

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

ee

ADDRESS (number and street)

8700 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)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

X Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day

Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

09

01

2004

through

09

30

2004

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. Gerald Gelfand

Signature of Treasurer

Electronically Filed by Dr. Gerald Gelfand

Date

10

13

2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: <sup>H</sup>09 <sup>: :</sup>01 <sup>Y ( Y ) Y</sup>2004 To: <sup>H</sup>09 <sup>: :</sup>30 <sup>Y ( Y ) Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y ( Y ) Y</sup> 2004		480760.34
(b) Cash on Hand at Beginning of Reporting Period .....	244306.24	
(c) Total Receipts (from Line 19) .....	16670.32	131684.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	260976.56	612445.02
<hr/>		
7. Total Disbursements (from Line 31) .....	11523.84	362990.30
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	249454.72	249454.72
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	450.00	
10. Debts and Obligations owed <b>BY</b> 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>2004 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2004

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) .....	5550.00	
(ii) Unitemized .....	6650.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	12400.00	96900.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12400.00	96900.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	4000.00	33000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	270.32	1784.68
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)) .....	16670.32	131684.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16670.32	131684.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	523.84	3632.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	523.84	3632.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	342700.00
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	682.00
(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	682.00
29. Other Disbursements.....	2500.00	15975.80
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))..	11523.84	362990.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	11523.84	362990.30

**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) .....	12400.00	96900.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	682.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12400.00	96218.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	523.84	3632.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	523.84	3632.50

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. Richard Clark</b>		Date of Receipt M / D / Y 09 / 09 / 2004
Mailing Address 2300 Garrett Road		Transaction ID: SA11A1.11904
City Drexel Hill	State PA	Zip Code 19026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Daniel Daley, Jr DDS, PC	Occupation Oral Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Francis Connor</b>		Date of Receipt M / D / Y 09 / 09 / 2004
Mailing Address 118 Dudley Street		Transaction ID: SA11A1.11903
City Providence	State RI	Zip Code 02905-2403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University OMS Associates LTD	Occupation Oral & Maxillofacial Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark Craig</b>		Date of Receipt M / D / Y 09 / 17 / 2004
Mailing Address 5501 Independence Pkwy Suite 104		Transaction ID: SA11A1.11359
City Plano	State TX	Zip Code 75023
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul Cullum</b>		Date of Receipt M / D / Y 09 / 09 / 2004
Mailing Address 105 Berrywood Dr.		Transaction ID: SA11A1.11330
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 250.00
Name of Employer Self	Occupation Oral Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Daniel Daley</b>		Date of Receipt M / D / Y 09 / 09 / 2004
Mailing Address 230D Garrett Rd.		Transaction ID: SA11A1.11339
City Drexel Hill	State PA	Zip Code 19026-1102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Daniel J. Daley Jr. DDS PC	Occupation Oral Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DR. Edward Delgado</b>		Date of Receipt M / D / Y 09 / 20 / 2004
Mailing Address 823D Leesburg Pike Suite 720		Transaction ID: SA11A1.11282
City Vienna	State VA	Zip Code 22182
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 / 20

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Lewis Estabrooks</b>		Date of Receipt M / D / Y 09 / 27 / 2004	
Mailing Address 20 Long Creek Drive		Transaction ID: SA11A1.11276	
City South Portland	State ME	Zip Code 04106	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Oral Surgery 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. Jeffrey Halpern</b>		Date of Receipt M / D / Y 09 / 14 / 2004	
Mailing Address 701 Lee Street Suite 660		Transaction ID: SA11A1.11356	
City DesPlaines	State IL	Zip Code 60016	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Barry Hendler</b>		Date of Receipt M / D / Y 09 / 20 / 2004	
Mailing Address 7901 Bustleton Avenue Suite 304		Transaction ID: SA11A1.11341	
City Philadelphia	State PA	Zip Code 19152-3302	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of PA Med Cent- er	Occupation Oral & Maxillofacial Surgeon		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial) <b>A. Dr. Marvin Johnson</b>		Date of Receipt M / D / Y 09 / 20 / 2004
Mailing Address 1048 NE 3rd Street		Transaction ID: SA11A1.11905
City McMinmille	State OR	Zip Code 97128
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles Knight</b>		Date of Receipt M / D / Y 09 / 09 / 2004
Mailing Address 9801 Lile Drive Suite 240		Transaction ID: SA11A1.11317
City Little Rock	State AR	Zip Code 72205
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert Lamb</b>		Date of Receipt M / D / Y 09 / 27 / 2004
Mailing Address 1004 Medical Park Blvd		Transaction ID: SA11A1.11315
City Edmond	State OK	Zip Code 73013
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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: PAGE 10 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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ee

Full Name (Last, First, Middle Initial) <b>A. Dr. David Main</b>		Date of Receipt M / D / Y 09 / 27 / 2004
Mailing Address 343 Franklin Road Suite 106		Transaction ID: SA11A1.11292
City Brentwood	State TN	Zip Code 37027-5250
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeffrey McBride</b>		Date of Receipt M / D / Y 09 / 08 / 2004
Mailing Address 117 South Nappanee Street		Transaction ID: SA11A1.11295
City Elkhart	State IN	Zip Code 46514
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 & Maxillofacial Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Steven Pittman</b>		Date of Receipt M / D / Y 09 / 27 / 2004
Mailing Address 29 Lincoln Street		Transaction ID: SA11A1.11328
City Framingham	State MA	Zip Code 01702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Metrowest OMS	Occupation Oral Surgeon	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>825.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
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FOR LINE NUMBER: PAGE 11 / 20  
(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) <b>A. Dr. Carl Runyon</b>		Date of Receipt M / D / Y Y Y Y 09 / 27 / 2004
Mailing Address 1855 San Miguel Dr. Suite 25		Transaction ID: SA11A1.11985
City State Zip Code Walnut Creek CA 94596	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) <b>B. Dr. Christopher Seal</b>		Date of Receipt M / D / Y Y Y Y 09 / 27 / 2004
Mailing Address 236 Progressive Blvd		Transaction ID: SA11A1.11314
City State Zip Code Houma LA 70360	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas Schugel</b>		Date of Receipt M / D / Y Y Y Y 09 / 20 / 2004
Mailing Address 3700 West 83rd Street Suite 203		Transaction ID: SA11A1.11352
City State Zip Code Prairie Village KS 66208	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Oral & Facial Surgery Ass- ociates	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> 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: PAGE 12 / 20  
(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) <b>A. Dr. Steven Turick</b>		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 119 West 57th Street Suite 914		Transaction ID: SA11A1.11907
City New York	State NY	Zip Code 10019
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. A Wood</b>		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 207 South 32nd Street		Transaction ID: SA11A1.11336
City Camp Hill	State PA	Zip Code 17011
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 Surgeons	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	575.00
TOTAL This Period (last page this line number only) .....	▶	5550.00

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

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

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

<input 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 checked="" 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		Date of Receipt M / D / Y 09 / 28 / 2004	
Full Name (Last, First, Middle Initial) A. LEAHY FOR U.S. SENATOR COMMITTEE		Transaction ID: SA16.11398	
Mailing Address PD BOX 53		Amount of Each Receipt this Period 4000.00	
City BURLINGTON	State VT	Zip Code 05402	refund of contrib made to federal candid
FEC ID number of contributing federal political committee. C C00068353			
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 4000.00	
Receipt For: 2004 Primary X General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	4000.00
TOTAL This Period (last page this line number only) .....	▶	4000.00

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

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

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	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. Northern Trust Bank</b>		Date of Receipt M / D / Y 09 / 08 / 2004
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.11400
City Chicago	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.18
Name of Employer	Occupation	CD interest
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1234.24	

Full Name (Last, First, Middle Initial) <b>B. Northern Trust Bank</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 8501 W. Higgins Road		Transaction ID: SA17.11399
City Chicago	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 23.61
Name of Employer	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1257.85	

Full Name (Last, First, Middle Initial) <b>C. Seudder Investments Service Company</b>		Date of Receipt M / D / Y 09 / 24 / 2004
Mailing Address P.O. Box 219154		Transaction ID: SA17.11401
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 71.53
Name of Employer	Occupation	interest
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 526.83	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>270.32</b>
TOTAL This Period (last page this line number only) .....	▶	<b>270.32</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 15 / 20

<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
	27		28a		28b		28c		29		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

Mailing Address 8501 W. Higgins Road

City Chicago State IL Zip Code 60631

Purpose of Disbursement  
bank fees

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB21B.11402

Date of Disbursement

09 / 03 / 2004

Amount of Each Disbursement this Period

523.84

SUBTOTAL of Disbursements This Page (optional) ▶

523.84

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

523.84

**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 16 / 20

<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)  
A. CHRIS JOHN FOR US SENATE EXPLORATORY COMMITTEE

Transaction ID: SB23.11379

Date of Disbursement

09 / 17 / 2004

Mailing Address PO BOX 971

Amount of Each Disbursement this Period

1000.00

City State Zip Code  
CROWLEY LA 70527

Purpose of Disbursement  
federal campaign contribution

Candidate Name

Category/  
Type

Office Sought: House Disbursement For: 2004  
 Senate Primary  General  
President  
Other (specify) ▼

State: LA District: D0

Full Name (Last, First, Middle Initial)  
B. CRANE FOR CONGRESS COMMITTEE

Transaction ID: SB23.11391

Date of Disbursement

09 / 24 / 2004

Mailing Address PO BOX 8534

Amount of Each Disbursement this Period

1000.00

City State Zip Code  
ROLLING MEADOWS IL 60008

Purpose of Disbursement  
federal campaign contribution

Candidate Name

Category/  
Type

Office Sought:  House Disbursement For: 2004  
Senate Primary  General  
President  
Other (specify) ▼

State: IL District: D8

Full Name (Last, First, Middle Initial)  
C. DEMINT FOR SENATE COMMITTEE INC

Transaction ID: SB23.11392

Date of Disbursement

09 / 24 / 2004

Mailing Address 705 GERVAIS STREET SUITE 150-178

Amount of Each Disbursement this Period

1500.00

City State Zip Code  
COLUMBIA SC 29201

Purpose of Disbursement  
federal campaign contribution

Candidate Name

Category/  
Type

Office Sought: House Disbursement For: 2004  
 Senate Primary  General  
President  
Other (specify) ▼

State: SC District: D0

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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 17 / 20

<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)  
A. FRIENDS OF BOBBY JINDAL INC

Mailing Address PO BOX 8828

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement  
federal campaign contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2004  
Primary  General  
Other (specify) ▼  
State: LA District: D1

Category/  
Type

Transaction ID: SB23.11384

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. FRIENDS OF DAVE REICHERT

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement  
federal campaign contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2004  
Primary  General  
Other (specify) ▼  
State: WA District: D8

Category/  
Type

Transaction ID: SB23.11394

Date of Disbursement

09 / 24 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. GEOFF DAVIS FOR CONGRESS

Mailing Address 3181 Dixie Highway  
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement  
federal campaign contributions

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2004  
Primary  General  
Other (specify) ▼  
State: KY District: D4

Category/  
Type

Transaction ID: SB23.11396

Date of Disbursement

09 / 24 / 2004

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 20

<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. RODNEY ALEXANDER FOR CONGRESS INC.

Transaction ID: SB23.11386

Date of Disbursement

09 / 17 / 2004

Mailing Address PO Box 367  
319 NANCY ROAD

City State Zip Code  
Quitman LA 71288

Purpose of Disbursement  
federal campaign contribution

Candidate Name

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

State: LA District: D5

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
B. SHELLEY MOORE CAPITO FOR CONGRESS

Transaction ID: SB23.11378

Date of Disbursement

09 / 14 / 2004

Mailing Address P.O. Box 11519

City State Zip Code  
Charleston WV 25330

Purpose of Disbursement  
federal campaign contribution

Candidate Name

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

State: WV District: D2

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

8500.00

**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 19 / 20

<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	<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. Friends of Ron Raymond**

Mailing Address P.O. Box 1163

City Sharon Hills State PA Zip Code 19079

Purpose of Disbursement  
state campaign contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
Primary X General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB29.11382  
Date of Disbursement  
09 / 17 / 2004

Amount of Each Disbursement this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Joe Manchin for Governor**

Mailing Address 1614 Kanawah Blvd

City Charleston State WV Zip Code 25311

Purpose of Disbursement  
State campaign contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
Primary X General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB29.11375  
Date of Disbursement  
09 / 14 / 2004

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Wingate for State Senate**

Mailing Address P.O. Box 12129

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
state campaign contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2004  
Primary X General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB29.11389  
Date of Disbursement  
09 / 17 / 2004

Amount of Each Disbursement this Period  
1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2500.00</b>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)

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

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

FOR LINE NUMBER:  
(check only one)

8  
 10

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

Illinois Department of Revenue

Nature of Debt (Purpose):

Debt owed to committee

Mailing Address PO Box 19008

City State

Springfield IL

ZIP Code

62794-9008

Outstanding Balance Beginning This Period

450.00

Transaction ID: SD9.10518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

450.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>450.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<b>450.00</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	