SA11A1.9492
City Hollywood	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Marten Ledman</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 87 route 250		Transaction ID: SA11A1.9473
City Morganville	State NJ	Zip Code 07751
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 / 27	
	<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) <b>A. Dr. Thomas Lapp</b>		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 814D Krue Road		Transaction ID: SA11A1.9471
City Indianapolis	State IN	Zip Code 46250-1028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Indiana OMS Associates	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. David LaMoine</b>		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 2353 S. Ridge Rd. Suite 1		Transaction ID: SA11A1.9513
City Green Bay	State WI	Zip Code 54304-5083
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. John MacNamara</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 3580 Piedmont Center Suite 207		Transaction ID: SA11A1.9511
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>750.00</b>
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 / 27	
	<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) <b>A. Dr. Edward C. Marshal</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 27450 Ynez Road Suite 116		Transaction ID: SA11A1.9598
City Temecula	State CA	Zip Code 92592
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Oral surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert O'Neill</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 524 South Sycamore Street		Transaction ID: SA11A1.9463
City Petersburg	State VA	Zip Code 23803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Drs Bissel Isbel & O'Ne- ill LTD	Occupation Oral & Maxillofacial Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Ramon Palaux</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 475 N. Wendover Rd.		Transaction ID: SA11A1.9507
City Charlotte	State NC	Zip Code 28221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hemin Sykes Swann & Pe- aux DMS Assoc	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 16 / 27	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Dr. Alfred Pesto</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 4815 Paulsen St.		Transaction ID: SA11A1.9538
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Southeastern Oral & Max Surg Assoc PC	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Bradford Porter</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 195 Haddon Ave.		Transaction ID: SA11A1.9519
City Haddonfield	State NJ	Zip Code 08033-2305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Self	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Gregory Rongione</b>		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 455 South Washington Street Suite 21		Transaction ID: SA11A1.9546
City Gettysburg	State PA	Zip Code 17325
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>825.00</b>
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 / 27	
	<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) <b>A. Dr. John Seidel</b>		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 1345 South Division Street Suite 102		Transaction ID: SA11A1.9532
City Salisbury	State MD	Zip Code 21804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul Sims</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 775 West Gold		Transaction ID: SA11A1.9526
City Butte	State MT	Zip Code 59701-2319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Roger Spampata</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 2100 North Broad Street Suite 108		Transaction ID: SA11A1.8481
City Lansdale	State PA	Zip Code 19448
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
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 / 27	
	<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) <b>A. Dr. Barry Stacey</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 5041 Dallas Hwy. Bldg 2 Suite A		Transaction ID: SA11A1.9478
City Powder Springs	State GA	Zip Code 30127
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer West Atlanta Oral Surgery	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. R Stabaugh</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 909 Frostwood Suite 262		Transaction ID: SA11A1.9490
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey Stone</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 33 Bartlett Street Suite 405		Transaction ID: SA11A1.9515
City Lowell	State MA	Zip Code 01852
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Nashua Oral Surgery Assoc- iates	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1075.00</b>
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 10 / 27	
	<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) <b>A. Dr. James Swift</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address Moos Tower 7-174 515 Delaware St SE		Transaction ID: SA11A1.9487
City Minneapolis	State MN	Zip Code 55455-0329
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Univ. of Minnesota Division of QMS	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard Tenenbaum</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 474 Hurfvi Suite C		Transaction ID: SA11A1.9483
City Sewell	State NJ	Zip Code 08080
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer The Atrium at Washington	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Bradford Towne</b>		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 310 Fisher Rd. Suite 1		Transaction ID: SA11A1.9516
City Berlin	State VT	Zip Code 05602-9802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
Name of Employer Northern Vermont Oral Surgery	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>850.00</b>
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 20 / 27	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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) <b>A. Dr. Robert Watts</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address Gulf Coast 180-B Debuys Rd. Suite 203		Transaction ID: SA11A1.9590
City Biloxi	State MS	Zip Code 39531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Eric Woolbright</b>		Date of Receipt M / D / Y 09 / 18 / 2003
Mailing Address 3007 Spring Mill Dr.		Transaction ID: SA11A1.9502
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Springfield Associates in OMS Ltd	Occupation Oral Surgeon	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	14225.00

**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 21 / 27	
	<input 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-  
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Full Name (Last, First, Middle Initial) <b>A. Northern Trust Bank</b>		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.9576
City Chicago	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 29.56
Name of Employer	Occupation	Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1236.95	

Full Name (Last, First, Middle Initial) <b>B. Northern Trust Bank</b>		Date of Receipt M / D / Y 09 / 05 / 2003
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.9574
City Chicago	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.85
Name of Employer	Occupation	CD interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1337.80	

Full Name (Last, First, Middle Initial) <b>C. Seudder Investments Service Company</b>		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address P.O. Box 219154		Transaction ID: SA17.9575
City Kansas City	State MO	Zip Code 64121-7197
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 58.53
Name of Employer	Occupation	Dividends
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 614.05	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>186.94</b>
TOTAL This Period (last page this line number only) .....	▶	<b>186.94</b>

**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 / 27
	<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

Full Name (Last, First, Middle Initial) A. Dr. Paul DeLong			Transaction ID: SB21B.9584 Date of Disbursement 09 / 25 / 2003		
Mailing Address 988 W. Third St.			Amount of Each Disbursement this Period  404.39		
City Dubuque	State IA	Zip Code 52001-8807			
Purpose of Disbursement Reimb for trvl to fundraiser		002 Category/ Type			
Candidate Name GRASSLEY COMMITTEE					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General Other (specify) ▼				
State: IA	District: 00				

Full Name (Last, First, Middle Initial) B. Dr. Vincent DiFabio			Transaction ID: SB21B.9585 Date of Disbursement 09 / 25 / 2003		
Mailing Address 198 Thomas Suite 101			Amount of Each Disbursement this Period  611.00		
City Frederick	State MD	Zip Code 21702			
Purpose of Disbursement Trvl to federal fundraiser		002 Category/ Type			
Candidate Name GRASSLEY COMMITTEE					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General Other (specify) ▼				
State: IA	District: 00				

Full Name (Last, First, Middle Initial) C. Dr. Larry Nissen			Transaction ID: SB21B.9586 Date of Disbursement 09 / 25 / 2003		
Mailing Address 280 North Sykes Creek Pkwy Suite C			Amount of Each Disbursement this Period  883.63		
City Merrit Island	State FL	Zip Code 32953			
Purpose of Disbursement Reimb for trvl to federal fundraiser		002 Category/ Type			
Candidate Name GRASSLEY COMMITTEE					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General Other (specify) ▼				
State: IA	District: 00				

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>1899.02</b>
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 / 27
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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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		Transaction ID: SB21B.9577 Date of Disbursement 09 / 04 / 2003		
Mailing Address 8501 W. Higgins Road		Amount of Each Disbursement this Period  125.96		
City Chicago	State IL			Zip Code 60631
Purpose of Disbursement Bank fees				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Thomas Williams		Transaction ID: SB21B.9558 Date of Disbursement 09 / 25 / 2003		
Mailing Address 668 W. Third		Amount of Each Disbursement this Period  473.00		
City Dubuque	State IA			Zip Code 52001-6607
Purpose of Disbursement Reimb for trvl to federal fundraiser				Category/ Type
Candidate Name GRASSLEY COMMITTEE				
Office Sought: House <input checked="" type="checkbox"/> Senate President State: IA District 00	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	598.96
TOTAL This Period (last page this line number only) .....	▶	2497.98

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

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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) <b>A. PETER DEUTSCH</b>		Transaction ID: SB23.9557 Date of Disbursement 09 / 24 / 2003	
Mailing Address PO BOX 816215		Amount of Each Disbursement this Period  2000.00	
City HOLLYWOOD	State FL		Zip Code 33081
Purpose of Disbursement Federal Candidate Contribution			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: D0		

Full Name (Last, First, Middle Initial) <b>B. GRASSLEY COMMITTEE</b>		Transaction ID: SB23.9583 Date of Disbursement 09 / 29 / 2003	
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period  2300.00	
City DES MOINES	State IA		Zip Code 50304
Purpose of Disbursement Federal Candidate Contribution			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IA	District: D0		

Full Name (Last, First, Middle Initial) <b>C. Kind for Congress Committee</b>		Transaction ID: SB23.9582 Date of Disbursement 09 / 24 / 2003	
Mailing Address 505 King St #105		Amount of Each Disbursement this Period  1000.00	
City LaCrosse	State WI		Zip Code 54601
Purpose of Disbursement Federal Campaign contribution			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI	District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>5300.00</b>
<b>TOTAL</b> 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 25 / 27

<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

Full Name (Last, First, Middle Initial) A. Pallone for Congress		Transaction ID: SB23.9554 Date of Disbursement 09 / 18 / 2003
Mailing Address PO Box 3176		Amount of Each Disbursement this Period  1000.00
City Long Branch	State NJ	
Zip Code 07740		
Purpose of Disbursement Federal Campaign Contribution	Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼	
State: NJ District: 6		

SUBTOTAL of Disbursements This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	6300.00

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

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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. Californians Against the Recall of the Governor		Transaction ID: SB29.9564 Date of Disbursement 09 / 30 / 2003	
Mailing Address P.O. box 67190		Amount of Each Disbursement this Period  1000.00	
City Los Angeles	State CA		Zip Code 90067
Purpose of Disbursement State Campaign Contribution			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 Primary General Other (specify) ▼		
State: CA	District	Special-General	

Full Name (Last, First, Middle Initial) B. Jim Douglas for governor		Transaction ID: SB29.9569 Date of Disbursement 09 / 24 / 2003	
Mailing Address P.O. Box 1414		Amount of Each Disbursement this Period  400.00	
City Montpelier	State VT		Zip Code 05601
Purpose of Disbursement State Candidate Contribution			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: VT	District		

Full Name (Last, First, Middle Initial) C. Yes on Bustamante Committee		Transaction ID: SB29.9566 Date of Disbursement 09 / 30 / 2003	
Mailing Address 1700 L Street		Amount of Each Disbursement this Period  500.00	
City Sacramento	State CA		Zip Code 95814
Purpose of Disbursement State Campaign contribution			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 Primary General Other (specify) ▼		
State: CA	District	Special-General	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1900.00</b>

**SCHEDULE D (FEC Form 3X)**

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

FOR LINE NUMBER: (check only one)

9  
 10

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Illinois Department of Revenue		<b>Nature of Debt (Purpose):</b> State Taxes Owed to Committee	
<b>Mailing Address</b> PO Box 19008			
<b>City</b> Springfield	<b>State</b> IL	<b>ZIP Code</b> 62794-9008	
Outstanding Balance Beginning This Period 455.00		Transaction ID: SD9.8816	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 455.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Illinois Department of Revenue		<b>Nature of Debt (Purpose):</b> State Income tax	
<b>Mailing Address</b> PO Box 19008			
<b>City</b> Springfield	<b>State</b> IL	<b>ZIP Code</b> 62794-9008	

Outstanding Balance Beginning This Period 178.00		Transaction ID: SD9.8763	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 178.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>633.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<b>633.00</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b>	▶	