

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

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

FOR LINE NUMBER: PAGE 17 OF 39
(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. Scott Hoyer

Mailing Address 9 Monarch Cir

City Madison State WI Zip Code 53717

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
 01 / 29 / 2015
Transaction ID : SA11AI.27276

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Adam Janette

Mailing Address 77 Casa St Suite 101

City San Luis Obispo State CA Zip Code 93405

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

Name of Employer Occupation
 San Luis OMS & Dental Implant Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 07 / 2015
Transaction ID : SA11AI.27277

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Kurt Jensen

Mailing Address 6050 Brynwood Dr Suite 102

City Rockford State IL Zip Code 61114

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

Name of Employer Occupation
 Oral & Facial Surgery Ctr Ltd Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 01 / 23 / 2015
Transaction ID : SA11AI.27278

Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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