

**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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

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  
05 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2015

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 Murray Jacobs

Signature of Treasurer

Murray Jacobs

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 18 2015

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  
05 01 2015 To: M M / D D / Y Y Y Y Y Y  
05 31 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">571982.86</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">573219.46</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">21809.52</span>	<span style="border: 1px solid black; padding: 2px;">66519.53</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">595028.98</span>	<span style="border: 1px solid black; padding: 2px;">638502.39</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">5141.94</span>	<span style="border: 1px solid black; padding: 2px;">48615.35</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">589887.04</span>	<span style="border: 1px solid black; padding: 2px;">589887.04</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">166.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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 Y  
05 01 2015

To:

M M / D D / Y Y Y Y Y  
05 31 2015
**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

60050.00

(ii) Unitemized .....

2347.00

3331.28

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

21772.00

63381.28

(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) ..... ▶

21772.00

63381.28

## 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

3000.00

## 17. Other Federal Receipts

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

37.52

138.25

## 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))..... ▶

21809.52

66519.53

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

21809.52

66519.53

**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 .....	2141.94	7615.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2141.94	7615.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	41000.00
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)) ..	5141.94	48615.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5141.94	48615.35

**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) .....	21772.00	63381.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21772.00	63381.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2141.94	7615.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2141.94	7615.35

# **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 27  
(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. Brian Alpert**

Mailing Address ULSD Surgical & Hosp Dentistry

City State Zip Code  
Louisville KY 40292

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

05 / 21 / 2015

Transaction ID : SA11Al.27471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Michael Anton**

Mailing Address 595 E. Medical Ctr Blvd

City State Zip Code  
Webster TX 77598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Oral Surgery Associates

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11Al.27472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Shant Baran**

Mailing Address 4 longfellow PL  
Apt 2002

City State Zip Code  
Boston MA 02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Central Mass Oral Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2015

Transaction ID : SA11Al.27475

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)..... ►

# **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

<p>Full Name (Last, First, Middle Initial)  <b>A. Teresa Biggerstaff</b></p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 21 / 2015  <b>Transaction ID : SA11AI.27478</b></p>	
<p>Mailing Address 900 Old Winston Rd  Ste 204</p>		<p>Amount of Each Receipt this Period  250.00</p>	
<p>City Kenersville</p>	<p>State NC</p>	<p>Zip Code 27284</p>	
<p>FEC ID number of contributing federal political committee.  C</p>		<p>Aggregate Year-to-Date ▼  250.00</p>	
<p>Name of Employer  Self Employed</p>		<p>Occupation  Oral Surgeon</p>	
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Paul Boerman</b></p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 24 / 2015  <b>Transaction ID : SA11AI.27479</b></p>	
<p>Mailing Address 44 Timber Lane</p>		<p>Amount of Each Receipt this Period  375.00</p>	
<p>City South Burlington</p>	<p>State VT</p>	<p>Zip Code 05403</p>	
<p>FEC ID number of contributing federal political committee.  C</p>		<p>Aggregate Year-to-Date ▼  375.00</p>	
<p>Name of Employer  Vermont Oral &amp; Maxillofacial S</p>		<p>Occupation  Oral Surgeon</p>	
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  375.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. C Edward Brooks</b></p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 07 / 2015  <b>Transaction ID : SA11AI.27480</b></p>	
<p>Mailing Address 11226 W Point Dr  Ste B</p>		<p>Amount of Each Receipt this Period  250.00</p>	
<p>City Knoxville</p>	<p>State TN</p>	<p>Zip Code 37934</p>	
<p>FEC ID number of contributing federal political committee.  C</p>		<p>Aggregate Year-to-Date ▼  250.00</p>	
<p>Name of Employer  Self Employed</p>		<p>Occupation  Oral Surgeon</p>	
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>875.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p></p>	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 27

(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. Robert Brooksbank**

Mailing Address 33 W Third St

City State Zip Code  
 Cookeville TN 38501

FEC ID number of contributing federal political committee.

C

Name of Employer

Regional Oral Surgery Ctr

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 Y  
 05 / 13 / 2015

Transaction ID : SA11AI.27481

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Ciabattoni**Mailing Address 1075 Berkshire Blvd  
Suite 800

City State Zip Code  
 Wyomissing PA 19610

FEC ID number of contributing federal political committee.

C

Name of Employer

Berks Oral Surgery

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 Y  
 05 / 14 / 2015

Transaction ID : SA11AI.27483

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Joseph Cieslak**

Mailing Address 5906 Bardstown Road

City State Zip Code  
 Louisville KY 40291

FEC ID number of contributing federal political committee.

C

Name of Employer

Louisville Oral Surgery &amp; Dent

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 Y  
 05 / 07 / 2015

Transaction ID : SA11AI.27484

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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FOR LINE NUMBER:  
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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. Robert Conlon**

Mailing Address 312 Center St

City State Zip Code  
Lake Geneva WI 53147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Geneva OMS

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 Y  
05 / 29 / 2015

Transaction ID : SA11AI.27485

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. C Keith Cox**

Mailing Address 1325 Drayton Road

City State Zip Code  
Spartanburg SC 29307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oral & Maxillofacial Surgery A

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 Y  
05 / 14 / 2015

Transaction ID : SA11AI.27486

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Rocky Cullens**

Mailing Address 100 S Bliss Ave

City State Zip Code  
Tahlequah OK 74464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cherokee Nation - WW Hastings

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2015

Transaction ID : SA11AI.27487

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 27

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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. Rools Dessieux**

Mailing Address 260 Rucker Rd  
Ste 400

City State Zip Code  
Alpharetta GA 30004

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  
05 / 07 / 2015

Transaction ID : SA11AI.27490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Stephen Dwyer**

Mailing Address 2249 N Loop 336 W  
Suite A

City State Zip Code  
Conroe TX 77304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Northwest OMS

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 Y  
05 / 21 / 2015

Transaction ID : SA11AI.27492

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Sherrill Fay**

Mailing Address 269 W 72nd St  
Apt15B

City State Zip Code  
New York NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Tribeca OMS

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  
05 / 21 / 2015

Transaction ID : SA11AI.27493

Amount of Each Receipt this Period

250.00

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 11 OF 27

(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. Donald Filhan**

Mailing Address 130 Lomond Ct

City State Zip Code  
 Utica NY 13502

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  
 05 / 13 / 2015

Transaction ID : SA11AI.27494

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Keith Fisher**Mailing Address 363 Route 111  
Ste 106

City State Zip Code  
 Smithtown NY 11787

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  
 05 / 07 / 2015

Transaction ID : SA11AI.27495

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Robert Flint**Mailing Address 4970 S 900 E  
Suite C

City State Zip Code  
 Salt Lake City UT 84117

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  
 05 / 28 / 2015

Transaction ID : SA11AI.27497

Amount of Each Receipt this Period

500.00

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)  
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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. Arthur Helgersen**

Mailing Address 906 Cedar St

City State Zip Code  
Minocqua WI 54548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peter Christensen Health Cente

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.27500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Riley Hicks**

Mailing Address 3905 Washington Pkwy

City State Zip Code  
Idaho Falls ID 83404

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

05 / 07 / 2015

Transaction ID : SA11AI.27501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark Hochberg**

Mailing Address 27 Sagamore St

City State Zip Code  
Manchester NH 03104

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

05 / 29 / 2015

Transaction ID : SA11AI.27502

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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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. David Ivey**

Mailing Address 224 S. Woods Mill  
Suite 280 S

City State Zip Code  
Chesterfield MO 63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Louis West OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

Transaction ID : SA11AI.27504

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **B. Murray Jacobs**

Mailing Address 800 Creekside Dr

City State Zip Code  
Redlands CA 92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loma Linda University

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2015

Transaction ID : SA11AI.27505

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Ole Jensen**

Mailing Address 8200 E Belleview Ave  
Ste 520E

City State Zip Code  
Greenwood Village CO 80111

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2015

Transaction ID : SA11AI.27506

Amount of Each Receipt this Period

300.00

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

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

1675.00

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

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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. Alan Kaye**

Mailing Address 436 N. Roxbury  
Suite 107

City State Zip Code  
Beverly Hills CA 90210

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  
05 / 21 / 2015

Transaction ID : SA11AI.27507

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Katherine Keeley**

Mailing Address 2649 Wigwam Pkwy  
Suite 102

City State Zip Code  
Henderson NV 89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Katherine A Keeley MD DDS

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 Y  
05 / 13 / 2015

Transaction ID : SA11AI.27508

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John McIntyre**

Mailing Address 1 Hanson PL  
Ste 705

City State Zip Code  
Brooklyn NY 11243

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  
05 / 26 / 2015

Transaction ID : SA11AI.27513

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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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. Leonard Merlo**

Mailing Address 4701 Randolph Rd  
Suite G10

City State Zip Code  
Rockville MD 20852

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  
05 / 14 / 2015

Transaction ID : SA11AI.27514

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Richard Mowry**

Mailing Address 1040 Tierra Del Rey  
Suite 109

City State Zip Code  
Chula Vista CA 91910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Richard S Mawry

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  
05 / 07 / 2015

Transaction ID : SA11AI.27515

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. David Mulherin**

Mailing Address 3117 College Park Dr  
Ste 150

City State Zip Code  
The Woodlands TX 77384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

North Houston-Woodlands OMS

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  
05 / 07 / 2015

Transaction ID : SA11AI.27516

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)..... ►

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

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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. Thomas Nordone**

Mailing Address 207 N Broad St  
FL 1

City State Zip Code  
Philadelphia PA 19107

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  
05 / 07 / 2015

Transaction ID : SA11AI.27517

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Petros Panagos**

Mailing Address 118 Morton Blvd

City State Zip Code  
Plainview NY 11803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Progressive Oral Surgery and I

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  
05 / 07 / 2015

Transaction ID : SA11AI.27518

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Ketan Parekh**

Mailing Address 960 W Ralph Hall Pkwy

City State Zip Code  
Rockwall TX 75032

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 / D D / Y Y Y Y Y Y  
05 / 14 / 2015

Transaction ID : SA11AI.27519

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**

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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. Brandon Payne**

Mailing Address 4728 Eagleridge Cir  
Ste 110

City State Zip Code  
Pueblo CO 81008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brandon C Payne DDS MD

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015

Transaction ID : SA11AI.27521

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **B. Troy Petersen**

Mailing Address 1165 C South Columbia Rd  
Ste C

City State Zip Code  
Grand Forks ND 58201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Oral & Facial Surgery

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 Y  
05 / 14 / 2015

Transaction ID : SA11AI.27522

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Sharon Pollick**

Mailing Address 250 Patchogue-Yaphank Rd  
Suite 10

City State Zip Code  
Patchogue NY 11772

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 / D D / Y Y Y Y Y Y  
05 / 07 / 2015

Transaction ID : SA11AI.27523

Amount of Each Receipt this Period

250.00

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

1125.00

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

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

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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. G Kevin Pollock**

Mailing Address 3824 N SH 205

City State Zip Code  
 Rockwall TX 75087

FEC ID number of contributing federal political committee.

C

Name of Employer

Pinnacle Oral Surgery

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 Y  
 05 / 07 / 2015

Transaction ID : SA11AI.27525

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert Posek**

Mailing Address 369 18th St

City State Zip Code  
 Santa Monica CA 90402

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 / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

Transaction ID : SA11AI.27526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Prinsell**Mailing Address 1950 Spectrum Circle  
Suite B-300

City State Zip Code  
 marietta GA 30067

FEC ID number of contributing federal political committee.

C

Name of Employer

Jeffrey R Prinsell DMD MD

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 Y  
 05 / 07 / 2015

Transaction ID : SA11AI.27527

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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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. Andrew Rahn**

Mailing Address 1313 E Herndon Ave  
Suite 104

City State Zip Code  
Fresno CA 93720

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  
05 / 29 / 2015

Transaction ID : SA11AI.27530

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas Rogers**

Mailing Address 4306 Hickory Rd

City State Zip Code  
Temple TX 76502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Olin E Teague Veterans Center

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  
05 / 07 / 2015

Transaction ID : SA11AI.27531

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Nicholas Schellati**

Mailing Address 6534 Anthony Dr  
Ste A

City State Zip Code  
Victor NY 14564

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  
05 / 21 / 2015

Transaction ID : SA11AI.27532

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)..... ►

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

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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. Michael Schuman**

Mailing Address 827 Altos Oaks Drive  
Suite 4

City State Zip Code  
Los Altos CA 94024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Altos Oral Surgery

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 Y  
05 / 07 / 2015

Transaction ID : SA11AI.27533

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Stephen Shall**

Mailing Address 5690 Monroe St

City State Zip Code  
Sylvania OH 43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Lake Erie OMS

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 Y  
05 / 07 / 2015

Transaction ID : SA11AI.27535

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Peter Sherman**

Mailing Address 110 E 36th St

City State Zip Code  
New York NY 10016

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 / D D / Y Y Y Y Y Y  
05 / 21 / 2015

Transaction ID : SA11AI.27536

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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for each category of the  
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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. Frederick Smith**

Mailing Address 7 Timberpark Court

City State Zip Code  
 Lutherville MD 21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeons

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  
 05 / 07 / 2015

Transaction ID : SA11AI.27537

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. David Spivey**

Mailing Address 1120 Dow St

City State Zip Code  
 Murfreesboro TN 37130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Murfreesboro Oral Surgery

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  
 05 / 29 / 2015

Transaction ID : SA11AI.27539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. William Starck**

Mailing Address 15305 Dallas Pkwy  
 Ste 300

City State Zip Code  
 Addison TX 75001

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  
 05 / 31 / 2015

Transaction ID : SA11AI.27540

Amount of Each Receipt this Period

250.00

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

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

750.00

# **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 27  
(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. Michael Sutley**

Mailing Address 6406 Timber Ridge

City State Zip Code  
Edina MN 55439

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  
05 / 13 / 2015

Transaction ID : SA11AI.27541

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Albert Sweeney**

Mailing Address 985 Russell Ave

City State Zip Code  
Gaithersburg MD 20879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Drs. Goldblatt Sweeney & Wise

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  
05 / 07 / 2015

Transaction ID : SA11AI.27542

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. R John Tannyhill**

Mailing Address 14000 E Arapahoe Rd  
Suite #320

City State Zip Code  
Centennial CO 80112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Tannyhill OMS

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  
05 / 14 / 2015

Transaction ID : SA11AI.27543

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)..... ►

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

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

FOR LINE NUMBER: PAGE 23 OF 27

(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. Edward Urig**

Mailing Address 1700 Hospital Dr

City State Zip Code  
 Santa Fe NM 87505

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  
 05 / 14 / 2015

Transaction ID : SA11AI.27545

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Harvey Wank**Mailing Address 525 West Chester Pike  
Suite 100

City State Zip Code  
 Havertown PA 19083

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  
 05 / 29 / 2015

Transaction ID : SA11AI.27546

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard Wilkinson**

Mailing Address 1156 Winding Way

City State Zip Code  
 Milford MI 48381

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Marshfield Clinic

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  
 05 / 07 / 2015

Transaction ID : SA11AI.27547

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)..... ►

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

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

FOR LINE NUMBER: PAGE 24 OF 27  
(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. Steven Young**

Mailing Address 1414 Atwood Ave  
Suite 340

City State Zip Code  
Johnston RI 02919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steven H Young DDS

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 Y  
05 / 07 / 2015

Transaction ID : SA11AI.27548

Amount of Each Receipt this Period

500.00

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)..... ►

500.00

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)

PAGE 25 OF 27

☒ 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. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City State Zip Code  
 ROSWELL GA 30077

Purpose of Disbursement  
 Federal Campaign Contribution

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 06

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 05 27 2015

Transaction ID : SB21B.27558

Amount of Each Disbursement this Period

2000.00

## **B.**

Full Name (Last, First, Middle Initial)

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

## **C.**

Full Name (Last, First, Middle Initial)

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

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

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

2000.00

2000.00

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

PAGE 26 OF 27

<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. DR BRIAN BABIN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Mailing Address PO BOX 159

City	State	Zip Code
WOODVILLE	TX	75979

Transaction ID : SB23.27556

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 36

Full Name (Last, First, Middle Initial)

**B. STIVERS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Mailing Address 4679 WINTERSET DRIVE

City	State	Zip Code
COLUMBUS	OH	43220

Transaction ID : SB23.27557

Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

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Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

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

3000.00
---------

3000.00
---------

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

PAGE 27 OF 27

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

166.00

Transaction ID : SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

166.00

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

166.00

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

166.00

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) ►

166.00