

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -4 P. 12:25

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE OR FULL
C00005660 121499
P. 232DR THOMAS WEIL
ORAL AND MAXILLOFACIAL SURGERY
POLITICAL ACTION COMMITTEE (C)
9700 WEST BRYN MAWR AVE
9700 WEST BRYN MAWR AVE
ROSEMONT IL 60018

2. FEC IDENTIFICATION NUMBER
C00005660
3. This committee has two or more candidates
committed. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/99</u> through <u>12/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 340,942.28
(b) Cash on Hand at Beginning of Reporting Period	\$ 395,835.55	
(c) Total Receipts (from Line 19)	\$ 1,166,711.8	\$ 2,544,651.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,625,473.36	\$ 5,955,594.14
7. Total Disbursements (from Line 30)	\$ 5,0113.69	\$ 83,160.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,124,333.67	\$ 5,124,333.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 655,100	

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: Interim Secretary Carol O'Brien Carol L. O'Brien 2076
Signature of Treasurer: Interim Secretary Carol L. O'Brien Date: 1/17/00

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

214 RD 215 217 218
FEC FORM 3X
REVISED 9/99

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**
PAGE 2, FEC FORM 3X

Instructions for filers and sponsors are available at www.fec.gov.
This form is to be filed with the Committee's report to the Commission.
It should be filed with the report, not with the Commission.
OMB No. 3206-0047 (revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		11(a)(1)
	FROM	TO	
Oral and Maxillofacial Surgery Political Action Committee	7/1/99	12/31/99	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	64075.00	95201.00	11(a)(2)
ii. Unitemized	43790.00	142955.00	11(a)(3)
iii. Total (add i and ii)	107865.00	238156.00	11(a)(4)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions (add ii, b and c)	107865.00	238156.00	11(d)
12. Transfers From Affiliated/Other Party Committees	-	-	12
13. All Loans Received	-	-	13
14. Loan Repayments Received	-	-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	8846.81	116495.86	17
18. Transfers from Nonfederal Account for Joint Activity	-	-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	116671.81	254651.86	19
20. Total Federal Receipts (subtract line 18 from line 19)	116671.81	254651.86	20
B. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-	-	21(a)(1)
ii. Non-Federal Share	-	-	21(a)(2)
b. Other Federal Operating Expenditures	14613.69	37160.47	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	14613.69	37160.47	21(c)
22. Transfers to Affiliated/Other Party Committees	-	-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	44000.00	44500.00	23
24. Independent Expenditures (use Schedule E)	-	-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-	-	25
26. Loan Repayments Made	-	-	26
27. Loans Made	-	-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-	-	28(a)
b. Political Party Committees	-	-	28(b)
c. Other Political Committees (such as PACs)	-	-	28(c)
d. Total Contribution Refunds (add a, b and c)	-	-	28(d)
29. Other Disbursements	1500.00	1500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	50113.69	83160.47	30
31. Total Federal Disbursements (subtract line 21 a i from line 30)	50113.69	83160.47	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	107865.00	238156.00	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	107865.00	238156.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	14613.69	37160.47	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35)	14613.69	37160.47	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 43
FOR LINE NUMBER 11600

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Adams 750 Almar Pkwy, Suite 102 Bourbonnais, IL 60914	Drs Slaby, Adams + Associates	11/19/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 375.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John AKERS 855 Mason Ave Daytona Beach, FL 32117	Med Univ of SC	12/12/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Allen 47 Maria Drive, Suite 813 Petaluma, CA 94954	self	12/2/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian Alexander 1515 Oak St Eugene, OR 97401-3008	Oral and Maxillofacial Surgeons	8/10/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry Angevine 651 Cross Timbers Rd, Suite 100 Flower Mound, TX 75028	self	9/22/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robin Ardoin 2351 Larkspur Ln Opelousas, LA 70570	self	12/28/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 375.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wayne Atebara 275 Paha Hawaii St, Suite 101 Hilo, HI 96720	St Johns Mercy Med. Ctr	12/6/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 1000.00	

SUBTOTAL of Receipts This Page (optional) \$ 1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 43
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Atwell 901 Leghton Ave, Suite 401 Anniston, AL 36207	Self	11/23/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Babst 324 W Superior St, Suite 430 Duluth, MN 55802	Northern OMS	12/3/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	12/27/99	125.00
	Aggregate Year-to-Date	\$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Bandy 1305 Wonder World Drive Suite 303 San Marcos, TX 78666	Self	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Barsmian 472 Jacksonville Dr Jacksonville Beach, FL 32250	Self	11/19/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	12/13/99	100.00
	Aggregate Year-to-Date	\$ 225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Bergan 1745 S Imperial Ave, Suite 107 El Centro, CA 92243	Self	12/3/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Beattie 45 W Columbia St, Suite 10 Orlando, FL 32806	Alameda County Med Ctr	12/15/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Beck 1903 10th Ave Port Huron, MI 48060	Self	12/31/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 250.00	

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 43
FOR LINE NUMBERS 11 (A)(C)

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Bekan 19414 B Leitersburg Pike Hagerstown, MD 21742-2921	Potomac Professional Center	12/29/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Berger 2522 Dana St, Suite 202 Berkeley, CA 94704	Univ of California	11/24/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester Besta 19830 S. Halsted St Chicago Heights, IL 60411	Oral Surgery Center	11/26/99	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Betts 1011 N University, Box 1078 Ann Arbor, MI 48109	UNIV OF MI/School of Dentistry	12/9/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Black 4728 Airport Blvd, Suite C Mobile, AL 36608	SELF	12/6/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sohn Blakemore 26777 Lorain Rd North Olmsted, OH 44070	North Coast Saw Center	12/8/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale Bloomquist 1221 Madison St 1116 Seattle, WA 98104	Arnold Medical Pavilion	12/17/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1325.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 43
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Bojrab 4606 D E State Blvd Fort Wayne, IN 46815	Med College of GA/Sch of Dentistry	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Bolding 1708 E Joyce Blvd, Suite 2 Fayetteville, AR 72703	SELF	11/26/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L Boston 1151 Buckner Blvd, Suite 406 Dallas, TX 75218	SELF	11/24/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 575.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bond 15215 National Ave, Suite 202 Los Gatos, CA 95032	SELF	12/13/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 550.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Bohama 1983B S Halsted St Chicago Heights, IL 60411	Oral Surgery Center	8/21/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	11/26/99	125.00
	Aggregate Year-to-Date	\$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christ Boukoff 4650 S W 142nd Beaverton, OR 97005	Beaverton Oral Surgeons	7/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	11/30/99	125.00
	Aggregate Year-to-Date	\$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S Boyd 610 W Seventh North St Morris, TN 37814	SELF	8/12/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	12/3/99	125.00
	Aggregate Year-to-Date	\$ 325.00	

SUBTOTAL of Receipts This Page (optional)

1775.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 43

FOR LINE NUMBER 11(A)(1)

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Boyle 100 Professional Park Drive Blacksburg, VA 24060	Gregg, Howard + Boyle LTD	7/23/99	200.00
Receipt For: <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	11/24/99	125.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date	\$ 325.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Brummer 1035 N Emporia, Suite 175 Wichita, KS 67214	Parland Mem Hosp	8/20/99	125.00
Receipt For: <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	9/30/99	125.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date	\$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Max Brener 4110-C Brainerd Rd Chattanooga, TN 37411	Self	9/9/99	200.00
Receipt For: <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	12/16/99	200.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date	\$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C Brooks 11226 West Point Dr, Suite B Knoxville, TN 37922	Self	8/31/99	125.00
Receipt For: <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	12/30/99	125.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Brown 8035 Madison Ave, Suite G-1 Citrus Heights, CA 95610	Coventry Square	12/3/99	125.00
Receipt For: <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date	\$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Brown 301 E Wendover Ave, Suite 111 Greensboro, NC 27401	Piedmont Oral + Maxillofacial	12/27/99	125.00
Receipt For: <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	12/31/99	125.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date	\$ 375.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kurt Bruksch 690 N. Rte 31 Crystal Lake, IL 60012	College Hill Prof Bldg	11/23/99	125.00
Receipt For: <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date	\$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE **6** OF **43**

FOR LINE NUMBER

11(a)(1)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Butler 46060 E State Blvd Fort Wayne, IN 46815 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Oral + Maxillofacial Surgery Occupation: Oral Surgeon Aggregate Year-to-Date > \$250.00	11/29/99	125.00
B. Full Name, Mailing Address and ZIP Code Jack Burrow 4202 N 32nd St, Suite A Phoenix, AZ 85018-4764 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Univ of IA Hosp Occupation: Oral Surgeon Aggregate Year-to-Date > \$275.00	9/30/99	275.00
C. Full Name, Mailing Address and ZIP Code Jim Burk P O Box 781111 San Antonio, TX 78278 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Parkland Mem Hosp Occupation: Oral Surgeon Aggregate Year-to-Date > \$250.00	11/19/99	125.00
D. Full Name, Mailing Address and ZIP Code Christopher Burns 8170 Oaklandon Rd, Suite B Indianapolis, IN 46236 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date > \$250.00	12/31/99	125.00
E. Full Name, Mailing Address and ZIP Code Steven Butler 46060 E State Blvd Fort Wayne, IN 46815 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Oral + Maxillofacial Surgery Occupation: Oral Surgeon Aggregate Year-to-Date > \$250.00	11/29/99	125.00
F. Full Name, Mailing Address and ZIP Code Barton Bycraft 1000 Elmhurst Blvd Salina, KS 67401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WV Univ Med Ctr Occupation: Oral Surgeon Aggregate Year-to-Date > \$250.00	9/30/99	125.00
G. Full Name, Mailing Address and ZIP Code Roger Byrne 2450 Fondren, Suite 130 Houston, TX 77063 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Univ of TX Dental Branch Occupation: Oral Surgeon Aggregate Year-to-Date > \$275.00	10/1/99	275.00

SUBTOTAL of Receipts This Page (optional)

1175.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 43

FOR LINE NUMBER 1122

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Callahan 540 Deer Hill Rd Shavertown, PA 18708	Callahan + Bergey Assoc	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Camosy 4707 Washington Rd Kenosha, WI 53144	Donald W Camosy DDS SC	8/20/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	12/29/99	125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Carlisle 372 S Herlong Ave Rock Hill, SC 29732	The Center for OMS	12/30/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Carloti 243 Jefferson Blvd Warwick, RI 02888	Maxillofacial Surgery Ltd.	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 375.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Carlisen 17822 Beach Blvd, Suite 342 Huntington Beach, CA 92647	SELF	9/29/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 275.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Carlton P O Box 13258 Alexandria, VA 22315	Alexandria Oral Surgery Assoc	11/22/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 550.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Case 28 First Street Stamford, CT 06905	Stamford Oral and Max Surg	9/30/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 275.00	

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **8** OF **43**
FOR LINE NUMBER **11(a)(1)**

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nelson Castellano 3302 Azeele St Tampa, FL 33609	self	11/29/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$325.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Cataudella 80 Washington St Norwell, MA 02061	Boston Univ Sch of Dental Med	9/30/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darlene Chan 4729 42nd Ave SW Seattle, WA 98136	self	12/15/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Chestney 2529 Broad Ave Altoona, PA 16601	self	12/31/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Chewing 305 East Chaves Street, Suite 30 Florence, SC 29506	self	9/30/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Ciabattani 1075 Berkshire Blvd Wyomissing, PA 19610	Berks Oral Surgery	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$275.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Clarizio 566 Islington St Forts Mouth, VA 23801	self	10/1/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$400.00	125.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **9** OF **43**
FOR LINE NUMBER **11 (a)(1)**

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kent Cokenaur 3727 NW 6300 St, Suite 300 Oklahoma City, OK 73116 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	OMS Associates	9/22/99	275.00
Occupation: Oral Surgeon		Aggregate Year-to-Date > \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Victor Cook 7910 Ustick Rd Boise, ID 83744 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	12/13/99	275.00
Occupation: Oral Surgeon		Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Cordoba 3660 W Lamita Blvd Torrance, CA 90505 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	12/6/99	125.00
Occupation: Oral Surgeon		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Catant 9101 Bridgeport Way SW Lakewood, WA 98499 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	12/24/99	125.00
Occupation: Oral Surgeon		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Couvillion 7612 Picardy Ave Baton Rouge, LA 70808 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	11/22/99	125.00
Occupation: Oral Surgeon		Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Cox 5651 First Blvd, Suite 300 Hermitage, TN 37076 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	7/23/99 12/17/99	125.00 125.00
Occupation: Oral Surgeon		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
H Cox 2945 Northwoods Way Redding, CA 96002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	12/1/99	275.00
Occupation: Oral Surgeon		Aggregate Year-to-Date > \$ 275.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 43
FOR LINE NUMBER 11/1/99

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Crine 15955 NE 85th St Redmond, WA 98052	Zoller Dental Clinic	12/9/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 550.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marvin Dash 355 Fifth Ave Pittsburgh, PA 15222	self	7/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/4/99	125.00
	Aggregate Year-to-Date: \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
IE Davis 307 Columbia Ave Lexington, SC 29072	Univ of MN Sch of Dentistry/Hosp	11/23/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 525.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Davis 3330 Capital Oaks Dr Tallahassee, FL 32308	Tallahassee OMS	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas DeGroot 2250 Shipyard Blvd Wilmington, NC 28403	Self	11/18/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Delfino 13801 Riverport Dr, Suite 301 St Louis, Mo 63043	Innovative Health Benefits LLC	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marcos Diaz 60 Austin Place Oldsmar, FL 34677	Coastal Jaw Surgery	8/12/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	

SUBTOTAL of Receipts This Page (optional) 1575.00

TOTAL This Period (last page this line number only)

SCHEDULE A.

ITEMIZED RECEIPTS

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

PAGE 11 OF 43

FOR LINE NUMBER 11616

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent Di Fabio 198 Thomas Johnson Drive Frederick, MD 21702	UNIV OF Rochester	9/30/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kim DiPasquale 500 S Anaheim Hills Rd Anaheim, CA 92807	SELF	11/30/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Doench 3550 Far Hills Ave Dayton, OH 45429	Lincoln Park Medical Center	12/9/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rex Dolan 6238 Yellowstone Cheyenne, WY 82009	SELF	12/7/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Barnauer 2355 W State Route 18 Tiffin, OH 44883	SELF	12/1/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Boss 440 S Western Ave South Portland, ME 04106	Southern Maine OMS Assoc	7/23/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Duda 150 Brookshire Ln Beckley, WV 25801	Drs Yafes and Duda, Inc.	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1175.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 143
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Dean Duncanson</u> <u>48 Vicente, Suite 2</u> <u>San Francisco, CA 94127</u>	<u>self</u>	<u>11/29/99</u>	<u>275.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Oral Surgeon</u>	Aggregate Year-to-Date: <u>\$275.00</u>	
<u>Gary Dwight</u> <u>1400 E Michigan</u> <u>Lansing, MI 48912</u>	<u>self</u>	<u>12/20/99</u>	<u>125.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Oral Surgeon</u>	Aggregate Year-to-Date: <u>\$250.00</u>	
<u>Gregory Edmonds</u> <u>10827 S 51st St</u> <u>Phoenix, AZ 85044</u>	<u>self</u>	<u>11/24/99</u>	<u>275.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Oral Surgeon</u>	Aggregate Year-to-Date: <u>\$275.00</u>	
<u>Donald Edwards</u> <u>777 37th St, Suite B101</u> <u>Vero Beach, FL 32960</u>	<u>self</u>	<u>10/6/99</u>	<u>125.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Oral Surgeon</u>	Aggregate Year-to-Date: <u>\$250.00</u>	
<u>Mark Esbert</u> <u>325 9th Ave</u> <u>Seattle, WA 98104</u>	<u>Harborview Med Ctr</u>	<u>9/29/99</u>	<u>275.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Oral Surgeon</u>	Aggregate Year-to-Date: <u>\$550.00</u>	
<u>Edward Ellis</u> <u>5323 Harry Hines Blvd</u> <u>Dallas, TX 75235</u>	<u>Univ of Texas</u>	<u>12/9/99</u>	<u>200.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Oral Surgeon</u>	Aggregate Year-to-Date: <u>\$325.00</u>	
<u>Robert Ellis</u> <u>745 Old Norcross Road</u> <u>Lawrenceville, GA 30045</u>	<u>self</u>	<u>12/9/99</u>	<u>200.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Oral Surgeon</u>	Aggregate Year-to-Date: <u>\$400.00</u>	

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 13 OF 43
FOR LINE NUMBER 116511

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Emery 2021 K St NW, suite 200 Washington, DC 20006	The Washington Institute	10/16/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/15/99	275.00
	Aggregate Year-to-Date		\$550.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bradford Ennix 2359 Murphy Woods Rd Beloit, WI 53511	SELF	11/17/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date		\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Englert 1815 Schadt Ave Whitehall, PA 18052	Peachtree Office Plaza	9/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/9/99	125.00
	Aggregate Year-to-Date		\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lewis Estabrooks 20 Long Creek Dr South Portland, ME 04106	Oral Surgery Associates	12/24/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date		\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clifford Evans 28 First St Stamford, CT 06905	Hospital of Saint Raphael	8/12/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date		\$275.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Fagin 235 N San Mateo Dr San Mateo, CA 94401	SELF	11/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date		\$275.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Fain 3700 W 83rd St Prairie Village, MO 66208	Oral & Facial Surgery Assoc.	9/23/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date		\$275.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 43
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sohn Feeney 9 Hospital Dr, Suite 6 Toms River, NJ 08755	Coastal Oral Surgery	12/20/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emilio Ferrara 1930 State Route 59 Kent, OH 44240	Dr. Emilio A. Ferrara Inc.	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lestic Fish 1200 W Warner Road Chandler, AZ 85224	SELF	11/22/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melvin Flamenbaum 2222 S Linden Rd Flint, MI 48532	Cook County Hosp	11/24/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Foley 1440 28th St Boulder, CO 80303	SELF	12/30/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Manvel Freeman 6650 Garber Rd Dayton, OH 45415-2558	Indiana Univ Med Ctr	8/20/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Fried 6801 Mayfield Rd Mayfield Heights, OH 44124	Ans Aperin, Ruch & Fried, Inc.	12/6/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 15 OF 43
FOR LINE NUMBER 11(a)(5)

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Fryer 7430 Wildercliff Dr Atlanta, GA 30328	Self	12/1/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R Galey 9380 McKnight Rd Pittsburgh, PA 15237	North Pittsburgh Oral	11/19/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephan Gandy 971 Lakeland Dr, Suite 225 Jackson, MS 39216	OMS Associates	12/6/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brent Garrison 8140 Kave Rd, Suite 200 Indianapolis, IN 46250	Indiana OMS Associates	7/23/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Geist 2003 Forsythe Ave Monroe, LA 71201	Oral Surgery Assoc	11/30/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 575.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Gordon 720 MacDade Blvd Folsom, PA 19033	Thomas Jefferson Univ. Hosp	9/30/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Newton Gordon 521 PARNASSUS AVE San Francisco, CA 94143	Univ of California	12/28/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

1475.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 16 OF 43
FOR LINE NUMBER 11(a)(1)

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Gotcher 1928 Alcoa Highway Knoxville, TN 37920	University OMS	9/30/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Gould Doctors Building Hospital Dr North Adams, MA 01247	Montefiore Med Ctr	10/1/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/1/99	125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ron Graves 1119 Walnut Dr, Suite 2 Ardmore, OK 73401	OMS Associates	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Greenman 61 Fourth St Stamford, CT 06905	SELF	7/30/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Gresset 15515 3rd Ave SW Seattle, WA 98166	SELF	8/31/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/1/99	125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Gulbrandson 7373 France Ave S Edina, MN 55435	Centennial Lakes Medical	12/1/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$325.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Haddad 2221 Knollwood Dr Snellville, GA 30078	SELF	12/1/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	

SUBTOTAL of Receipts This Page (optional)

1675.00

TOTAL This Period (next page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 43
FOR LINE NUMBER 112500

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Hale 18546 Roscoe Blvd Northridge, CA 91324	SELF	12/29/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randall Halliday 1697 N Waterman Ave San Bernardino, CA 92404	self	12/3/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: 575.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kipp Hammon 1515 Oak St Eugene, OR 97401	Oral & Maxillofacial Surgeon	8/10/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: 275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Hanson 1400 Southwest Blvd Jefferson City, MO 65109	Univ of MZ Hosp	11/22/99	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: 325.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Hanson 98-1426 Onikiniki Place Aiea, HI 96701	Oral & Maxillofacial Surgery	10/6/99	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: 250.00	125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jimmie Harper 7887 Surrey Wood Dr North Bend, OH 45052	OH State Univ College of Dentistry	12/13/99	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Hansony 175 N Jackson Ave San Jose, CA 95116	SELF	11/23/99	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: 250.00	125.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 18 OF 43
FOR LINE NUMBER 11A-11

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl Hasegawa 135 S Wakea Ave Kahului, HI 96732	SELF	9/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	11/22/99	125.00
	Aggregate Year-to-Date	> 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph HeideIman 9240 N Meridian St Indianapolis, IN 46260	Indiana Univ Med Ctr	12/13/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	> 325.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Heldt 301 Alamo Dr, Suite E Vacaville, CA 95688	SELF	9/9/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	12/10/99	275.00
	Aggregate Year-to-Date	> 475.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Hendrix 306 Walnut St San Diego, CA 92103	Univ of Southern CA	12/1/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	> 550.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roy Himelfarb 182 S 2nd St Chambersburg, PA 17201	SELF	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	> 675.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Hoffmann 6545 France Ave S Edina, MN 55425	Univ of MN sch of Dentistry	12/9/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	> 800.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Hogan 65 West Main Rd Middletown, RI 02842	SELF	12/9/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	> 925.00	

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 19 OF 43
FOR LINE NUMBER 11(A)(5)

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Holland 1601 NE Elm, Suite A Denton, TX 76201	Self	12/27/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Howell 2911 E Covenant Dr Bloomington, IN 47401	Self	11/24/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Howerton 280 Liberty St, Suite 220 Salem, OR 97301-3508	Self	12/13/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$550.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Hunt 240 Church Street Marietta, GA 30060	Northwest OMS Assoc.	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/1/99	200.00
	Aggregate Year-to-Date: \$475.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rickey Hurst 1302 Raguet St Nacogdoches, TX 75761	Self	12/24/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Hutt 191 Main St Old Saybrook, CT 06475	Shoreline OMS	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julius Hyatt 10 Warren Rd, Suite 330 Cockeysville, MD 21030	Hunt Valley Medical Center	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 201 OF 43
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Indovina 5132 Lapalco Blvd Marrero, LA 70072	self	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Serry Isbell 524 S Sycamore St Petersburg, VA 23803	Med College of VA	9/15/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Ivey 224 S Woods Mill Chesterfield, Mo 63017	St Louis West OHS	9/30/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$400.00	275.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S Jensen 1600 W Central Rd Arlington Heights, IL 60005	Northwest Oral & Maxillofacial	9/30/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Jones 20 Page Dr, Suite 1 Pinehurst, NC 28374	Womack Army Medical Ctr	12/1/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Serry Jones 5900 Cubero Drive NE Albuquerque, NM 87109	self	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$275.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Joseph 820 Prudential Dr Jacksonville, FL 32207	self	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$275.00	

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS FOR POLITICAL ACTION COMMITTEES

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Joseph 204 W Main Street Danville, KY 40422 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dr. Joseph F. Beto Occupation: Oral Surgeon Aggregate Year-to-Date \$ 250.00	12/11/99	125.00
B. Full Name, Mailing Address and ZIP Code Stephen Kahn 1560 E Sherman Blvd Muskegon, MI 49444 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	West Shore OMS Occupation: Oral Surgeon Aggregate Year-to-Date \$ 250.00	11/22/99	125.00
C. Full Name, Mailing Address and ZIP Code Don Kalant 4050 Healthway Drive Aurora, IL 60504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date \$ 250.00	11/23/99 12/20/99	125.00 125.00
D. Full Name, Mailing Address and ZIP Code Martin Kaminker 1505 State Highway 27 Somerset, NJ 08873 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date \$ 250.00	12/28/99	125.00
E. Full Name, Mailing Address and ZIP Code Spiro Karras 6677 N Lincoln Ave Lincolnwood, IL 60712 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date \$ 300.00	9/9/99	300.00
F. Full Name, Mailing Address and ZIP Code Thomas Kelly 546 S Broad St Meriden, CT 06450 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date \$ 125.00	12/11/99	125.00
G. Full Name, Mailing Address and ZIP Code Arthur Kilkuts 3043 Garretson Ave Corona, CA 91719 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date \$ 250.00	11/29/99	125.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1175.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 22 OF 43
FOR LINE NUMBER 116219

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Kinsey 6043 Prestley Mill Rd Douglasville, GA 30134	West Atlanta OMS	12/31/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 550.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Kleiman 21 E Main St Moorestown NJ 08057	SELF	11/26/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Koch 1221 Sherwood Park Dr Gainesville GA 30501	SELF	12/9/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerard Koobusch 2430 Larson Road Bismarck ND 58504	Face + Jaw Surgery Center	11/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 550.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Kostin 2036 Patton Chapel Rd Birmingham, AL 35216	Univ of Miami Sch of Med	9/30/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 275.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Kotsakis 1585 N Barrington Rd Hoffman Estates, IL 60194	SELF	12/16/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 275.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Krueger 5415 SW Westgate Dr Portland OR 97221	Taylor Malmquist D.M.D. P.C.	8/12/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 400.00	11/26/99 200.00	200.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE A

ITEMIZED RECEIPTS FOR THE PERIOD FROM 11/19/99 TO 12/29/99

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

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)
Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Lafond 705 Trolley Road Summerville SC 29485	SELF	11/19/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Laga 8787 Ballentine Overland Park KS 66214	Oral Surgeons	10/29/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 475.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Woodrow Lahr 1777 Lake Odessa Ste Hartsville OH 44632	UMDNJ/NTS Dental School	12/13/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Keith 3640 Canterbury Ct Waterloo IA 50702	SELF	12/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Levy 187 N State St Concord NH 03301	SELF	12/13/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D Liebel 655 Camino De Los Marcos San Clemente CA 92673	SELF	7/23/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Lindley 1315 Gore Blvd Lawton OK 73501	SELF	9/29/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 225.00	

SUBTOTAL of Receipts This Page (optional) **1400.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 24 OF 42
FOR LINE NUMBER 11000

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Link 651 Helen Keller Blvd Tuscaloosa AL 35404	SELF	12/28/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	\$ 325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Lippman 712 S Governors Ave Dover DE 19901	SELF	12/6/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	\$ 400.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Todd Linton 469 E Medical Dr Dumont NJ 07010	SELF	9/30/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	\$ 475.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Livingston 1331 S York Muskogee OK 74403	SELF	12/3/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	\$ 250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodger Lofland 1601 S Hawthorne Rd Winston-Salem NC 27103	DR. Lofland, Quadland	11/30/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	\$ 250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Logan 1625 E Mc Andrews Rd Medford OR 97504	Assoc For OHS	12/14/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	\$ 325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Malin 3443 Franklin Rd Brentwood TN 37027	SELF	11/23/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	\$ 275.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

1450.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 25 OF 43
FOR LINE NUMBER 11(a)(1)

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
344 Malmquist 5415 SW Westgate Dr Portland OR 97221	Self	7/30/99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Date: 11/26/99	200.00
	Aggregate Year-to-Date	\$ 450.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Taylor Markle 1010 Carondelet Dr Kansas City Mo 64114	Carondelet Medical Bldg	9/29/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Date: 12/6/99	125.00
	Aggregate Year-to-Date	\$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Marks PO Box 13258 Alexandria LA 71315	Alexandria Oral	11/22/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date	\$ 575.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Marshall 3040 W Market St Akron OH 44333	Self		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	11/22/99	200.00
	Aggregate Year-to-Date	\$ 325.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Massett 2334 Gause Blvd Slidell LA 70461	Charity Hosp		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/20/99	125.00
	Aggregate Year-to-Date	\$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Matheson 5 Rockcliff Pl Asheville NC 28801	Rockcliff Place Oral and	9/29/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/11/99	125.00
	Aggregate Year-to-Date	\$ 325.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Matzkin 475 Chase Pkwy Waterbury CT 06708	OMS Associates		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/16/99	275.00
	Aggregate Year-to-Date	\$ 550.00	

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **26** OF **43**
FOR LINE NUMBER **11611**

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Maxwell 2210 Olympic St Springfield OH 45503	SELF	9/30/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Date (month, day, year) 11/26/99	Amount of Each Receipt this Period 125.00
	Aggregate Year-to-Date	> \$ 325.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin McBride 7777 Forest Ln Dallas TX 75230	SELF	12/14/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date	> \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terrence McCarthy 9191 Bloomfield St Cypress CA 90630	SELF	10/13/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date	> \$ 325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul McCord 2222 Chambliss Ave Cleveland TN 37311	SELF	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date	> \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin McLaughlin 83 East Ave Norwalk CT 06851	SELF	12/13/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Date (month, day, year) 7/23/99	Amount of Each Receipt this Period 125.00
	Aggregate Year-to-Date	> \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Marshall 27450 Ynez Rd Temecula CA 92592	SELF	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date	> \$ 275.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Mead 990 Boyson Ave San Luis Obispo CA 93405	SELF	9/21/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Date (month, day, year)	Amount of Each Receipt this Period
	Aggregate Year-to-Date	> \$ 275.00	

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (Just page this line number only)

1575.00

SCHEDULE A

A ITEMIZED RECEIPTS ARE REQUIRED FOR CONTRIBUTIONS FOR LINE NUMBER 11 (a)(1)

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

PAGE 27 OF 43
FOR LINE NUMBER 11 (a)(1)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Miller 3217 Grove Ave Richmond VA 23221	Oral Surgery Associates	12/30/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	12/31/99	125.00
	Aggregate Year-to-Date	\$525.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Mixer 1560 E Sherman Blvd Muskegon MI 49444	West Shore OMS Associates	12/20/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date	\$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Mohler 1111 Medical Arts Blvd Anderson IN 46011	SELF	7/23/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date	\$275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jackrit Mongkolluksana 445 W Schrock Rd Westerville OH 43081	SELF	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date	\$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Monterubio 1034 S Brentwood St Louis MO 63117	Monterubio + Herbosa Oral	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date	\$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Mosby 2301 Holmes St Kansas City MO 64108	Truman Medical Centers	11/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date	\$550.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J Moslier 110 Kingsley Lane Norfolk VA 23505	Med College of VA	12/14/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon		
	Aggregate Year-to-Date	\$550.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1525.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Deductible Category Page

PAGE 28 OF 43
FOR LINE NUMBER 11600

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Moyer Sr 420 Laboratory Rd Oak Ridge TN 37830 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	OMS Specialists Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00	12/6/99	125.00
B. Full Name, Mailing Address and ZIP Code Richard Mufson 20480 W Dixie Hwy North Miami Beach FL 33180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 325.00	9/15/99 12/1/99	125.00 200.00
C. Full Name, Mailing Address and ZIP Code Marc Mulholland 916 Washington Ave Bay City MI 48708 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 275.00	9/29/99	275.00
D. Full Name, Mailing Address and ZIP Code George Muller 3415 Fifth St Rapid City SD 57701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Black Hills OMS Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00	8/20/99 11/30/99	125.00 125.00
E. Full Name, Mailing Address and ZIP Code T Murphy 1134 Independence Ave Marietta OH 43302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 400.00	11/29/99	200.00
F. Full Name, Mailing Address and ZIP Code Ronald Nellen 4811 576th St Greenfield WI 53220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	OMS Consultants OF WI Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 400.00	12/14/99	125.00
G. Full Name, Mailing Address and ZIP Code Gary Nesselin 211 NE 54th St Kansas City MO 64118 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Creekwood Medical Plaza III Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00	12/9/99	125.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,425.00

SCHEDULE A

ITEMIZED RECEIPTS AND REPORTS FOR PREPARED BY

Use separate schedules for each category of the Detailed Summary Page

PAGE **29** OF **43**
FOR LINE NUMBER **11(a)(1)**

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Nissman 137 W St Rd Feasterville PA 19053	SELF	8/12/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	11/18/99	125.00
	Aggregate Year-to-Date	\$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott Nolen 4585 Washington St Florissant MO 63033	Oral and Maxillofacial Surgeon	7/23/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	12/8/99	125.00
	Aggregate Year-to-Date	\$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol O'Brien 9700 W Bryn Mawr Ave Rosemont IL 60018	AAOMS	9/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard O'Day 8025 Club Crest Dr Arvada CO 80005	Arvada Oral Surgery Assoc	8/10/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Deji Ogundiya 1801 Church St Nashville TN 37203	Center for Oral	8/12/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 275.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Olmsted 4400 Lakeville Rd Geneseo NY 14454	SELF	9/30/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	11/22/99	125.00
	Aggregate Year-to-Date	\$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Date Olson 220 Central Medical Bldg St Paul MN 55104	Dr Olson + Weisbecker PA	12/13/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 301 OF 413
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Omlie 250 N Central Ave Wayzata MN 55391	Oral + Maxillofacial	12/1/99	275.00
Receipt For: <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Onstad 801 N Cascade Ave Colorado Springs CO 80903	Associates in OMS	8/10/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: Oral Surgeon	12/3/99	125.00
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Osborn 4260 Truxtun Ave Bakersfield CA 93309	SELF	12/6/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 550.00	
<input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Osborn 50 W Big Beaver Rd Bloomfield Hills MI 48304	Targerson + Small PC	8/18/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
<input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Patella 211 Central Park Ave White Plains NY 10606	SELF	12/13/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
<input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Pearson 1174 Montgomery Dr Santa Rosa CA 95405	Santa Rosa Oral Surgery	11/26/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
<input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Piecuch 34 Dale Rd Avon CT 06001	Avon OMS	12/9/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
<input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS REQUIRED FOR SCHEDULE A

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

PAGE 31 OF 43
FOR LINE NUMBER 11(2)(5)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Pijut 2560 Capitol Medical Blvd Tallahassee FL 32308	SELF	8/31/99	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Pinson P O Box 38 Anacortes WA 98221	SELF	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Polan 4415 Buffalo Rd North Canton OH 44714	DMO PC	9/30/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Pollock 3721 Roosevelt Blvd Middletown OH 45044	SELF	12/1/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emil Poporad 4124 Fulton Dr NW Canton OH 44718	SELF	11/15/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Brindiville 945 Main St Manchester CT 06040	The Mt Sinai Med Ctr	12/19/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheldon Proloff P O Box 6326 Sunny Isle St Croix VZ 00823	SELF	11/18/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 325.00	

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

UNRECORDED RECEIPTS PREPARED FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS FOR POLITICAL PURPOSES

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)
 Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Quon 5800 Ridgewood Jackson MS 39211	SELF	11/16/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 550.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Rawson 1100 B Airport Blvd Pensacola FL 32504	OMS Assoc of West Florida	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 275.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Reatschler 425 Roxbury Rd Rockford IL 61107	SELF	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 275.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Riva 33 Main St Chatham NJ 07928	UMDNJ/NJ Dental School	7/23/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 275.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jose Rosado-Ortiz Avenida Munoz Rivera 6541 San Juan PR 00918	SELF	9/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00	11/29/99	125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ted Rosner PO Box 98 Lumberton NJ 08048	SELF	12/2/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Rotskoff 3009 N Ballas Rd St Louis MO 63131	Oral Facial Surgery Center	12/15/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00		

GROSSTOTAL of Receipts This Page (optional) 1675.00
 TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS FOR PREPARED RETURN

Use separate schedules for each category of the Detailed Summary Page

PAGE 33 OF 42

FOR LINE NUMBER 11 (C)

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Saal 236 Progressive Blvd Houma LA 70369	SELF	11/23/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	> \$ 275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Sawyer 5651 First Blvd Hermitage TN 37076	SELF	10/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	> \$ 275.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Scheiber 2000 E Market St Warren OH 44483	SELF	12/13/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	> \$ 375.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Schenck 4845 A Hixson Pike Chattanooga TN 37343	SELF	10/13/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Date (month, day, year) 11/29/99	200.00
	Aggregate Year-to-Date		> \$ 400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leslie Schlanger 2210 Tennyson Dr Greensboro NC 27410	Greensboro Center for Oral	12/4/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	> \$ 250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Schmid 1325 S Pine St Melbourne FL 32901	SELF	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	> \$ 250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Schuen 1900 Whites Rd Kalamazoo MI 49008	Schuen and Hyland DDS PC	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date	> \$ 325.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11650

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Schwartz 55E Washington Chicago IL 60602	Oral and Maxillofacial Surgery	12/8/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Scott 6360 Jackson Rd Ann Arbor MI 48103	SELF	12/2/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J Scully 5 Rockcliff Pl Asheville NC 28801	Prs Scully & Matheson PA	12/1/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Seago 971 Lakeland Dr Jackson MS 39216	Univ of TN	12/6/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 475.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Shakhbazian 2111 Parkside Dr Fremont CA 94536	LSU Sch of Dentistry	7/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Shambaugh 1320 Medical Park Dr Fort Wayne IN 46825	Indiana Univ Med Ctr	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Silverman 605 Beaver Run Rd Liburn OH 43004	Sinai Hosp	12/13/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS FOR PREPARED BY

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

PAGE 35 OF 43
FOR LINE NUMBER 11645

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Simmonds 19 E Genesee Street Auburn NY 13021	SELF	9/30/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Sinn 5323 Harry Hines Blvd Dallas TX 75290	UT Southwestern Medical Center	9/30/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Soel Slaughter 1625 E McAndrew Rd Medford OR 97504	Belleuve Hosp	12/14/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Slott 6001 NW 9th Blvd Gainesville FL 32605	Marvin M Slott DDS PA	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Smith 2125 E Bert Kouns Industrial Shreveport LA 71105	Baylor College of Dentistry	11/22/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren Spielman 4900 Overton Ridge Blvd Fort Worth TX 76132	Wilford Hall USAF Med Ctr	12/3/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 225.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Spina 1722 Maya Ln Mt Prospect IL 60056	Assoc for Oral Maxillofacial	12/16/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	

SUBTOTAL of Receipts This Page (optional) **1325.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 36 OF 43

FOR LINE NUMBER 11(a)(6)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Spivey 1120 Dow St Murfreesboro TN 37130	self	12/9/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry Spradley 2123 Central Dr Bedford TX 76021	Assoc in Oral & Maxillofacial	12/10/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 325.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barry Stacey 5041 Dallas Hwy Powder Springs GA 30127	Univ of Ala Sch of Dentistry	12/31/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 550.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elgan Stamper 500 N Central Glendale CA 91203	Univ of Southern CA	12/20/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 550.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Randall Startny 2852 Boudinot Ave Cincinnati OH 45238	Mt Sinai Med Ctr	8/20/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 550.00	12/10/99	275.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Steichen 1600 W Central Rd Arlington Heights IL 60005	Northwest OMS	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 275.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barry Stein 211 W Beaver Ave State College PA 16801	Tri County Oral	7/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00	12/30/99	125.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 37 OF 43
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Steinbeck 627 Highland Ave Fort Thomas KY 41075	SELF	12/1/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Oral Surgeon</u>		
	Aggregate Year-to-Date	\$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Steinberg 2160 S First Ave Maywood IL 60153	UNIV OF IL	8/31/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Oral Surgeon</u>	12/29/99	125.00
	Aggregate Year-to-Date	\$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Stevens 1051 N 35th Ave Hollywood FL 33021	Broward oral Facial	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Oral Surgeon</u>		
	Aggregate Year-to-Date	\$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Stohler 500 Davis St Evanston IL 60201	UNIV OF KY/COL OF Dentistry	7/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Oral Surgeon</u>	11/22/99	125.00
	Aggregate Year-to-Date	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marwood Stout 451 W Gonzales Rd Oakland CA 94612	SELF	12/27/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Oral Surgeon</u>		
	Aggregate Year-to-Date	\$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Strauss 925 Bishop Walsh Rd Cumberland MD 21502	UNIV OF MD	12/3/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Oral Surgeon</u>		
	Aggregate Year-to-Date	\$ 550.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Strauss 821 East Ocean Blvd Stuart FL 34994	Oral Facial Surgical Assoc	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Oral Surgeon</u>		
	Aggregate Year-to-Date	\$ 250.00	

GUSTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 116500

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sorrell Strauss 821 E Ocean Blvd Stuart FL 34994	Oral Facial Surgical Assoc	11/22/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code: Dale Stringer 6860 Brockton Ave Riverside CA 92506	Name of Employer Self	Date (month, day, year) 11/26/99	Amount of Each Receipt This Period 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 275.00	
C. Full Name, Mailing Address and ZIP Code: Michael Stronczek 4606 D E State Blvd Fort Wayne IN 46815	Name of Employer OMS Associates	Date (month, day, year) 11/29/99	Amount of Each Receipt This Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code: N Strull 4122 Shelbyville Rd Louisville KY 40207	Name of Employer Dr's Strull + Strull PSC	Date (month, day, year) 12/4/99	Amount of Each Receipt This Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code David Sturtz 9416 S Main St Plymouth ME 04817	Name of Employer Naval Medical Ctr	Date (month, day, year) 7/23/99	Amount of Each Receipt This Period 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 275.00	
F. Full Name, Mailing Address and ZIP Code James Tamborello 9 E Pedregosa St Santa Barbara CA 93101	Name of Employer The Center for Corrective	Date (month, day, year) 11/22/99	Amount of Each Receipt This Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Ronald Tankersley 1404 Riversedge Rd Newport News VA 23606	Name of Employer Dr's Tankersley, Lee, Kenny	Date (month, day, year) 12/3/99	Amount of Each Receipt This Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1175.00

SCHEDULE A

ITEMIZED RECEIPTS FOR CONTRIBUTIONS FOR LINE NUMBER 11(a)(5)

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

PAGE **39** OF **43**
FOR LINE NUMBER **11(a)(5)**

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Tanner 4700 Belleview Kansas City MO 64112	John P Tanner DDS MD LLC	12/9/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kent Taylor 1800 San Miguel Dr Walnut Creek CA 94596	SELF	11/29/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Thomas 5501 Fortune's Ridge Dr Durham NC 27713	SELF	9/29/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don Tillery 1355 North Orange Ave Winter Park FL 32789	Univ of Miami Sch of Med	12/28/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 325.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wayne Tipps 6015 Shallowford Rd Chattanooga TN 37421	Associates in OMS	7/29/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Boyd Tomasetti 6767 Broadway Littleton CO 80122	Rocky Mountain Oral	12/1/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 550.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey Topf 23077 Greenfield Southfield MI 48075	Bloom Associates	9/29/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Oral Surgeon	Aggregate Year-to-Date > \$ 325.00	

GRAND TOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **40** OF **43**

FOR LINE NUMBER **11(a)(1)**

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ted Trebowski 900 Welch Rd Palo Alto CA 94304	SELF	11/19/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Triplett 601 20th St Huntington WV 25703	SELF	11/19/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Traxler 3914 9th Ave W Bradenton FL 33505	Traxler + Smith Oral	8/12/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Turner 1209 Starr Dr Dalton GA 30720	SELF	10/6/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Unhold 498 E Valley Pkwy Escalante CA 92025	SELF	11/29/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gino Ventreca 18660 Bagley Rd Middleburg Heights OH 44130	SELF	12/1/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 275.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Vitale 300 Lakehurst Rd Toms River NJ 08755	SELF	7/23/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oral Surgeon	Aggregate Year-to-Date: \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1475.00

TOTAL This Period (just page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 41 OF 43

FOR LINE NUMBER 11A(C)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Wallace 12021 Bromwich Dr Richmond VA 23236 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 275.00	10/1/99	275.00
B. Full Name, Mailing Address and ZIP Code Russell Webb 930 W Foothill Blvd Upland CA 91786 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 400.00	11/18/99	275.00
C. Full Name, Mailing Address and ZIP Code Richard Weisbecker 710 19th Ave N So St Paul MN 55075 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Central Medical Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00	12/10/99	125.00
D. Full Name, Mailing Address and ZIP Code Charles Wennogle 9025 E Mineral Cir Englewood CO 80112 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 250.00	8/10/99 12/13/99	125.00 125.00
E. Full Name, Mailing Address and ZIP Code Stephen Wheeler 320 Santa Fe Dr Encinitas CA 92024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 600.00	11/19/99	125.00
F. Full Name, Mailing Address and ZIP Code David Whiston 3313 Nohi St Arlington VA 22207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dr's Whiston Patterson Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 275.00	8/31/99	275.00
G. Full Name, Mailing Address and ZIP Code Russell Williams 3007 Spring Mill Dr Springfield VA 22704 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Springfield Associates Occupation: Oral Surgeon Aggregate Year-to-Date: \$ 400.00	10/29/99 11/24/99	200.00 200.00

SUBTOTAL of Receipts This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter Williams 4545 Bellaire Dr S Fort Worth TX 76109	Parkland Mem Hosp Occupation: Oral Surgeon	9/30/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$ 275.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Wilson 600 S Santa Fe Salina KS 67401	Self Occupation: Oral Surgeon	12/3/99 9/30/99	125.00 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$ 375.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Henry Windell 24850 SE Stark St Gresham OR 97030	Gresham OMS LLP Occupation: Oral Surgeon	7/30/99 10/1/99	200.00 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$ 325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gerard Winn 75 Van Deene Ave West Springfield MA 01089	Univ of Maryland Occupation: Oral Surgeon	8/20/99	275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$ 275.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gregory Winson 18 Old Coach Rd Napa CA 94558	Self Occupation: Oral Surgeon	11/19/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lewis Winston 1520 Portage Trail Cudahy Falls OH 44223	Dr's Winston and Hoffman LLP Occupation: Oral Surgeon	12/4/99	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$ 675.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Witkowski 1021 West Oakland Ave Johnson City ND 58704	Self Occupation: Oral Surgeon	10/29/99 12/31/99	275.00 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$ 400.00		

SUBTOTAL of Receipts This Page (optional)

1925.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 43 OF 43
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A Wood 207 S 32nd St Camp Hill PA 17011	A. Bailey Wood, DDS	12/1/99	275.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Yamada 8950 Villa La Jolla Dr La Jolla CA 92037	SELF	12/8/99	125.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 125.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Eager 744 Greenwood Ave Glencoe IL 60022	SELF	11/22/99	125.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Oral Surgeon		
	Aggregate Year-to-Date	\$ 125.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date	\$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date	\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date	\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

64075.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code Northern Trust Bank 8501 W Higgins Rd Chicago, IL 60631	Name of Employer _____	Date (month, day, year) 7/7 10/7 7/31 10/31 8/7 11/5 8/31 11/30 9/7 12/7 9/30 12/31	Amount of Each Receipt this Period 539.39 549.66 43.22 88.12 557.16 567.98 75.05 110.98 567.98 549.65 86.22 98.47
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation _____	Aggregate Year-to-Date > \$7224.98

B. Full Name, Mailing Address and ZIP Code Kemper Financial Svcs Zurich 811 Main St. Kansas City, MO 64105	Name of Employer _____	Date (month, day, year) 7/31/99 8/31/99 9/30/99 10/31/99 11/30/99	Amount of Each Receipt this Period 690.68 826.75 784.02 827.96 820.13 1063.19
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation _____	Aggregate Year-to-Date > \$9271.46

C. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation _____	Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation _____	Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation _____	Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation _____	Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation _____	Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	8846.81

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KelmScott Press Inc 1665 Mallette Rd Aurora, IL 60507-1090	Print Newsletter Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/26/99	1085.00
Diane T. M. Blackburn 321 N. Willow Street Itasca, IL 60143	Design of Newsletter Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/99	300.00
United States Postal Service Des Plaines, IL 60018	Business Reply Fee Accounting + Permit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/99	400.00
Six Speedy 710 E Ogden Ave, Suite 340 Naperville, IL 60563	Print Flyers, envelopes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/26/99 12/31/99	52.00 2271.50
Northern Trust Bank 8501 W Higgins Chicago, IL 60631	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/99 11/30/99 8/31/99 12/1/99 9/30/99 10/31/99	572.23 189.29 51.94 33.33 151.22 739.42
Florida General Services 10911 Endeavour Way, Unit B1 Largo, FL 33777	Booth giveaways (premiums) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/99	3370.39
The Marriott Copley 1100 Huntington Ave. Boston, MA 02116	Breakfast + Lunch Meeting, microphone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/99 12/17/99	1790.45 31.50
AAOMS 9700 W Bryn Mawr Ave Rosemont, IL 60018	Postage, Insurance, Business Machine Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/2/99 11/30/99 8/31/99 12/1/99 10/14/99 11/17/99	196.93 119.65 279.75 2630.90 11.45 61.30

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

14438.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ted House For Congress P.O. Box 457 St. Charles, MO	HOR - 2nd Dist - MO Democrat - Ted House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	8/12/99	500.00 CO0343591
Bill Sublette For U.S. Congress P.O. Box 3547 Orlando, FL 32802-3547	HOR - 8th Dist - FL Republican - William Sublette Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	8/13/99	2000.00 CO0340585
Andrews For Congress P.O. Box 295 Oaklyn, NJ 08107	HOR - 1ST Dist - NJ Democrat - Bob Andrews Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	9/17/99	2000.00 CO0243428
Jeffords For Vermont 507 Capitol Ct NE #100 Washington, DC 20002	Senate - VT - Republican Sim Jeffords Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	9/17/99 12/17/99	2500.00 2500.00 CO0015362
Norwood For Congress P.O. Box 499 Evans, GA 30809	HOR - 14th Dist - GA Republican - Charlie Norwood Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	9/17/99	2500.00 CO0287367
Bayne For Congress Committee P.O. Box 3392 Rock Island, IL 61204-3392	HOR - 7th Dist - IL Republican - Hal Bayne Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/11/99	2000.00 CO0344317
Bush For President, Inc. P.O. Box 1902 Austin, TX 78767-1902	President - Republican USA - George W Bush Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/14/99 10/14/99	4000.00 2000.00 CO0343507
Friends of Kent Conrad 420 C St, NE Washington, DC 20003	Senate - ND - Democrat Kent Conrad Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/12/99	2500.00 CO0202754
Kennedy For Senate 426 C St, NE Rear Building Washington, DC 20002	Senate - Democrat MA - Ted Kennedy Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/22/99	1500.00 CO0305045

SUBTOTAL of Disbursements This Page (optional)

23000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Bilbray For Congress 4451 Brookfield Corp Dr Suite 200 Chantilly, VA 20151-1652	HOOR - 12th Dist - CA - Republican - Brian Bilbray Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	11/2/99	1000.00 C00300880
Friends of Foley P.O. Box 30505 Palm Beach Gardens, FL 33420	HOOR - 16th Dist - FL Republican - Mark Foley Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	11/2/99	1000.00 C00289140
Committee to Re-Elect Marge Roukema P.O. Box 625, 4 Franklin Ave Ridge wood, NJ 07451	HOOR - 5th Dist - NJ Republican - Marge Roukema Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	11/2/99	1500.00 C00091298
Barr For Congress P.O. Box 4323 Marietta, GA 30061-4323	HOOR - 7th Dist - GA - Republican - Bob Barr Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	11/2/99	1500.00 C00300640
Kind For Congress P.O. Box 104 La Crosse, WI 54602	HOOR - 3rd Dist - WI Democrat - Rob Kind Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	11/2/99	2000.00 C00312017
Friends of Tim Maloney 20 East Main St., Suite 235 Waterbury, CT 06702	HOOR - 5th Dist - CT - Democrat - Tim Maloney Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	11/9/99	1000.00 C00327924
Mike Ross for our Congress P.O. Box 360 Prescott, AR 71857-0360	HOOR - 4th Dist - AR - Democrat - Mike Ross Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	12/17/99	2500.00 C00345710
Tom Gallagher for U.S. Senate P.O. Box 10310 Tallahassee, FL 32302	Senate - FL - Republican - Tom Gallagher Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2000	12/17/99	2500.00 C00347567
Committee to Re-Elect Congresswoman Roukema P.O. Box 625 Ridge wood, NJ 07451	HOOR - 5th Dist - NJ - VOIDED CK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1995	10/9/98	< 1000.00 C00091298

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 23

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)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens For Cochran P.O. Box 7183 Tupelo, MS 38802-7183	Senate - MS VOIDED CK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1998	7/24/98 VOIDED CK 7/20/98	<1000.00> 60091892
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements (This Page (optional))

<1000.00>

TOTAL This Period (last page this line number only)

34000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 111 OF 111
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Oral and Maxillofacial Surgery Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>Hodges for Governor P.O. Box 1646 Cayse, SC 29033</u>	<u>Governor - SC - Democrat - Tim Hodges</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>2002</u>	<u>9/8/99</u>	<u>1500.00</u>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Oral and Maxillofacial Surgery Political Action Committee				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Illinois Department of Revenue Springfield, IL	- 0 -	812.00		812.00
Nature of Debt (Purpose): State Income Tax				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor U.S. Treasury Kansas City, Mo 64999 (payable to Northern Trust Bank)	- 0 -	5739.00		5739.00
Nature of Debt (Purpose): Federal Income Tax				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	6551.00
3) TOTAL 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)	6551.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
RB	2/4/00
PREPARER	DATE PREPARED