

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM/DD/YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM/DD/YYYY] in the State of [ ]

5. Covering Period 03/01/2016 through 03/31/2016

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 Joel Friedman

Signature of Treasurer Joel Friedman [Electronically Filed] Date 04/18/2016

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

**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="684564.42"/>	<input type="text" value="684564.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="694418.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20262.62"/>	<input type="text" value="57704.77"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="714680.67"/>	<input type="text" value="742269.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15125.55"/>	<input type="text" value="42714.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="699555.12"/>	<input type="text" value="699555.12"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="135.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  To:  /  /

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).....	19425.00	49300.00
(ii) Unitemized .....	790.00	1265.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20215.00	50565.00
(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) .....	20215.00	50565.00
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	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	47.62	139.77
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))..... ▶	20262.62	57704.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20262.62	57704.77

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	125.55	4214.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	125.55	4214.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	38500.00
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	0.00
(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	0.00
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)) ..	15125.55	42714.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15125.55	42714.07

**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) .....	20215.00	50565.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20215.00	50565.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	125.55	4214.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	125.55	4214.07

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

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

FOR LINE NUMBER: PAGE 6 OF 26  
(check only one)  
 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.

NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. John Andersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 Ridge St  
Suite 308  
City Council Bluffs State IA Zip Code 51503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Oral Surgery Associates Occupation Oral Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : SA11AI.28654**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lawrence Chewing**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 E Cheves St  
Suite 440  
City Florence State SC Zip Code 29506  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chewing & McDonald OMS Occupation Oral Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : SA11AI.28662**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Rex Cockrell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20079 Stone Oak Pkwy  
Ste 1280  
City San Antonio State TX Zip Code 78258  
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 ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA11AI.28663**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. Nicholas Coles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7455 E Tanque Verde Rd  
 City Tucson State AZ Zip Code 85715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arizona Oral & Maxillofacial S Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA11AI.28664**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Wendell Edgin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4499 Medical Dr Suite 190  
 City San Antonio State TX Zip Code 78229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alamo Maxillofacial Surgical A Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA11AI.28667**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. James Freeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 252 Charles Rd  
 City Williston State VT Zip Code 05495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Champlain Valley OMS Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 375.00

Date of Receipt 03 / 24 / 2016  
**Transaction ID : SA11AI.28668**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **875.00**  
**TOTAL** This Period (last page this line number only).....

**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 8 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. Michael Garvey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8203 Main St  
 Suite 7  
 City State Zip Code  
 Williamsville NY 14221  
 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  
 03 / 16 / 2016  
**Transaction ID : SA11AI.28670**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Jeremiah Glosenger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1732 Dakota Dr SW  
 City State Zip Code  
 Minot ND 58701  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2016  
**Transaction ID : SA11AI.28673**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Robert Hinkle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 W Bridge St  
 Ste 102  
 City State Zip Code  
 Dublin OH 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hinkle Dental Arts 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  
 03 / 16 / 2016  
**Transaction ID : SA11AI.28675**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 26  
(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**

**A. Donald Holzauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Delafield St  
 Ste 222  
 City Waukesha State WI Zip Code 53188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OMS Associates of Waukesha Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA11AI.28676**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Mark Jaffe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 375 South Washington Ave  
 Ste 4  
 City Bergenfield State NJ Zip Code 07621  
 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 ▼ 250.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA11AI.28677**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. G Shane Jessen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1508 E Skyline Dr  
 Suite 800  
 City Ogden State UT Zip Code 84405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jessen OMFS Inc Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2016  
**Transaction ID : SA11AI.28678**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 10 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. Herbert Kanter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3325 N. Arlington Heights Rd.  
 Suite 600A  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Buffalo Grove OMS Oral Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2016  
**Transaction ID : SA11AI.28679**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

**B. Nima Khorassani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Avonlea Dr  
 City State Zip Code  
 Chesapeake VA 23322  
 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  
 03 / 16 / 2016  
**Transaction ID : SA11AI.28680**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Thomas Laney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1308 S Pioneer Way  
 City State Zip Code  
 Moses Lake WA 98837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Thomas J Laney DDS MD PS Oral Surgeon  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2016  
**Transaction ID : SA11AI.28683**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 26  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. John Langston**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Waterhouse Rd  
Ste A

City Bourne State MA Zip Code 02532

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

Name of Employer Bravman Langston & Associates Occupation Oral Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 16 / 2016  
**Transaction ID : SA11AI.28685**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Benn Lieberman**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Harvey Ln

City Upper Saddle River State NJ Zip Code 07458

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

Name of Employer South Bedford OMS LLC Occupation Oral Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 16 / 2016  
**Transaction ID : SA11AI.28686**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Kenneth MacAfee**  
Full Name (Last, First, Middle Initial)

Mailing Address 982 Main St

City Waltham State MA Zip Code 02154

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 ▼  
500.00

Date of Receipt  
03 / 16 / 2016  
**Transaction ID : SA11AI.28687**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 26  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. David MacGregor**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 County Route 45A  
Ste 100

City Oswego State NY Zip Code 13126

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 ▼  
1000.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : SA11AI.28688**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Glenn Maron**  
Full Name (Last, First, Middle Initial)

Mailing Address 999 Peachtree St  
Suite 715

City Atlanta State GA Zip Code 30309

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

Name of Employer Occupation  
Peachtree Dunwoody Oral & Faci Oral Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 16 / 2016  
**Transaction ID : SA11AI.28690**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Michael McGinnis**  
Full Name (Last, First, Middle Initial)

Mailing Address 624 Front St

City Georgetown State SC Zip Code 29440

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 ▼  
500.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : SA11AI.28691**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

**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 13 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. Chimere Okezie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34194 Aurora Rd  
 256  
 City Solon State OH Zip Code 44139  
 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  
 03 / 16 / 2016  
**Transaction ID : SA11AI.28694**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Albert Ouellette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11107 Sadler Grv  
 City San Antonio State TX Zip Code 78249  
 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  
 03 / 29 / 2016  
**Transaction ID : SA11AI.28695**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Robert Payne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1140 Goodlette Rd  
 City Naples State FL Zip Code 34102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Robert W Payne DDS 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  
 03 / 31 / 2016  
**Transaction ID : SA11AI.28696**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# 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 14 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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) <b>A. James Pell</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2016 <b>Transaction ID : SA11AI.28697</b>
Mailing Address 3158 Golansky Blvd Ste 102		Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
City Woodbridge	State VA Zip Code 22192	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Oral Surgery Associates of Nor	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steven Pittman</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2016 <b>Transaction ID : SA11AI.28698</b>
Mailing Address 113 Water St Ste 104		Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
City Milford	State MA Zip Code 01757	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Metrowest Oral Surgical Assoc	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Karen Potaczek</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2016 <b>Transaction ID : SA11AI.28699</b>
Mailing Address 1514 W 14th St		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
City Spencer	State IA Zip Code 51301	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Spencer & Lakes Regional OMS	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 26  
(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. Sarah Proulx**

Mailing Address 203 Holly Ave

City State Zip Code  
 Clemson SC 29631

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  
 03 / 10 / 2016

**Transaction ID : SA11AI.28700**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. John Michael Ray**

Mailing Address 8201 Preston Rd  
 Ste 260

City State Zip Code  
 Dallas TX 75225

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

Name of Employer Occupation  
 Park Cities OMS 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  
 03 / 31 / 2016

**Transaction ID : SA11AI.28702**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Richard Robert**

Mailing Address 2400 Westborough Blvd  
 Suite 211

City State Zip Code  
 South San Francisco CA 94080

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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.28703**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 16 OF 26  
(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. Christopher Saal**

Mailing Address 1608 Polk St

City State Zip Code  
 Houma LA 70360

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

Name of Employer Occupation  
 Oral Facial Surgery Center Oral Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 03 / 31 / 2016  
**Transaction ID : SA11AI.28704**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MaryLou Sabino**

Mailing Address 840 N 87th St

City State Zip Code  
 Milwaukee WI 53226

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

Name of Employer Occupation  
 Medical College Physicians Oral Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 25 / 2016  
**Transaction ID : SA11AI.28705**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Michael Salin**

Mailing Address 1300 Bridgetown Pike

City State Zip Code  
 Featerville Trevoise PA 19053

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

Name of Employer Occupation  
 Nissman-Salin OMS PC Oral Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 31 / 2016  
**Transaction ID : SA11AI.28708**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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



**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 26  
(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**

**A. Keith Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2547 Eaton Rd  
 City State Zip Code  
 University Heights OH 44118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohios Centers for Oral Facial Oral Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.28709**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Gary Schween**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5002 Foote Rd  
 City State Zip Code  
 Medina OH 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Benninger Schween and Schmidt 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  
 03 / 31 / 2016  
**Transaction ID : SA11AI.28710**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Nishith Shah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2450 W Ray Rd  
 Suite 1  
 City State Zip Code  
 Chandler AZ 85224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arizona Oral Facial & Implant Oral Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.28711**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 26  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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. Robert Sheperd**

Mailing Address 1892 Chapel Hill Dr

City Petoskey State MI Zip Code 49770

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

Name of Employer Great Lakes OMS PC Occupation 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  
 03 / 16 / 2016

**Transaction ID : SA11AI.28712**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ryan Smart**

Mailing Address 1901 Sheyenne St  
Unit C

City West Fargo State ND Zip Code 58078

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.28713**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Leonard Spector**

Mailing Address 1805 by Woods Ln

City Stevenson State MD Zip Code 21153

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11AI.28715**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 26  
(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. Martin Steed**

Mailing Address 173 Ashley Ave  
 BSB Rm 449

City Charleston State SC Zip Code 29425

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

Name of Employer MUSC College of Dental Medicin Occupation Oral Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 16 / 2016  
**Transaction ID : SA11AI.28716**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Robert Strauss**

Mailing Address 520 N 11th St

City Richmond State VA Zip Code 23298

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

Name of Employer Virginia Commonwealth Universi Occupation Oral Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 24 / 2016  
**Transaction ID : SA11AI.28717**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. James Sunwoo**

Mailing Address 458 N Doheny Dr  
 691848

City West Hollywood State CA Zip Code 90069

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

Name of Employer James Sunwoo, MD, DDS, Inc Occupation Oral Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 16 / 2016  
**Transaction ID : SA11AI.28718**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

**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 20 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. Julio Enrique Tabarini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11233 Shadow Creek Pkwy  
 Ste 121  
 City Pearlland State TX Zip Code 77584  
 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 250.00

Date of Receipt  
 03 / 25 / 2016  
**Transaction ID : SA11AI.28720**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Steven Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 Crickentree Dr  
 City Blythewood State SC Zip Code 29016  
 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 250.00

Date of Receipt  
 03 / 16 / 2016  
**Transaction ID : SA11AI.28722**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Vic Trammell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4716 W Urbana St  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Oklahoma OMS  
 Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : SA11AI.28723**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 21 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. Adam Waksor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 Southgate Blvd  
 City McDonough State GA Zip Code 30253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Medical Center Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2016  
**Transaction ID : SA11AI.28724**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Michael Will**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3280 Urbana Pike Suite 201  
 City Ijamsville State MD Zip Code 21754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Will Surgical Arts LLC Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : SA11AI.28725**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mark Wong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 Cambridge St Ste 6510  
 City Houston State TX Zip Code 77054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Occupation Oral Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : SA11AI.28726**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 22 OF 26  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

**A. Robert Wunderle**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Johnson Ferry Road  
Bldg H

City Marietta State GA Zip Code 30068

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 ▼ 250.00

Date of Receipt  
03 / 03 / 2016  
**Transaction ID : SA11AI.28727**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Richard Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 605 W Oakland Ave

City Austin State MN Zip Code 55912

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 ▼ 250.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : SA11AI.28728**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.**  
Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19425.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. MB Financial Bank**

Mailing Address 6111 North River Rd

City Rosemont State IL Zip Code 60018

Purpose of Disbursement  
Bank fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

**Transaction ID : SB21B.28649**

Amount of Each Disbursement this Period

71.57

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

71.57

71.57

**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)

<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

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.

NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MICHELLE**

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: NM District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2016

Transaction ID : SB23.28645

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MICHELLE**

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: NM District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2016

Transaction ID : SB23.28646

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JEFF DUNCAN FOR CONGRESS**

Mailing Address PO BOX 845

City LAURENS State SC Zip Code 29360

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: SC District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : SB23.28647

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

9000.00



**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)

<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. MULVANEY FOR CONGRESS**

Mailing Address P.O. BOX 1975

City LANCASTER State SC Zip Code 29721

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: SC District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

**Transaction ID : SB23.28648**

Amount of Each Disbursement this Period

1000.00
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Memo Item

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

**Transaction ID : SB23.28644**

Amount of Each Disbursement this Period

5000.00
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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

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

6000.00
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15000.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 26
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 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 <b>Illinois Department of Revenue</b>	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 135.00	<b>Transaction ID : SD9.18338</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135.00

B. 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

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	135.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	135.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	135.00