Image# 13941796041 PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									C	Office Use	Only	
1.	NAME OF COMMITTEE (in for		PE OR PR	INT ▼		mple: If typi	ng, type	12FE	4M5			
Α	MERICAN ASSO	CIATION	OF ORA	L AND MAX	KILLOFA	CIAL SUR	RGEONS F	POLITIC	AL AC	TION	COMN	/ITTEE
ADI	DRESS (number and		700 WEST	BRYN MAWF	R AVE.							
H	Check if differ	ent										
L	than previous reported. (AC		ROSEMON	IT 				IL L	L	60018		
2.	FEC IDENTIFICA	TION NUME	BER ▼	С	ITY▲			STATE A		Z	IP COI	DE 🛦
	C C00005660				IS THIS REPORT		NEW (N) OR	×	AMEI (A)	NDED		
4.	TYPE OF REPO	ORT	(b) Monthl Report		eb 20 (M2)		May 20 (M5)		Aug 20	(M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Repo	orts:	Due O	Ma	ar 20 (M3)		Jun 20 (M6)		Sep 20			Dec 20 (M12) (Non-Election Year Only)
	April 15	Report (Q1)		Ap	or 20 (M4)	×	Jul 20 (M7)		Oct 20	(M10)	Щ.	Jan 31 (YE)
	July 15	Report (Q2)		2-Day RE -Election		Primary (12F	P)	Ge	neral (12	?G)		Runoff (12R)
	October 1	5	R	eport for the:	Ш	Convention ((12C)	Spe	ecial (12	S)		
	January 3	Report (Q3) 1 Report (YE)		Elect	ion on	M = M /	D D /	Y W Y	Y		in the State of	
	July 31 M	id-Year on-election	Р	0-Day OST-Election		General (300	G)	Ru	noff (30F	R)		Special (30S)
	Terminatio (TER)	n Report	H	leport for the: Elect	ion on	M = M /	D	YIYI	Y		in the State of	
5.	Covering Period	M M 06	/ 01	/ Y Y Y Y 2013		through	M M	/ 30	D /	y y 2013		
l ce	ertify that I have exa	amined this F	Report and	to the best of	of my knov	vledge and	belief it is tr	ue, corre	ct and c	omplete).	
	e or Print Name of		Or. Jeffrey									
Sig	nature of Treasurer	Dr. Jeffre	y McBride			[Electronicall	y Filed]	Date	M M 10	15	D /	2013
NO.	TE: Submission of fa	lse, erroneous	s, or incom	plete informati	on may su	bject the per	son signing	this Repo	t to the	penalties	s of 2 L	J.S.C. §437g.
_	Office Use											м зх
1	Only									Re	v. 12/20	004

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

01 06 30 Report Covering the Period: 06 2013 2013 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 410899.37 January 1. 2013 (b) Cash on Hand at 479303.79 Beginning of Reporting Period..... 121404.48 4769.05 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 484072.84 532303.85 6(a) and 6(c) for Column B)..... 19195.00 67426.01 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 464877.84 464877.84 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 197.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

I. Receipts	COLUMN B Calendar Year-to-Date	
. Contributions (other than loans) From:	Total This Period	
(a) Individuals/Persons Other		
Than Political Committees		105700.00
(i) Itemized (use Schedule A)	4500.00	105760.00
(ii) Unitemized	255.00	15568.00
(iii) TOTAL (add	233.00	
Lines 11(a)(i) and (ii)▶	4755.00	121328.00
(h) Political Porty Committees	0.00	0.00
(b) Political Party Committees	3.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		404000 00
Totals to Line 33, page 5)▶	4755.00	121328.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		·
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts (Dividende Interest etc.)	14.05	70.40
(Dividends, Interest, etc.)	14.05	76.48
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(Hotti Octiedale Flo)	0.00	0.00
(b) Lovin Fundo (from Cohodula LIF)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	4769.05	121404.48
,,,,,,,	77 00.00	
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	4769.05	121404.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period			
. Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
(i) Federal Share	0.00	0.00		
(°) No - 5 - 1 1 Ol	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	195.00	33426.01		
(c) Total Operating Expenditures	195.00	33426.01		
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	133.00	33420.01		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	18500.00	33500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00		
(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))▶	500.00	500.00		
Other Disbursements	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19195.00	67426.01		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	19195.00	67426.01		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2005)	r age 3	
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4755.00	121328.00
4. Total Contribution Refunds (from Line 28(d))	500.00	500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4255.00	120828.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	195.00	33426.01
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	195.00	33426.01

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

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

FOR LINE	NUMBER	R: PA	GE 6	OF	15
(check on	ly one)				
X 11a	11b	11c	12	2	
13	14	15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Jeffery Dootson		Date of Receipt
Mailing Address 9310 Two Notch Rd		06 27 2013
City	State Zip Code	Transaction ID : SA11AI.24625
Columbia	SC 29223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. William Fox		Date of Receipt
Mailing Address 4410-C Brainerd Rd.		06 18 2013
City	State Zip Code	Transaction ID : SA11AI.24626
Chattanooga	TN 37411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Allen Glied		Date of Receipt
Mailing Address 16 E 98th St Apt 4E		06 05 2013
City	State Zip Code	Transaction ID : SA11AI.24627
New York	NY 10029-6548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Sheepshead Bay Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		1000.00
TOTAL This Period (last page this line number	er only)	

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

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

FOR	LINE	NU	MBER	:	PAGE	7	OF	15
(che	ck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	6	17

or for commercial purposes, other than using	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Richard Haug		Date of Receipt
Mailing Address 1601 Abbey PI Suite 220		06 14 2013
City	State Zip Code	Transaction ID : SA11AI.24628
Charlotte	NC 28209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Carolinas Ctr for Oral Health	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Robert Henderson	,	Date of Receipt
Mailing Address 723 North Fielder		M = M / D = D / Y = Y = Y
Suite E	State 7in Code	06 14 2013
City Arlington	State Zip Code TX 76012-4662	Transaction ID : SA11AI.24630
	730.2 7302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Benjamin Howard	-	Date of Receipt
Mailing Address 310 S Greenleaf St Ste 203		06 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gurnee	State Zip Code IL 60031-5708	Transaction ID : SA11AI.24631 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00
TOTAL This Period (last page this line nur	mber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

				PAGE	Ξ	8	OF	15	
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Robert Keen		Date of Receipt
Mailing Address 1717 Grandview Dr		06 14 2013
City	State Zip Code	Transaction ID : SA11AI.24633
Boone	NC 28607-6656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Timothy Kelling		Date of Receipt
Mailing Address 1 Broad Street Piz		M M / D D / Y Y Y Y Y
Ste 2 City	State Zip Code	06 26 2013
Glens Falls	NY 12801-4390	Transaction ID : SA11AI.24634 Amount of Each Receipt this Period
	1200 1000	Amount of Lacif necelpt this Feriod
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Dr. Alan Kleiman		Date of Receipt
Mailing Address 21 East Main Street		06 27 2013
City	State Zip Code	Transaction ID : SA11AI.24635
Moorestown	NJ 08057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	er only)	

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

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

FOR LINI	E NU	MBER	:	PAGE	9	OF	15
(check or	ily or	ıe)					
X 11a		11b		11c	12		
13		14		15	16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Lee Mailing Address 3669 Vineyard PI		Date of Receipt
City	State Zip Code	06 27 2013 Transaction ID : SA11Al.24636
Cincinnati	OH 45226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Statewood Professional Park	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Bryan Neuwirth		Date of Receipt
Mailing Address 905 10th Avenue Drive N	W	M = M / D = D / Y = Y = Y = Y
City Hickory	State Zip Code NC 28601-9200	06 14 2013 Transaction ID : SA11AI.24640 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Brown & Neuwirth Oral & Cosmetic Surg	Occupation Oral & Maxillofacial Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Stanley Smith		Date of Receipt
Mailing Address 5 The Serpentine		06 25 2013
City New Rochelle	State Zip Code NY 10801	Transaction ID : SA11AI.24641 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optiona	ıl) >	1500.00
TOTAL This Period (last page this line num	pher only)	4500.00

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SC	CHEDULE B (FEC Form 3X)			EOD	INIE NI	UMBER				PAGE	10	OF 15						
	EMIZED DISBURSEMENTS		rate schedule(s)	(check		_					0	J. 10						
			category of the Summary Page	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		22		23		24	25	26						
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Λ	Full Name (Last, First, Middle Initial)					Date o	f Dick	hurco	mont									
Α.	Paypal					M M	_				Y							
	Mailing Address 2211 N. First Street					06		14			2013							
	City	State	Zip Code			Trans		ID	. CD	21B.24	640							
	San Jose	CA	95131			irans	sactic	טו ווכ	. OD.	21D.24	040							
	Purpose of Disbursement Paypal collection fee				71	A	+ of F	- o o b	Diahi		nt thin	Dariad						
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	Office Sought: House Disbursen	nent For:																
		Primary	General															
	State: District:	Other (spec	сіту) ▼															
_	Full Name (Last, First, Middle Initial)																	
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	Mailing Address 2211 N. First Street					06]	2	_		2013							
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	San Jose Purpose of Disbursement	CA	95131															
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	Mailing Address 2211 N. First Street					06		2	_		2013							
	City	State	Zip Code		-+													
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	Purpose of Disbursement Paypal collection fee				\neg													
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	Senate	Primary	General															
	President	Other (spec	cify) 🔻															
	State: District:																	
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SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 11 OF 15								
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NAME OF COMMITTEE (In Full)											
AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE								
Full Name (Lost First Middle Initial)		·									
Full Name (Last, First, Middle Initial)			Date of Disbursement								
- The Northern Trust Company	The Northern Trust Company										
Mailing Address 1501 Woodfield Road			06 04 2013								
•	tate Zip Code		Transaction ID : SB21B.24647								
Schaumburg	IL 60173										
Purpose of Disbursement Bank Fee			Amount of Each Disbursement this Period								
Candidate Name			Amount of Lacii Disbuisement this remod								
Called Hallo		Category/ Type	130.40								
Office Sought: House Disbursem	nent For:	. , , , ,									
	Primary General										
President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial)											
3.			Date of Disbursement								
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Purpose of Disbursement											
			Amount of Each Disbursement this Period								
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	Other (specify)										
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Full Name (Last, First, Middle Initial)											
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City	state Zip Code										
Purpose of Disbursement											
			Amount of Each Disbursement this Period								
Candidate Name		Category/									
		Type									
Office Sought: House Disbursem											
	Primary General										
	Other (specify) ▼										
State: District:											
CURTOTAL of Disharman and This Day of the Co			130.40								
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	100.40								
TOTAL This Period (last page this line number only).			195.00								
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ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s)		_	k only	_			_			
••		for each category of the Detailed Summary Page			21b	22	X 23		24		25	26
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or	for commercial purposes, other than using the name	e and address of any politi	cai cor	nmiti	tee to	SOIICIT CO	ntributi	ons	from s	ucn c	ommi	πee.
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/	AMERICAN ASSOCIATION OF ORAL A	IND WAXILLOI ACIAL	. 301	GL	.ONS	FOLII	ICAL	Α(J I IOI		IVIIVI	
_	Full Name (Last, First, Middle Initial)											
A.	FRIENDS OF MICHELLE					Date o	f Disbu	ırse	ment			
						M = M	/	D II			Υ	Y
	Mailing Address P.O. Box 25422					06		28	3	_ 2	2013	
	City	State Zip Code										
	ALBUQUERQUE	NM 87125				Trans	saction	ID	: SB23	2465	9	
	Purpose of Disbursement		_	-	\neg							
	Federal Campaign Contribution		Ι.			Amoun	t of Ea	ıch	Disburs	emen	t this	Period
	Candidate Name			egor	y/		-				500	0.00
	Office Cought: A House	ant Fari 2011	Т	ype			7	-			300	3.00
		nent For: 2014 Primary General										
	President	Other (specify)										
	State: NM District: 01	Cancer (opecany) ▼										
	Full Name (Last, First, Middle Initial)											
В.	GUTHRIE FOR CONGRESS					Date o	f Disbu	ırse	ment			
						M = M	/	D	D /	Y	Y	Y
	Mailing Address PO BOX 9639					06	J L	1	4	2	2013	
	City	State Zip Code										
	BOWLING GREEN	KY 42102				Trans	saction	ID	: SB23	.2465	6	
	Purpose of Disbursement	-	-	_	\neg							
	Federal Campaign Contribution		Ι.		ш	Amoun	t of Ea	ch	Disburs	emen	t this	Period
	Candidate Name			egor	y/			Т			150	00.00
	Office Sought:		Т	ype			7		,	_		0.00
		nent For: 2014 Primary General										
		Other (specify)										
	State: KY District: 02	V 1 3/ ¥										
_	Full Name (Last, First, Middle Initial)											
C.	STIVERS FOR CONGRESS					Date o	f Disbu	ırse	ment			
						M = M	/	D				Y
	Mailing Address 4679 WINTERSET DRIVE					06		0	7	_ 2	2013	
	City	State Zip Code										
		OH 43220				Trans	saction	ID	: SB23	.2465	5	
	Purpose of Disbursement			-	\neg							
	Federal Campaign Contribution					Amoun	t of Ea	ch	Disburs	emen	t this	Period
	Candidate Name			egor	y/						200	0.00
	Office Sought:	nent For: 2014	T	ype			7					
		Primary General										
	President	Other (specify)										
	State: OH District: 15	V 1 · · · · · y /· · •										
Г	1					_	-	-	-	-	_	
8	SUBTOTAL of Disbursements This Page (optional)				•						850	0.00
\vdash												
IT	'OTAL This Period (last page this line number only)				•							

SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER: PAGE 13 OF 15
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used	d by any person	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial) A. TIM SCOTT FOR SENATE			Date of Disbursement
Mailing Address 1405 ASHLEY RIVER ROAD			06 18 2013
CHARLESTON	State Zip Code SC 29407		Transaction ID : SB23.24657
Purpose of Disbursement Federal Campaign Contribution Candidate Name			Amount of Each Disbursement this Period
	nent For: 2014	Category/ Type	5000.00
Senate President	Primary General Other (specify) ▼		
State: SC District: 00 Full Name (Last, First, Middle Initial) B. TIM SCOTT FOR SENATE			Date of Disbursement
Mailing Address 1405 ASHLEY RIVER ROAD			06 18 2013
CHARLESTON	State Zip Code SC 29407		Transaction ID : SB23.24658
Purpose of Disbursement Federal Campaign Contribution Candidate Name			Amount of Each Disbursement this Period
	nent For: 2014	Category/ Type	5000.00
X Senate	Primary		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			M - M / D - D / Y - Y - Y - Y
•	State Zip Code		
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			10000.00
TOTAL This Period (last page this line number only).			18500.00

S 17

SCHEDULE B (FEC Form 3)	()	FOR LINE	NUMBER: PAGE 14 OF 15							
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	TO THE LETTER OF							
TI LIMIZED DIODONOLIVIENTO	for each category of the Detailed Summary Page	21h	22 23 24 25 26							
	Detailed Suffillary Fage	27	X 28a 28b 28c 29 30b							
Any information copied from such Reports ar	nd Statements may not be sold or u	ised by any pers	on for the purpose of soliciting contributions							
or for commercial purposes, other than using	the name and address of any poli	tical committee to	o solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		CUBCEONS	S POLITICAL ACTION COMMITTEE							
AMERICAN ASSOCIATION OF C	DRAL AND WAXILLOFACIA	L SURGEON	S FOLITICAL ACTION COMMITTEE							
Full Name (Last, First, Middle Initial)										
A. Richard Benninger			Date of Disbursement							
Mailing Address 5002 Foote Rd			06 20 2013							
maming real coop 1002 r ook Na			20 2010							
City	State Zip Code		Transaction ID : SB28A.24651							
Medina	OH 44256-5396		Transaction ib . 3D20A.24031							
Purpose of Disbursement Refund of contribution			Amount of Each Disbursement this Period							
Candidate Name		Catananii	Amount of Each Biodulothicit till Follow							
		Category/ Type	250.00							
Office Sought: House [Disbursement For:	'								
Senate	Primary General									
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)										
B. David Hayhurst			Date of Disbursement							
David Hayridist			M M / D D / Y Y Y Y							
Mailing Address 550 W Virginia St			06 20 2013							
011	7: 0 1									
City Evansville	State Zip Code IN 47710-1614		Transaction ID : SB28A.24652							
Purpose of Disbursement	17710 1011									
Refund of contribution]	Amount of Each Disbursement this Period							
Candidate Name		Category/	250.00							
Office Sought: House [Disbursement For:	Type	100.00							
Senate	Primary General									
President	Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial)										
C.			Date of Disbursement							
Mailing Address	M M / D D / Y Y Y Y									
Mailing Address										
City	State Zip Code									
Purpose of Disbursement	irpose of Disbursement									
			Amount of Each Disbursement this Period							
Candidate Name		Category/								
Office Country	Nobel and T	Type								
Office Sought: House [Disbursement For: Primary General									
President	Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (o	ptional)	·····•	500.00							
TOTAL This Builted (I.).	le au aude A		500.00							
TOTAL This Period (last page this line num	per only)		333.30							

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

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

Excluding Loans

NAME OF COMMITTEE (In Full)

(Use separate schedule(s) for each numbered line)

Nature of Debt (Purpose):

PAGE 15
FOR LINE NUMBER: (check only one)

X 9 10

OF

15

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09 Illinois Department of Revenue Mailing Address PO Box 19008 City State Zip Code Springfield 62794-9008 Transaction ID: SD9.18338 Outstanding Balance Beginning This Period 190.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 190.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Tax Overpymt for 2009 carryover 2010 Illinois Department of Revenue Mailing Address PO Box 19008 City State Zip Code Springfield IL 62794-9008 Outstanding Balance Beginning This Period Transaction ID: SD9.19670 7.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 7.00 0.00 0.00

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)			,		7		197.00
2) TOTALS This Period (last page this line number only)			,	Ξ	,		197.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7		,		0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			,	_	,	_	197.00