

## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required To Complete This Page**

1. Registrant Name:

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS**

2. Address:

9700 WEST BRYN MAWR AVENUE, ROSEMONT, IL 60018

3. Principal place of business (if different from line 2):

Country: City: State/Zip(or Country):

4. Contact Name: JEANNE TUERK

Telephone: 847/233-4321

E-mail (optional): jtuerk@aaoms.org

Senate ID #: 1672-24

House ID #: 31714000

7. Client Name: ☒ Self

## TYPE OF REPORT

8. Year 2006 Midyear (January 1 - June 30): ☒ **OR** Year End (July 1 - December 31): ☐

9. Check if this filing amends a previously filed version of this report: ☐

10. Check if this is a Termination Report: ☐ => Termination Date: 11. No Lobbying Activity: ☐

## INCOME OR EXPENSES

Complete Either Line 12 **OR** Line 13

### 12. Lobbying Firms

**INCOME** relating to lobbying activities for this reporting period was:

Less than \$10,000: ☐

\$10,000 or more: ☐ => Income (nearest \$20,000): \_\_\_\_\_

Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

### 13. Organizations

**EXPENSES** relating to lobbying activities for this reporting period were:

Less than \$10,000: ☐

\$10,000 or more: ☒ => Expenses (nearest \$20,000): 105,657.00

### 14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- ☐ **Method A.** Reporting amounts using LDA definitions only  
☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code  
☒ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS Client Name:  
Self

**LOBBYING ACTIVITY.**

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: DEF (one per page)

16. Specific lobbying issues:

pay equity for oral and maxillofacial surgeons in the military

17. House(s) of Congress and Federal agencies contacted:

US SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: APPEGATE, WILLIAM

Covered Official Position (if applicable):

Name: DUMONT, SUZY

Covered Official Position (if applicable):

Name: TUEK, JEANNE

Covered Official Position (if applicable):

Name: WITTICH, KARIN

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Registrant Name: AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS Client Name:  
Self

### LOBBYING ACTIVITY.

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: HCR (one per page)

16. Specific lobbying issues:

In support of H.R. 1000/S. 1132 - insurance coverage for craniofacial patients In support of H.R. 5050 - Tricare coverage for children and special needs patients undergoing dental procedures

17. House(s) of Congress and Federal agencies contacted:

US HOUSE OF REPRESENTATIVES  
US SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: APPEGATE, WILLIAM

Covered Official Position (if applicable):

Name: DUMONT, SUZY

Covered Official Position (if applicable):

Name: MCELLIGOTT, THOMAS

Covered Official Position (if applicable):

Name: RINALDI, ROBERT

Covered Official Position (if applicable):

Name: TUEK, JEANNE

Covered Official Position (if applicable):

Name: WITTICH, KARIN

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Registrant Name: AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS Client Name:  
Self

**LOBBYING ACTIVITY.**

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: VET (one per page)

16. Specific lobbying issues:

pay equity for dentists in the Veterans' Affairs system

17. House(s) of Congress and Federal agencies contacted:

Department of Veterans' Affairs  
US HOUSE OF REPRESENTATIVES  
US SENATE

18. Name of each individual who acted as a lobbyist in this issue area:

Name: APPEGATE, WILLIAM

Covered Official Position (if applicable):

Name: DUMONT, SUZY

Covered Official Position (if applicable):

Name: RINALDI, ROBERT

Covered Official Position (if applicable):

Name: TUERK, JEANNE

Covered Official Position (if applicable):

Name: WITTICH, KARIN

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Signature: ON FILE Date: Aug 14, 2006

Printed Name and Title: Jeanne Tuerk, Manager, Governmental Affairs -

**Information Update Page:**

**Complete ONLY where registration information has changed.**

**21. Client new principal place of business (if different from line 20):**

Country: USA

**LOBBYIST UPDATE**

**23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client**

**ISSUE UPDATE**

**24. General lobbying issues previously reported that NO LONGER pertain**

**AFFILIATED ORGANIZATIONS**

**25. Add the following organization(s)**

Name: OMSPAC

Address: , Rosemont, IL, USA

Principal Place of Business (city and state or country):

Address: , Rosemont, IL, USAUSA

**26. Name of each previously reported organization that is NO LONGER affiliated with the registrant or client**

**FOREIGN ENTITIES**

**27. Add the following foreign entities**

**28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization**

Signature: ON FILE Date: Aug 14, 2006

Printed Name and Title: JEANNE TUERK, MANAGER, GOVERNMENTAL AFFAIRS -