

**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** C00005690
CITY **STATE** **ZIP CODE**
 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) 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)
 X January 31 Quarterly Report(YE) Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on in the State of

5. Covering Period 11 28 2002 through 12 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. Douglas Fain
 Signature of Treasurer Electronically Filed by Dr. Douglas Fain Date 01 28 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.

**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 Committee

Report Covering the Period: From: ^{Month} 11 ^{Day} 26 ^{Year} 2002 To: ^{Month} 12 ^{Day} 31 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		415225.23
(b) Cash on Hand at Beginning of Reporting Period	273596.64	
(c) Total Receipts (from Line 19)	81773.52	264822.07
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	355370.16	680047.30
7. Total Disbursements (from Line 30)	26.60	324703.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	355343.56	355343.56
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)	1885.00	

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: ^{MM} 11 ^{DD} 26 ^{YYYY} 2002 To: ^{MM} 12 ^{DD} 31 ^{YYYY} 2002

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)	32700.00	
(ii) Unitemized	30030.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	62730.00	216085.00
(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)	62730.00	216085.00
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	18750.00	43250.00
17. Other Federal Receipts (Dividends, Interest, etc.)	293.52	5487.07
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)	81773.52	264822.07
20. Total Federal Receipts (subtract Line 18 from Line 19)	81773.52	264822.07

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.....	26.60	17852.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	26.60	17852.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	280500.00
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	900.00
(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	900.00
29. Other Disbursements.....	0.00	25451.61
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	26.60	324703.74
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	26.60	324703.74
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	62730.00	216085.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	900.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	62730.00	215185.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	26.60	17852.13
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	26.60	17852.13

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

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

FOR LINE NUMBER: PAGE 5 / 61

(check only one)

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. James Adams

Mailing Address

750 Almer Pkwy

Suite 102

City

State

Zip Code

Bourbonnais

IL

60914

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer

Drs Slaby Adams & Assoc Ltd

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8303

Full Name (Last, First, Middle Initial)

B. Dr. Eric Allucker

Mailing Address

890 Boyesen Ave.

City

State

Zip Code

San Luis Obispo

CA

93401

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

500.00

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 ▼

500.00

Transaction ID: SA11A1.8318

Full Name (Last, First, Middle Initial)

C. Dr. Brian Alpert

Mailing Address

ULSD

City

State

Zip Code

Louisville

KY

40292

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 1 8 / 2 0 0 2

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer

University of Louisville

Occupation

Oral Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8319

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 6 / 61	
	<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. Alan Ansello

Mailing Address
550 Cabot Street

City State Zip Code
Beverly MA 01815-2511

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 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: SA11A1.8322

B. Full Name (Last, First, Middle Initial)
Dr. Bernard Asdel

Mailing Address
707 N. Michigan St. suite 300

City State Zip Code
South Bend IN 46601-1070

Date of Receipt
N M / D E / Y Y Y Y
12 / 12 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Michiana OMS
Occupation
Oral Surgeon

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

Transaction ID: SA11A1.8323

C. Full Name (Last, First, Middle Initial)
Dr. G. Atwell

Mailing Address
901 Leghton Avenue Suite 401

City State Zip Code
Anniston AL 36207

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 2002

Amount of Each Receipt this Period
325.00

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) ▼ 475.00

Transaction ID: SA11A1.8324

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 7 / 61	
	<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. Gordon Austin

Date of Receipt
M M / D D / Y Y Y Y
12 / 09 / 2002

Mailing Address
423 N. Lakeshore Dr.

City State Zip Code
Carrollton GA 30117

Amount of Each Receipt this Period
500.00

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) ▼ 1000.00

Transaction ID: SA11A1.8325

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

Mailing Address
525 East Medical Center Blvd

City State Zip Code
Daytona Beach FL 32117

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation Oral & Maxillofacial Surgeons

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 550.00

Transaction ID: SA11A1.8326

C. Full Name (Last, First, Middle Initial)
Dr. A. Balin

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2002

Mailing Address
6053 Nicollet Ave

City State Zip Code
Minneapolis MN 55419-2558

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: SA11A1.8327

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 8 / 61	
	<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. George Barfield

Date of Receipt
M M / D D / Y Y Y Y
12 / 16 / 2002

Mailing Address
2108 N. Palm

City State Zip Code
Pasadena TX 77504

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Oral Surgeon

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

Transaction ID: SA11A1.8329

B. Full Name (Last, First, Middle Initial)
Dr. Russell Bass

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2002

Mailing Address
220 Denton Tap Road Suite 101

City State Zip Code
Coppell TX 75019

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Self-Employed Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8330

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 26 / 2002

Mailing Address
32 Stiles Road Suite 210

City State Zip Code
Salem NH 03079

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer John B. Bassett DMD PC Occupation
Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8331

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 9 / 61	
	<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. Colin Bell

Date of Receipt
M M / D D / Y Y Y Y
12 / 17 / 2002

Mailing Address
4D15 Worth Street

City State Zip Code
Dallas TX 75246-1606

Amount of Each Receipt this Period
250.00

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) ▼ 500.00

Transaction ID: SA11A1.8333

Full Name (Last, First, Middle Initial)
B. Dr. John Blakemore

Date of Receipt
M M / D D / Y Y Y Y
12 / 16 / 2002

Mailing Address
28777 Lorain Road

City State Zip Code
North Olmstead OH 44070

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: SA11A1.8335

Full Name (Last, First, Middle Initial)
C. Dr. James Block

Date of Receipt
M M / D D / Y Y Y Y
12 / 17 / 2002

Mailing Address
11601 Minnetonka

City State Zip Code
Minnetonka MN 55345-9700

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: SA11A1.8339

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 10 / 61	
	<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. Christopher Bonacci

Mailing Address
9507 Blythe Dale Court

City State Zip Code
Vienna VA 22182

Date of Receipt
N M / D E / Y Y Y Y
12 / 09 / 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: SA11A1.8346

B. Full Name (Last, First, Middle Initial)
Dr. Charles Bowden

Mailing Address
833 Chinese Place

City State Zip Code
Lexington KY 40502

Date of Receipt
N M / D E / Y Y Y Y
12 / 27 / 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) ▼ 1250.00

Transaction ID: SA11A1.8349

C. Full Name (Last, First, Middle Initial)
Dr. Jack Buhrow

Mailing Address
4202 North 32nd Street Suite A

City State Zip Code
Phoenix AZ 85016

Date of Receipt
N M / D E / Y Y Y Y
12 / 20 / 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) ▼ 300.00

Transaction ID: SA11A1.8361

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 11 / 61	
	<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. Robert Burns

Mailing Address
4B1 North Harbor City Blvd

City State Zip Code
Melbourne FL 32935

Date of Receipt
N M / D E / Y Y Y Y
12 / 23 / 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: SA11A1.8364

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

Mailing Address
505 Cragmont

City State Zip Code
Madison IN 47250-3003

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 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: SA11A1.8368

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Cameron

Mailing Address
1212 York Road Suite A201

City State Zip Code
Lutherville MD 21085-6208

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 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 Surgeons

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: SA11A1.8370

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 / 61	
	<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. Joseph Carfale

Mailing Address
372 S. Herlang Ave.

City State Zip Code
Rock Hill SC 29732

Date of Receipt
M / D / Y
12 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Center for OMS Oral Surgeon

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

Transaction ID: SA11A1.8373

Full Name (Last, First, Middle Initial)
B. Dr. Nelson Castellano

Mailing Address
3302 Azeala Street

City State Zip Code
Tampa FL 33609-3020

Date of Receipt
M / D / Y
12 / 12 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8375

Full Name (Last, First, Middle Initial)
C. Dr. Terry Ciesler

Mailing Address
1602 N. Randall Ave.

City State Zip Code
Janesville WI 53545

Date of Receipt
M / D / Y
12 / 26 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Southern Wisconsin OMS Oral Surgeon

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

Transaction ID: SA11A1.8381

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: PAGE 13 / 61

(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. Dr. Patrick Coleman

Mailing Address

19600 Highway 73

Suite C1D1

City

State

Zip Code

Cornelius

NC

28031

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Dr. Coleman & Muldoon

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8474

Full Name (Last, First, Middle Initial)

B. Dr. Kevin Conry

Mailing Address

2333 Morris Avenue

Suite D7

City

State

Zip Code

Union

NJ

07083

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer

Union Oral & Maxillofacial Surgeons

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8478

Full Name (Last, First, Middle Initial)

C. Dr. Stephen Cozzolino

Mailing Address

1215 Doctors Drive

City

State

Zip Code

Tyler

TX

75701

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 1 8 / 2 0 0 2

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 ▼

300.00

Transaction ID: SA11A1.8479

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 14 / 61	
	<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. David Crouthamel

Mailing Address
800 West Chandler Blvd Suite 3
City State Zip Code
Chandler AZ 85225

Date of Receipt
N M / D E / Y Y Y Y
12 / 26 / 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: SA11A1.8483

Full Name (Last, First, Middle Initial)
B. Dr. Marvin Dash

Mailing Address
355 Fifth Avenue Suite 1300 Park Bldg
City State Zip Code
Pittsburgh PA 15222-2407

Date of Receipt
N M / D E / Y Y Y Y
12 / 26 / 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: SA11A1.8487

Full Name (Last, First, Middle Initial)
C. Dr. Mitchell Day

Mailing Address
2025 Forest Avenue Suite 6
City State Zip Code
San Jose CA 95128

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 2002

Amount of Each Receipt this Period
325.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Oral & Maxillofacial Surgery Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 825.00

Transaction ID: SA11A1.8490

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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 / 61	
	<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. Paul DeLong

Mailing Address
968 W. Third St.

City State Zip Code
Dubuque IA 52001-6607

Date of Receipt
N M / D E / Y Y Y Y
12 / 26 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
West Third OMS Associates Oral Surgeon

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

Transaction ID: SA11A1.8493

Full Name (Last, First, Middle Initial)
B. Dr. Michael Doucet

Mailing Address
500 San Pablo Avenue Suite 100

City State Zip Code
Albany CA 94706-1127

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: SA11A1.8502

Full Name (Last, First, Middle Initial)
C. Dr. Blaise Eckart

Mailing Address
68 Leonard Street

City State Zip Code
Belmont MA 02478

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Belmont OMS Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8507

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 61	
	<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. Gregory Edmonds

Date of Receipt
N M / D E / Y Y Y Y
12 / 09 / 2002

Mailing Address
1D827 South 51st Street Suite 204
City State Zip Code
Phoenix AZ 85044

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ahwatukee OMS Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8508

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

Date of Receipt
N M / D E / Y Y Y Y
12 / 05 / 2002

Mailing Address
2021 K St. NW Suite 200
City State Zip Code
Washington DC 20006-1003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Washington Institute for Mouth, Fa Oral Surgeon

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

Transaction ID: SA11A1.8512

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

Date of Receipt
N M / D E / Y Y Y Y
12 / 26 / 2002

Mailing Address
2440 West Peterson Avenue
City State Zip Code
Chicago IL 60659-4113

Amount of Each Receipt this Period
325.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Oral Surgery Associates Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 625.00

Transaction ID: SA11A1.8517

SUBTOTAL of Receipts This Page (optional) ▶ **1075.00**

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 / 61	
	<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. Richard Fagin

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2002

Mailing Address
235 North San Mateo Drive

City State Zip Code
San Mateo CA 94401

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: SA11A1.8520

B. Full Name (Last, First, Middle Initial)
Dr. Douglas Fain

Date of Receipt
M M / D D / Y Y Y Y
12 / 28 / 2002

Mailing Address
3700 W. 83rd Suite 203

City State Zip Code
Prairie Village KS 66208-5120

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Oral & Facial Surgery Assoc. Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1075.00

Transaction ID: SA11A1.8521

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2002

Mailing Address
1221 Madison Street Suite 1116

City State Zip Code
SEattle WA 98104-1361

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: SA11A1.8522

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: PAGE 18 / 61

(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. Dr. Bruce Fisher

Mailing Address

1001 South Bradford Street

Suite 2

City

State

Zip Code

Dover

DE

19904

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 1 0 / 2 0 0 2

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: SA11A1.8530

Full Name (Last, First, Middle Initial)

B. Dr. Howard Fisher

Mailing Address

1755 Lewis Turner Blvd

City

State

Zip Code

Fort Walton Beach

FL

32547-1221

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Oral & Maxillofacial Surgery

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8532

Full Name (Last, First, Middle Initial)

C. Dr. William Friedel

Mailing Address

286 Patchogue-Yaphank Road

City

State

Zip Code

Patchogue

NY

11772-4808

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 1 8 / 2 0 0 2

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: SA11A1.8539

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 19 / 61	
	<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 Fugler

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2002

Mailing Address
45 Flag Lake Plaza

City State Zip Code
Lake Jackson TX 77566

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: SA11A1.8540

B. Full Name (Last, First, Middle Initial)
Dr. Carol Gallagher

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2002

Mailing Address
2320 Cosgrove Ave.

City State Zip Code
Charleston SC 29405-7644

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer OMS Associates Occupation
Oral Surgeon

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

Transaction ID: SA11A1.8543

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Gandy

Date of Receipt
M M / D D / Y Y Y Y
12 / 26 / 2002

Mailing Address
971 Lakeside Drive Suite 225

City State Zip Code
Jackson MS 39216

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer OMS Associates Occupation
Oral Surgeon

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

Transaction ID: SA11A1.8544

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 20 / 61	
	<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. Larry Garvar

Mailing Address
7401 North University Drive Suite 102
City State Zip Code
Tamarac FL 33321-2991

Date of Receipt
N M / D C / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Garvar & Steward DMD	Occupation Oral & Maxillofacial Surgeon
--	--

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

Transaction ID: SA11A1.8775

Full Name (Last, First, Middle Initial)
B. Dr. Theodore George

Mailing Address
838 Emerald Avenue Suite 501
City State Zip Code
Knoxville TN 37917

Date of Receipt
N M / D C / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer OMS associates	Occupation Oral Surgeon
------------------------------------	----------------------------

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

Transaction ID: SA11A1.8650

Full Name (Last, First, Middle Initial)
C. Dr. James Gherardini

Mailing Address
1750 Pickwick Place
City State Zip Code
Orange Park FL 32073-7266

Date of Receipt
N M / D C / Y Y Y Y
12 / 16 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer U.S. Military	Occupation Oral & Maxillofacial Surgeon
-----------------------------------	--

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

Transaction ID: SA11A1.8651

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 61	
	<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. James Gore

Mailing Address
737 Broadway

City State Zip Code
Fargo ND 58123

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mentcare medical Group OMS Dpt Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8552

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

Mailing Address
1706 Medical Park Drive

City State Zip Code
Wilson NC 27893

Date of Receipt
M M / D D / Y Y Y Y
12 / 28 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wilson Centre for OMS Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8555

Full Name (Last, First, Middle Initial)
C. Dr. Steven Green

Mailing Address
8919 Parallel Pkwy Suite 480

City State Zip Code
Kansas City KS 66112

Date of Receipt
M M / D D / Y Y Y Y
12 / 05 / 2002

Amount of Each Receipt this Period
125.00

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) ▼ 250.00

Transaction ID: SA11A1.8388

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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 22 / 61	
	<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. David Greene

Mailing Address
39 Simon Street

City State Zip Code
Nashua NH 03060

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 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) ▼ 275.00

Transaction ID: SA11A1.8389

B. Full Name (Last, First, Middle Initial)
Dr. Katherine A. Halton

Mailing Address
223 Walnut Street Suite 2

City State Zip Code
Framingham MA 01701-8205

Date of Receipt
M M / D D / Y Y Y Y
12 / 08 / 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) ▼ 300.00

Transaction ID: SA11A1.8393

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

Mailing Address
7730 N. Union Blvd. Suite 103

City State Zip Code
Colorado Springs CO 80920

Date of Receipt
M M / D D / Y Y Y Y
12 / 26 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Oral Surgery Spec. of Colorado springs Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1650.00

Transaction ID: SA11A1.8408

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 23 / 61	
	<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. Gregory Heise

Mailing Address
2525 K St. Ste 101
City State Zip Code
Sacramento CA 95816

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 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: SA11A1.8777

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

Mailing Address
3D1 Alamo Drive Suite E
City State Zip Code
Vacaville CA 95688

Date of Receipt
N M / D E / Y Y Y Y
12 / 08 / 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: SA11A1.8410

Full Name (Last, First, Middle Initial)
C. Dr. Barry Hendler

Mailing Address
7901 Bustleton Avenue Suite 904
City State Zip Code
Philadelphia PA 19152-3302

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer University of PA Med Center Occupation
Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 275.00

Transaction ID: SA11A1.8412

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 24 / 61	
	<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. William Hendrix

Mailing Address
308 Walnut Street Suite 26
City State Zip Code
San Diego CA 92103-4936

Date of Receipt
N M / D E / Y Y Y Y
12 / 19 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: SA11A1.8413

Full Name (Last, First, Middle Initial)
B. Dr. Roy A. Himelfarb

Mailing Address
182 South 2nd Street
City State Zip Code
Chambersburg PA 17201

Date of Receipt
N M / D E / Y Y Y Y
12 / 13 / 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) ▼ 300.00

Transaction ID: SA11A1.8419

Full Name (Last, First, Middle Initial)
C. Dr. William Hooe

Mailing Address
747 North 185th Street Suite 101
City State Zip Code
Seattle WA 98135

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 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: SA11A1.8781

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 25 / 61

(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. Dr. Marshall Humes

Mailing Address

2D1 North College Drive

Suite 202

City

State

Zip Code

Santa Maria

CA

93454

Date of Receipt

N M / D E / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Coastal Maxillofacial Group

Occupation
Oral & Maxillofacial Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: SA11A1.8436

Full Name (Last, First, Middle Initial)

B. Dr. Murray Jacobs

Mailing Address

1213 Coffee Rd.

Suite D

City

State

Zip Code

Modesto

CA

95355

Date of Receipt

N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period

500.00

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 ▼

750.00

Transaction ID: SA11A1.8439

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey Jones

Mailing Address

1120 Oak Ridge Drive

City

State

Zip Code

Eau Claire

WI

54701

Date of Receipt

N M / D E / Y Y Y Y
12 / 26 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
OMS Associates of Eau Claire

Occupation
Oral Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8442

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: PAGE 26 / 61

(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. Dr. Richard W. Joseph

Mailing Address

820 Prudential Drive

Suite 312

City

Jacksonville

State

FL

Zip Code

32207-8205

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 3 0 / 2 0 0 2

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Transaction ID: SA11A1.8443

Full Name (Last, First, Middle Initial)

B. Dr. Michael Kapp

Mailing Address

8240 North Meridian Street

Suite 300

City

Indianapolis

State

IN

Zip Code

46260

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Indiana OMS Associates

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8446

Full Name (Last, First, Middle Initial)

C. Dr. Dan W. Kasper

Mailing Address

929 W. Carl Sandburg Drive

City

Galesburg

State

IL

Zip Code

61401-1342

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Oral & Maxillofacial Surgery

Occupation

Oral Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8449

SUBTOTAL of Receipts This Page (optional) ▶ **975.00**

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 27 / 61	
	<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. Peter Kaufman

Mailing Address
3800 Clark Rd. building 1

City State Zip Code
Sarasota FL 34233-2301

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self
Occupation
Self Oral Surgeon

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

Transaction ID: SA11A1.8786

Full Name (Last, First, Middle Initial)
B. Dr. W. Kelly

Mailing Address
59 Quinsigamond Avenue

City State Zip Code
Worcester MA 01610-1895

Date of Receipt
M M / D D / Y Y Y Y
12 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation
Self-Employed Oral surgeon

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

Transaction ID: SA11A1.8452

Full Name (Last, First, Middle Initial)
C. Dr. Roger Kingston

Mailing Address
12395 El Camino Real Suite 904

City State Zip Code
San Diego CA 92130

Date of Receipt
M M / D D / Y Y Y Y
12 / 17 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Torrey Pines OMS
Occupation
Torrey Pines OMS Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8454

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 28 / 61	
	<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 Kleiman

Mailing Address
1857 Oak Tree Rd.

City Edison State NJ Zip Code 08820

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Edison Clark Oral Surgery Associa- Occupation Oral Surgeon
les

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

Transaction ID: SA11A1.8455

Full Name (Last, First, Middle Initial)
B. Dr. Gary Koehl

Mailing Address
1015 Shook Avenue

City San Antonio State TX Zip Code 78212-2508

Date of Receipt
N M / D E / Y Y Y Y
12 / 09 / 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: SA11A1.8458

Full Name (Last, First, Middle Initial)
C. Dr. Mary H. Kretzer

Mailing Address
123 Dwight Road

City Longmeadow State MA Zip Code 01106

Date of Receipt
N M / D E / Y Y Y Y
12 / 09 / 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) ▼ 300.00

Transaction ID: SA11A1.8459

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 / 61	
	<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. Woodrow Lehr

Mailing Address
1777 Lake O'Pines Ste NE

City State Zip Code
Hartville OH 44632

Date of Receipt
N M / D E / Y Y Y Y
12 26 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: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.8464

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

Mailing Address
1816 Chapel Drive Suite H

City State Zip Code
Findlay OH 45840-1343

Date of Receipt
N M / D E / Y Y Y Y
12 26 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer OMS Associates Occupation Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: SA11A1.8469

C. Full Name (Last, First, Middle Initial)
Dr. Larry Lenth

Mailing Address
3840 Canterbury Court

City State Zip Code
Waterloo IA 50702

Date of Receipt
N M / D E / Y Y Y Y
12 18 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: SA11A1.8470

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 61	
	<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. Dale Lentz

Mailing Address
7350 S McClintock suite 101
City State Zip Code
Tempe AZ 85283-3268

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Dale D Lentz DDS PC Occupation Oral Surgeon

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

Transaction ID: SA11A1.8471

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

Mailing Address
301 4th Street
City State Zip Code
Alexandria LA 71301-8423

Date of Receipt
N M / D E / Y Y Y Y
12 / 05 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 400.00

Transaction ID: SA11A1.8558

Full Name (Last, First, Middle Initial)
C. Dr. Stuart E. Lieblich

Mailing Address
34 Dale Road Suite 105
City State Zip Code
Avon CT 06001-3859

Date of Receipt
N M / D E / Y Y Y Y
12 / 19 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Avon OMS Occupation Oral Surgeon

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

Transaction ID: SA11A1.8561

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: PAGE 31 / 61

(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. Dr. Norman Lippman

Mailing Address

712 South Governors Avenue

City

State

Zip Code

Dover

DE

19904-7302

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period

250.00

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 ▼

425.00

Transaction ID: SA11A1.8563

Full Name (Last, First, Middle Initial)

B. Dr. Lane Lopez

Mailing Address

2859 Loma Vista Rd.

City

State

Zip Code

Ventura

CA

93003-1589

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 1 8 / 2 0 0 2

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: SA11A1.8564

Full Name (Last, First, Middle Initial)

C. Dr. David Math

Mailing Address

343 Franklin Road

Suite 106

City

State

Zip Code

Brentwood

TN

37027-5250

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

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: SA11A1.8570

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 32 / 61	
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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 Mandel

Mailing Address
8D1 N Tustin Ave. suite 705

City State Zip Code
Santa Ana CA 92705-3607

Date of Receipt
N M / D E / Y Y Y Y
12 / 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: SA11A1.8571

B. Full Name (Last, First, Middle Initial)
Dr. Taylor L. Markle

Mailing Address
1D1D Carondelet Drive Suite 316

City State Zip Code
Kansas City MO 64114

Date of Receipt
N M / D E / Y Y Y Y
12 / 12 / 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) ▼ 500.00

Transaction ID: SA11A1.8572

C. Full Name (Last, First, Middle Initial)
Dr. Edward Marshall

Mailing Address
3D4D West Market Street

City State Zip Code
Akron OH 44333-3842

Date of Receipt
N M / D E / Y Y Y Y
12 / 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: SA11A1.8573

SUBTOTAL of Receipts This Page (optional) ▶ **825.00**

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 33 / 61

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. Michael W. Marshal

Mailing Address

14343 Bellflower Blvd

City

State

Zip Code

Bellflower

CA

90706-3135

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

500.00

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 ▼

500.00

Transaction ID: SA11A1.8574

Full Name (Last, First, Middle Initial)

B. Dr. John Matheson

Mailing Address

5 Rockcliff Place

City

State

Zip Code

Asheville

NC

28801-4608

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Rockcliff Place Oral & Maxillo Su-
rg

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8575

Full Name (Last, First, Middle Initial)

C. Dr. Ronald Mead

Mailing Address

990 Boysen Ave

City

State

Zip Code

San Luis Obispo

CA

93405-1313

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

500.00

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 ▼

500.00

Transaction ID: SA11A1.8578

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 / 61	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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				<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. Michael Miller

Mailing Address
316 Chappaqua Road
City State Zip Code
Briarcliff Manor NY 10510-1354

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 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) ▼ 375.00

Transaction ID: SA11A1.8793

Full Name (Last, First, Middle Initial)
B. Dr. John Monterubio

Mailing Address
1034 South Brentwood Suite 101D
City State Zip Code
St. Louis MO 63117-1210

Date of Receipt
N M / D E / Y Y Y Y
12 / 28 / 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) ▼ 400.00

Transaction ID: SA11A1.8585

Full Name (Last, First, Middle Initial)
C. Dr. Dan Moore

Mailing Address
4501 Texas Blvd
City State Zip Code
Texarkana TX 75603

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 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: SA11A1.8586

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 61	
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	<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. Jose Morales

Mailing Address
Geranio St - #31

City State Zip Code
San Juan PR 00927

Date of Receipt
M M / D D / Y Y Y Y
12 / 08 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Oral Surgeon

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

Transaction ID: SA11A1.8587

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

Mailing Address
340 4th Ave. Suite 17

City State Zip Code
Chula Vista CA 91910

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Oral Surgeon

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

Transaction ID: SA11A1.8588

C. Full Name (Last, First, Middle Initial)
Dr. George Muller

Mailing Address
3415 Fifth St.

City State Zip Code
Rapid City SD 57701-7330

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Black Hill OMS Occupation
Black Hill OMS Oral Surgeon

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

Transaction ID: SA11A1.8794

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 36 / 61	
	<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. Bryan Neuwirth

Mailing Address
9D5 10th Avenue Drive NW
City: Hickory State: NC Zip Code: 28601-9200

Date of Receipt
N M / D E / Y Y Y Y
12 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Brown & Neuwirth Oral & Cosmetic Surg
Occupation: Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Transaction ID: SA11A1.8592

Full Name (Last, First, Middle Initial)
B. Dr. Charles Nissman

Mailing Address
137 W Street Road
City: Feasterville State: PA Zip Code: 19053-4168

Date of Receipt
N M / D E / Y Y Y Y
12 / 16 / 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 ▼ 300.00

Transaction ID: SA11A1.8593

Full Name (Last, First, Middle Initial)
C. Dr. Richard Oakley

Mailing Address
5811 Nall Avenue
City: Mission State: KS Zip Code: 66202

Date of Receipt
N M / D E / Y Y Y Y
12 / 17 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer: Corporate Lakes Surgery Center
Occupation: Oral Surgeon

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

Transaction ID: SA11A1.8599

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 37 / 61	
	<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. Terry Dlejsko

Date of Receipt
M / D / Y
12 / 31 / 2002

Mailing Address
615 Copeland Mill Rd. Suite 2A
City State Zip Code
Westerville OH 43081-8904

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Oral Surgeon

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

Transaction ID: SA11A1.8600

B. Full Name (Last, First, Middle Initial)
Dr. Mark Oross

Date of Receipt
M / D / Y
12 / 28 / 2002

Mailing Address
3400 W. Lomita Blvd. Suite 607
City State Zip Code
Torrance CA 90505

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Oral Surgeon

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

Transaction ID: SA11A1.8606

C. Full Name (Last, First, Middle Initial)
Dr. Kevin Patterson

Date of Receipt
M / D / Y
12 / 18 / 2002

Mailing Address
180 Adams Suite 100
City State Zip Code
Denver CO 80206

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Cosby James & Patterson Oral Surgeon

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

Transaction ID: SA11A1.8609

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 38 / 61	
	<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. Richard Paul

Mailing Address
150 Country Club Drive Suite 200
City State Zip Code
Stockbridge GA 30281

Date of Receipt
M M / D D / Y Y Y Y
12 / 12 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Self-Employed Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8611

Full Name (Last, First, Middle Initial)
B. Dr. Lynn Philippe

Mailing Address
7777 Hennessy Blvd. Suite 610
City State Zip Code
Baton Rouge LA 70808-4392

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Oral Surgeon

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

Transaction ID: SA11A1.8615

Full Name (Last, First, Middle Initial)
C. Dr. Charles Phillips

Mailing Address
12395 El Camino Real Suite 304
City State Zip Code
San Deigo CA 92130

Date of Receipt
M M / D D / Y Y Y Y
12 / 17 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Torrey Pines OMS Occupation
Torrey Pines OMS Oral Surgeon

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

Transaction ID: SA11A1.8616

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 39 / 61	
	<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. Scott Podlesh

Mailing Address
685 Scott Blvd Suite 1
City State Zip Code
Santa Clara CA 85050

Date of Receipt
N M / D E / Y Y Y Y
12 / 09 / 2002

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 325.00

Name of Employer Occupation
Scott W. Podlesh DDS Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 575.00

Transaction ID: SA11A1.8622

Full Name (Last, First, Middle Initial)
B. Dr. Daniel Quon

Mailing Address
5800 Ridgewood Suite 102
City State Zip Code
Jackson MS 39211-2667

Date of Receipt
N M / D E / Y Y Y Y
12 / 05 / 2002

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 325.00

Name of Employer Occupation
Self-Employed Oral Surgeon

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

Transaction ID: SA11A1.8627

Full Name (Last, First, Middle Initial)
C. Dr. Clive Rayner

Mailing Address
2901 Park Suite 101
City State Zip Code
Orange Park FL 32075

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
Oral-Facial Surgery of Orange Park Oral Surgeon

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

Transaction ID: SA11A1.8630

SUBTOTAL of Receipts This Page (optional) ▶ **1150.00**

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 40 / 61	
	<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. Donald Rebhun

Mailing Address
2301 Evesham Rd. Suite 211

City State Zip Code
Yorbeles NJ 08043-4503

Date of Receipt
M / D / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Oral Surgeon

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

Transaction ID: SA11A1.8795

B. Full Name (Last, First, Middle Initial)
Dr. Ronald Radus

Mailing Address
3501 Soncy Road Unit 101

City State Zip Code
Amarillo TX 79119-6405

Date of Receipt
M / D / Y Y Y Y
12 / 28 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Self-Employed Oral & Maxillofacial Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 550.00

Transaction ID: SA11A1.8831

C. Full Name (Last, First, Middle Initial)
Dr. Scott Rehm

Mailing Address
2708 Henry Street

City State Zip Code
Greensboro NC 27405

Date of Receipt
M / D / Y Y Y Y
12 / 16 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Greensboro Ctr for Oral & Maxillo- Occupation
facial Oral Surgeon

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

Transaction ID: SA11A1.8832

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 41 / 61	
	<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. John Robinson

Mailing Address
4 Medical Park Dr.

City State Zip Code
Asheville NC 28803

Date of Receipt
N M / D E / Y Y Y Y
12 / 27 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
John W. Robinson III DMD PLLC Oral Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: SA11A1.8641

Full Name (Last, First, Middle Initial)
B. Dr. Charles Rosenberg

Mailing Address
755 Mount Vernon Hwy Suite 430

City State Zip Code
Atlanta GA 30328-4277

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
325.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8642

Full Name (Last, First, Middle Initial)
C. Dr. Joel Rosenthal

Mailing Address
483 West Middle Turnpike Suite 102

City State Zip Code
Manchester CT 06040

Date of Receipt
N M / D E / Y Y Y Y
12 / 20 / 2002

Amount of Each Receipt this Period
150.00

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) ▼ 300.00

Transaction ID: SA11A1.8644

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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 42 / 61	
	<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. Matthew Roszkowski

Mailing Address
5000 128th Street North

City State Zip Code
White Bear Lake MN 55110

Date of Receipt
N M / D E / Y Y Y Y
12 / 16 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Minnesota Maxillofacial & Oral Co-ns PA Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8646

Full Name (Last, First, Middle Initial)
B. Dr. Neal Roth

Mailing Address
41-A Admiral Callaghan Ln.

City State Zip Code
Vallejo CA 94591-4003

Date of Receipt
N M / D E / Y Y Y Y
12 / 26 / 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: SA11A1.8647

Full Name (Last, First, Middle Initial)
C. Dr. Edward Royel

Mailing Address
42051 Mound Road

City State Zip Code
Sterling Heights MI 48314

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Oakland Oral Surgery Oral Surgeon

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

Transaction ID: SA11A1.8648

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 / 61	
	<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. Lawrence Ryan

Mailing Address
11 South Main Street

City State Zip Code
Marlborough CT 06447

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 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) ▼ 500.00

Transaction ID: SA11A1.8796

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

Mailing Address
5851 Frist Blvd Suite 301

City State Zip Code
Hermitage TN 37076

Date of Receipt
N M / D E / Y Y Y Y
12 / 27 / 2002

Amount of Each Receipt this Period
325.00

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) ▼ 325.00

Transaction ID: SA11A1.8857

Full Name (Last, First, Middle Initial)
C. Dr. Louis Scannura

Mailing Address
3007 Spring Mill Drive

City State Zip Code
Springfield IL 62704

Date of Receipt
N M / D E / Y Y Y Y
12 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Springfield Associates In OMS Occupation
Oral Surgeon

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

Transaction ID: SA11A1.8858

SUBTOTAL of Receipts This Page (optional) ▶ **825.00**

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 44 / 61	
	<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. Paul Schaner

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 2

Mailing Address
2501 Windyhill Road Suite 150
City State Zip Code
Marietta GA 30067

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 150.00

Name of Employer Occupation
Atlanta Oral & Facial Surgery Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8660

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

Mailing Address
2000 East Market Street
City State Zip Code
Warren OH 44483-6156

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 150.00

Name of Employer Occupation
Self Employed Oral Surgeon

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

Transaction ID: SA11A1.8661

Full Name (Last, First, Middle Initial)
C. Dr. J. Scuty

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 2

Mailing Address
5 Rockcliff Place
City State Zip Code
Asheville NC 28801-4808

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Drs. Scuty & Matheson PA Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8667

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 45 / 61	
	<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. P. Seider

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2002

Mailing Address
3157 North University Drive Suite 104
City State Zip Code
Pembroke Pines FL 33024-2234

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 150.00

Name of Employer Broward Oral Surgery Associates	Occupation Oral & Maxillofacial Surgeon
---	--

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

Transaction ID: SA11A1.8668

Full Name (Last, First, Middle Initial)
B. Dr. Jay Selznick

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2002

Mailing Address
2551 North Green Valley Pkwy Suite 305 Bldg C
City State Zip Code
Henderson NV 89014

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 150.00

Name of Employer Double R OMS	Occupation Oral & Maxillofacial Surgeon
----------------------------------	--

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

Transaction ID: SA11A1.8669

Full Name (Last, First, Middle Initial)
C. Dr. Howard Sepkowitz

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2002

Mailing Address
106 Main St Box 267
City State Zip Code
Stoneham MA 02180-3317

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 150.00

Name of Employer Self	Occupation Oral Surgeon
--------------------------	----------------------------

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

Transaction ID: SA11A1.8670

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 / 61	
	<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. Robert Seymour

Mailing Address
2711 Randolph Road Suite 510
City State Zip Code
Charlotte NC 28207-2027

Date of Receipt
N M / D E / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

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: SA11A1.8671

Full Name (Last, First, Middle Initial)
B. Dr. Frederick Smith

Mailing Address
7 Timberpark Court
City State Zip Code
Lutherville MD 21093

Date of Receipt
N M / D E / Y Y Y Y
1 2 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Oral & Maxillofacial Surgeons

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

Transaction ID: SA11A1.8601

Full Name (Last, First, Middle Initial)
C. Dr. J. Solsky

Mailing Address
507 North Frederick Avenue
City State Zip Code
Gaithersburg MD 20877-2508

Date of Receipt
N M / D E / Y Y Y Y
1 2 / 2 6 / 2 0 0 2

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) ▼ 550.00

Transaction ID: SA11A1.8676

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 / 61	
	<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. 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
1 2 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tri-County Oral Facial Surgeons Oral Surgeon

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

Transaction ID: SA11A1.8683

Full Name (Last, First, Middle Initial)
B. Dr. Mark Steinberg

Mailing Address
2160 South First Avenue

City State Zip Code
Maywood IL 60153

Date of Receipt
N M / D E / Y Y Y Y
1 2 / 1 8 / 2 0 0 2

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Loyola Univ Medical Center Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8684

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

Mailing Address
1051 North 35th Avenue

City State Zip Code
Hollywood FL 33021-5402

Date of Receipt
N M / D E / Y Y Y Y
1 2 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Broward Oral Surgery Associates Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8685

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 61	
	<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. Stanley Stewart

Mailing Address
7401 North University Drive Suite 102
City State Zip Code
Tamarac FL 33321-2991

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Garver & Stewart DMD Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8803

Full Name (Last, First, Middle Initial)
B. Dr. Albert Stofka

Mailing Address
401 Adams Ave. Suite 205
City State Zip Code
Scranton PA 18510-2025

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 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: SA11A1.8887

Full Name (Last, First, Middle Initial)
C. Dr. Kenneth Stoler

Mailing Address
132 Terryville Road
City State Zip Code
Pt Jefferson Stati NY 11776-1596

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8888

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 / 61	
	<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. Ira Stuman

Mailing Address
142-04 Bayside Avenue

City State Zip Code
Flushing NY 11354-2342

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 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: SA11A1.8692

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

Mailing Address
3300 S. Tamiami Trail Suite 7

City State Zip Code
Sarasota FL 34239

Date of Receipt
N M / D E / Y Y Y Y
12 / 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: SA11A1.8700

Full Name (Last, First, Middle Initial)
C. Dr. Don Tillary

Mailing Address
1355 North Orange Ave. Suite 3

City State Zip Code
Winter Park FL 32789-3735

Date of Receipt
N M / D E / Y Y Y Y
12 / 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: SA11A1.8703

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 50 / 61	
	<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. Boyd Tamaretti

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2002

Mailing Address
7889 South Lincoln Court Suite 201
City State Zip Code
Littleton CO 80122

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 500.00

Name of Employer Rocky Mtn. Oral & Maxillo Surgery	Occupation Oral & Maxillofacial Surgeon
---	--

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

Transaction ID: SA11A1.8704

B. Full Name (Last, First, Middle Initial)
Dr. Vic Trammell

Date of Receipt
M M / D D / Y Y Y Y
12 / 23 / 2002

Mailing Address
2850 S. Elm Pl suite 340
City State Zip Code
Broken Arrow OK 74012-7908

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 150.00

Name of Employer Self	Occupation Oral Surgeon
--------------------------	----------------------------

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 275.00

Transaction ID: SA11A1.8705

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 20 / 2002

Mailing Address
724 Druid Hills Rd.
City State Zip Code
Temple Terrace FL 33617-3810

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 150.00

Name of Employer Self	Occupation Oral Surgeon
--------------------------	----------------------------

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: SA11A1.8706

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 51 / 61

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. Gerald Unhold

Mailing Address

488 East Valley Pkwy

Suite 105

City

State

Zip Code

Escondido

CA

92025

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 1 8 / 2 0 0 2

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer

North County Oral & Facial Surgeo-
ns

Occupation

Oral Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.8707

Full Name (Last, First, Middle Initial)

B. Dr. James Veiana

Mailing Address

241 Grant Avenue

City

State

Zip Code

LaSalle

IL

61301

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer

Illinois Valley OMS

Occupation

Oral Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8808

Full Name (Last, First, Middle Initial)

C. Dr. Terence M. Wal

Mailing Address

7400 College Drive

City

State

Zip Code

Palos Heights

IL

60463-1149

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 1 8 / 2 0 0 2

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 ▼

300.00

Transaction ID: SA11A1.8713

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 / 61	
	<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 Weisbecker

Mailing Address
710 19th Ave N Suite 300

City State Zip Code
South St. Paul MN 55075

Date of Receipt
N M / D E / Y Y Y Y
12 / 28 / 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) ▼ 225.00

Transaction ID: SA11A1.8721

B. Full Name (Last, First, Middle Initial)
Dr. Philip Wheat

Mailing Address
3007 Spring Mill Drive

City State Zip Code
Springfield IL 62704

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Springfield Associates in OMS Occupation
Oral Surgeon

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

Transaction ID: SA11A1.8728

C. Full Name (Last, First, Middle Initial)
Dr. Bruce Whiteher

Mailing Address
990 Boysen Ave.

City State Zip Code
San Luis Obispo CA 93401-1313

Date of Receipt
N M / D E / Y Y Y Y
12 / 28 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 725.00

Transaction ID: SA11A1.8730

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 53 / 61	
	<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. Roger Wilson

Mailing Address
3415 Fifth Street

City State Zip Code
Rapid City SD 57701

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Black Hills OMS Oral & Maxillofacial Surgeon

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

Transaction ID: SA11A1.8733

Full Name (Last, First, Middle Initial)
B. Dr. Mark Zajkowski

Mailing Address
20 Long Creek Dr.

City State Zip Code
South Portland ME 04106

Date of Receipt
N M / D E / Y Y Y Y
12 / 12 / 2002

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) ▼ 1075.00

Transaction ID: SA11A1.8735

Full Name (Last, First, Middle Initial)
C. Dr. Richard Ziegler

Mailing Address
5162 Cambrian Road

City State Zip Code
Toledo OH 43623-2863

Date of Receipt
N M / D E / Y Y Y Y
12 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Western Lake Erie OMS Ltd. Oral Surgeon

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

Transaction ID: SA11A1.8740

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	32700.00

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

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

FOR LINE NUMBER: PAGE 54 / 61

(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

Full Name (Last, First, Middle Initial)

A. Chet Edwards for Congress

Mailing Address

P.O. Box 23273

City

State

Zip Code

Waco

TX

76702

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

C00240465

Name of Employer

Occupation

Refund of Federal Campaign
Contribution

Receipt For:

2000

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

1000.00

Transaction ID: SA16.8750

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE WELDON

Mailing Address

PO BOX 968

City

State

Zip Code

MELBOURNE

FL

32902

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

C00294280

Name of Employer

Occupation

Refund of federal politic-
al contribution

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

1000.00

Transaction ID: SA16.8752

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JERRY KLECZKA

Mailing Address

3150A S 12TH ST

City

State

Zip Code

MILWAUKEE

WI

53215

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

2500.00

FEC ID number of contributing
federal political committee.

C00174052

Name of Employer

Occupation

Refund of Federal Contrib-
ution

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

2500.00

Transaction ID: SA16.8753

SUBTOTAL of Receipts This Page (optional)

4500.00

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 55 / 61

(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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS

Mailing Address

P.O. BOX 775

City

UNIONVILLE

State

PA

Zip Code

18375

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

C00310136

Name of Employer

Occupation

Refund of federal politic-
al contribution

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

1000.00

Transaction ID: SA16.8751

Full Name (Last, First, Middle Initial)

B. GEPHARDT FOR PRESIDENT COMMITTEE INC

Mailing Address

80 F STREET NW 8TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20001

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

1500.00

FEC ID number of contributing
federal political committee.

C00212385

Name of Employer

Occupation

Refund of Federal Politic-
al Contribution

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

1500.00

Transaction ID: SA16.8749

Full Name (Last, First, Middle Initial)

C. Hoteliers Supporting Buyer for Congress

Mailing Address

200 N. Main St.

PO Box 172

City

Monticello

State

IN

Zip Code

47360

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 1 6 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Refund of Federal Campaign
Contribution

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

1000.00

Transaction ID: SA16.8744

SUBTOTAL of Receipts This Page (optional) ▶

3500.00

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 56 / 61

(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

Full Name (Last, First, Middle Initial)
A. Paul Hickey for Governor

Mailing Address
P.O. Box 1222

City State Zip Code
Cheyenne WY 82003-1222

Date of Receipt
N M / D E / Y Y Y Y
12 / 16 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Refund of state political contribution

Receipt For: 2002 Aggregate Year-to-Date ▼
X Primary General 250.00
Other (specify) ▼

Transaction ID: SA16.8745

Full Name (Last, First, Middle Initial)
B. People for English

Mailing Address
PO Box 1940

City State Zip Code
Erie PA 16507

Date of Receipt
N M / D E / Y Y Y Y
12 / 16 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Refund of federal political contribution

Receipt For: 2002 Aggregate Year-to-Date ▼
X Primary General 1000.00
Other (specify) ▼

Transaction ID: SA16.8746

Full Name (Last, First, Middle Initial)
C. People for English

Mailing Address
PO Box 1940

City State Zip Code
Erie PA 16507

Date of Receipt
N M / D E / Y Y Y Y
12 / 16 / 2002

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Refund of Federal Political Contribution

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General 3000.00
Other (specify) ▼

Transaction ID: SA16.8747

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

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 57 / 61	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" 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. RANGEL FOR CONGRESS

Mailing Address
PO BOX 5577 MANHATTANVILLE STA
City State Zip Code
NEW YORK NY 10027

Date of Receipt
N M / D E / Y Y Y Y
12 / 16 / 2002

FEC ID number of contributing federal political committee. C00302422

Amount of Each Receipt this Period 5000.00

Name of Employer Occupation Refund of Federal Political Contribution

Receipt For: 2002 Aggregate Year-to-Date ▼
X Primary General 5000.00
Other (specify) ▼

Transaction ID: SA16.8748

Full Name (Last, First, Middle Initial)
B. SENSENBRENNER COMMITTEE

Mailing Address
PO BOX 575
City State Zip Code
BROOKFIELD WI 53008

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

FEC ID number of contributing federal political committee. C00083428

Amount of Each Receipt this Period 2500.00

Name of Employer Occupation Refund of Federal Campaign Contribution

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General 2500.00
Other (specify) ▼

Transaction ID: SA16.8754

C.

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	18750.00

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

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

FOR LINE NUMBER: PAGE 58 / 61

(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
12 / 06 / 2002

Amount of Each Receipt this Period

20.49

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Interest

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2744.83

Transaction ID: SA17.8757

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
12 / 12 / 2002

Amount of Each Receipt this Period

154.11

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

CD Interest

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2898.94

Transaction ID: SA17.8755

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
12 / 31 / 2002

Amount of Each Receipt this Period

118.92

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Dividend interest

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1876.03

Transaction ID: SA17.8756

SUBTOTAL of Receipts This Page (optional) ▶ **293.52**

TOTAL This Period (last page this line number only) ▶ **293.52**

**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 59 / 61

<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

Banking fees

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

12 / 06 / 2002

Amount of Each Disbursement this Period

26.60

Transaction ID: 5B21B.8758

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶ **26.60**

TOTAL This Period (last page this line number only) ▶ **26.60**

SCHEDULE D

DEBTS AND OBLIGATIONS

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

FOR LINE NUMBER: (check only one)

8
 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 Taxes Owed to Committee

Mailing Address

PO Box 19008

City State

Springfield IL

ZIP Code

62704-9008

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

Illinois Department of Revenue

Nature of Debt (Purpose):

State Income tax

Mailing Address

PO Box 19008

City State

Springfield IL

ZIP Code

62704-9008

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9.8768

Amount Incurred This Period

178.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

178.00

C

1) SUBTOTALS This Period This Page (optional)	▶	633.00
2) TOTALS This Period (last page this line number only)	▶	633.00
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)	▶	

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 Northern Trust Bank Mailing Address 8501 W. Higgins Road City State ZIP Code Chicago IL 60631 Outstanding Balance Beginning This Period 4923.00 Amount Incurred This Period Payment This Period 0.00 0.00 Outstanding Balance at Close of This Period 4923.00		Nature of Debt (Purpose): Fed. Inc. Tax-Owed in 02 for 01 activity Transaction ID: SD10.8548
B Full Name (Last, First, Middle Initial) of Debtor or Creditor Northern Trust Bank Mailing Address 8501 W. Higgins Road City State ZIP Code Chicago IL 60631 Outstanding Balance Beginning This Period -4923.00 Amount Incurred This Period Payment This Period 0.00 0.00 Outstanding Balance at Close of This Period -4923.00		Nature of Debt (Purpose): Federal Taxes paid Transaction ID: SD10.8817
C Full Name (Last, First, Middle Initial) of Debtor or Creditor U. S. Treasury Mailing Address Attention Tax Department City State ZIP Code Kansas City MO 64999 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period 1885.00 0.00 Outstanding Balance at Close of This Period 1885.00		Nature of Debt (Purpose): Federal Income Tax Transaction ID: SD10.8766

1) SUBTOTALS This Period This Page (optional)	▶	1885.00
2) TOTALS This Period (last page this line number only)	▶	1885.00
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)	▶	