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H. D.

LOBBYING REPORT

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

1. Registrant Name <u>American Association of Oral & Maxillofacial Surgeons</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>9700 W. Bryn Mawr Ave., Rosemont, IL 60018</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <u>Ms. Carol O'Brien</u>	Telephone <u>847/678-6200</u>	E-mail (optional) <u>cobrien@aaoms.org</u>	5. Senate ID # <u>1672-24</u>
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # <u>31714000</u>		

TYPE OF REPORT 8. Year 1999 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	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Income (nearest \$20,000)</small></p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature Carol L. O'Brien

Printed Name and Title Carol L. O'Brien, Assoc. Executive Director, Advocacy & Government Affairs

American Association of
Oral & 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

H.R. 216 H.R. 448 S. 374
H.R. 1136 H.R. 49 S. 240
H.R. 358
H.R. 719 H.R. 1304

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. Senate
U.S. House of Representatives
Department of Health, Human Services
Department of Justice
Department of Labor

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

Name	Covered Official Position (if applicable)	New
Ms. Carol O'Brien		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Carol L. O'Brien Date 2/29/00
Printed Name and Title Carol L. O'Brien, Assoc. Executive Director, Advocacy & Government Affairs

American Association of
 Oral & Maxillofacial Surgeons
 Registrant Name _____ 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 INS (one per page)

16. Specific lobbying issues

H.R. 216 H.R. 448 S. 374
 H.R. 1136 H.R. 49 S. 240
 H.R. 358 H.R. 1304
 H.R. 719

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. Senate
 U.S. House of Representatives
 Department of Health Human Services
 Department of Labor
 Department of Justice

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

Name	Covered Official Position (if applicable)	New
Ms. Carol O'Brien		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Carol L. O'Brien Date 2/27/00
 Printed Name and Title Carol L. O'Brien, Assoc. Executive Director, Advocacy & Government Affairs

Registrant Name American Association of Oral, 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 MMM (one per page)

16. Specific lobbying issues

H.R. 216 H.R. 448 S. 374
 H.R. 1136 H.R. 49 S. 240
 H.R. 358 H.R. 1304
 H.R. 779

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. Senate
 U.S. House of Representatives
 Department of Health & Human Services
 Department of Justice
 Department of Labor

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

Name	Covered Official Position (if applicable)	New
Ms. Carol O'Brien		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Carol L. O'Brien Date 2/27/08
 Printed Name and Title Carol L. O'Brien Assoc. Executive Director, Advocacy & Government Affairs

American Association of
Registrant Name Oral Maxillofacial Surgeons Client Name Self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

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

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Ms. Tanya T. Hunt

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature Carol L. O'Brien Date 2/29/06
Printed Name and Title Carol L. O'Brien, Assoc. Executive Director, Advocacy & Government Affairs

Form 1 (12/18/04) (2004)

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