

**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 12 OF 23
	<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 Monto
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 190
 16 Pennsylvania Ave
 City Matamoras State PA Zip Code 18336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pocono Oral & Facial Surgery C 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
 06 / 08 / 2015
Transaction ID : SA11AI.27590
 Amount of Each Receipt this Period
250.00

B. Keith Nalley
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 s Beachtree
 Suite 8
 City Grand Haven State MI Zip Code 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Michigan OMS 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
 06 / 22 / 2015
Transaction ID : SA11AI.27592
 Amount of Each Receipt this Period
250.00

C. Emil Poporad
 Full Name (Last, First, Middle Initial)
 Mailing Address 4124 Fulton Drive NW
 Suite 102
 City Canton State OH Zip Code 44718
 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
 06 / 22 / 2015
Transaction ID : SA11AI.27594
 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).....