

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

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

FOR LINE NUMBER: PAGE 50 OF 79
(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. Dhaval Patel

Mailing Address 47433 Towhee St

City State Zip Code
 Freemont CA 94539

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 M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015

Transaction ID : SA11AI.28410

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Paul Patella

Mailing Address 280 N Central Park Ave

City State Zip Code
 Hartsdale NY 10530

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 M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.28412

Amount of Each Receipt this Period
 250.00

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

Mailing Address 180 Adams Suite 100

City State Zip Code
 Denver CO 80206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Denver Metro OMS Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.28413

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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