

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

9700 WEST BRYN MAWR AVE.

☐ Check if different than previously reported. (ACC)

ROSEMONT

IL

60018

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00005660

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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 Thomas Keane

Signature of Treasurer

Thomas Keane

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		625526.50
(b) Cash on Hand at Beginning of Reporting Period.....	519567.79	
(c) Total Receipts (from Line 19)	5383.13	98930.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	524950.92	724456.78
7. Total Disbursements (from Line 31)	35184.18	234690.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	489766.74	489766.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	182.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4962.49

93862.49

(ii) Unitemized

405.00

4972.51

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5367.49

98835.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

5367.49

98835.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

15.64

95.28

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5383.13

98930.28

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

5383.13

98930.28

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	184.18	6540.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	184.18	6540.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	227900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35184.18	234690.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35184.18	234690.04

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5367.49	98835.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5367.49	98585.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	184.18	6540.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	184.18	6540.04

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Omel Cardenas

Mailing Address 12398 FM 423
Ste 200

City Frisco State TX Zip Code 75033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2014

Transaction ID : SA11AI.26229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roberto Deloso

Mailing Address 5201 Deer Valley Rd.
Suite 2-B

City Antioch State CA Zip Code 94531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.26228

Amount of Each Receipt this Period

168.74

Full Name (Last, First, Middle Initial)

C. Turner Emery

Mailing Address 6207 Highland Place Way
Ste 207

City Knoxville State TN Zip Code 37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Knoxville OMS

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2014

Transaction ID : SA11AI.26231

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

668.74

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lanny Garvar

Mailing Address 7401 North University Drive
Suite 102

City State Zip Code
Tamarac FL 33321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garvar & Steward DMD

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.26217

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Lane

Mailing Address 4224 Houma Blvd
Suite 230

City State Zip Code
Metairie LA 70006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Oral Surgery LLP

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.26216

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Maiorino

Mailing Address 215 E Main St
Ste 100

City State Zip Code
Huntington NY 11743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huntington Oral & Maxillofacia

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.26226

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James McDonald

Mailing Address 1010 Prince Ave
Ste 103 S

City State Zip Code
Athens GA 30606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.26224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sloan McDonald

Mailing Address 5201 Deer Valley Road
Suite 2B

City State Zip Code
Antioch CA 94531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.26218

Amount of Each Receipt this Period

168.75

Full Name (Last, First, Middle Initial)

C. David Montes

Mailing Address 595 Dorset Blvd

City State Zip Code
Carmel IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Indiana University

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.26230

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

668.75

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. J David Morrison

Mailing Address 221 Glen Lake Rd

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Facial Surgery Assoc

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2014

Transaction ID : SA11AI.26223

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Donald Seago

Mailing Address 971 Lakeland Drive
Suite 225

City

Jackson

State

MS

Zip Code

39216

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMS Associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2014

Transaction ID : SA11AI.26214

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brian Smith

Mailing Address 1002 W Pointe Cir

City

Shreveport

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2014

Transaction ID : SA11AI.26215

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2375.00

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

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

FOR LINE NUMBER: PAGE 10 OF 15
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Stanley Smith

Mailing Address 5 The Serpentine

City State Zip Code
 New Rochelle NY 10801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 24 2014

Transaction ID : SA11AI.26222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

4962.49

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Paypal

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	8		2	0	1	4		

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Transaction ID : SB21B.26252Purpose of Disbursement
Paypal collection fee

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

18.73

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. Paypal

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	7		2	0	1	4		

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Transaction ID : SB21B.26253Purpose of Disbursement
Paypal collection fee

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

1.35

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C. The Northern Trust Company

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				0	3		2	0	1	4		

Mailing Address P.O. Box 92000

City	State	Zip Code
Chicago	IL	60675-2000

Transaction ID : SB21B.26251Purpose of Disbursement
Bank Fees

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

164.10

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

SUBTOTAL of Disbursements This Page (optional)..... ►

184.18

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

184.18

	21b		22	<input checked="" type="checkbox"/>	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. CITIZENS FOR COCHRAN

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.26261

Category/
Type

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

Runoff

Amount of Each Disbursement this Period

B. COLLINS FOR SENATOR

Date of Disbursement

Transaction ID : SB23.26262

Category/
Type

Disbursement For: 2014

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

5000.00

C. KINZINGER FOR CONGRESS

Date of Disbursement

06 / 05 / 2014

Transaction ID : SB23.26256

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

11000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City
WINNETKA

State
IL

Zip Code
60093

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SB23.26257

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City
DENTON

State
TX

Zip Code
76202

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 26

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 12 / 2014

Transaction ID : SB23.26260

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MIKE HONDA FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC
123 E. SAN CARLOS ST., #531

City
SAN JOSE

State
CA

Zip Code
95112

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 17

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SB23.26263

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Mailing Address P. O. BOX 713

City	State	Zip Code
WHEATON	IL	60187

Transaction ID : SB23.26258

Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 06

Full Name (Last, First, Middle Initial)

B. THE CONGRESSMAN JOE BARTON COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Mailing Address P.O. BOX 1444

City	State	Zip Code
ENNIS	TX	75120

Transaction ID : SB23.26259

Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 06

Full Name (Last, First, Middle Initial)

C. UDALL FOR US ALL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Mailing Address PO BOX 25766

City	State	Zip Code
ALBUQUERQUE	NM	87125

Transaction ID : SB23.26264

Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NM District: 03

SUBTOTAL of Disbursements This Page (optional).....▶

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

9000.00

35000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 15

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

Illinois Department of Revenue

Nature of Debt (Purpose):

State Tax Overpymt for 2008 carryover 09

Mailing Address PO Box 19008

City State

Zip Code

Springfield

IL

62794-9008

Outstanding Balance Beginning This Period

175.00

Transaction ID : SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

175.00

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

Illinois Department of Revenue

Nature of Debt (Purpose):

State Tax Overpymt for 2009 carryover 2010

Mailing Address PO Box 19008

City State

Zip Code

Springfield

IL

62794-9008

Outstanding Balance Beginning This Period

7.00

Transaction ID : SD9.19670

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

182.00

2) TOTALS This Period (last page this line number only)..... ►

182.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

182.00