

**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="2013"/>		410899.37
(b) Cash on Hand at Beginning of Reporting Period.....	570620.39	
(c) Total Receipts (from Line 19)	62994.34	371879.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	633614.73	782778.60
7. Total Disbursements (from Line 31).....	8088.23	157252.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	625526.50	625526.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	182.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	20.00	

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

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).....	62070.00	331055.00
(ii) Unitemized	895.00	38653.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	62965.00	369708.00
(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)	62965.00	369708.00
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).....	15.00	15.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	14.34	156.23
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))..... ▶	62994.34	371879.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	62994.34	371879.23

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	73.23	60637.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	73.23	60637.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	96100.00
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	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	500.00
29. Other Disbursements	15.00	15.00
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)) ..	8088.23	157252.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8088.23	157252.10

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)	62965.00	369708.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62965.00	369208.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	73.23	60637.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15.00	15.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	58.23	60622.10

**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 6 OF 77
<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

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. Dr. Jimmy Albright
Full Name (Last, First, Middle Initial)

Mailing Address 875 Union Ave.

City Memphis	State TN	Zip Code 38163-0001
-----------------	-------------	------------------------

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

Name of Employer University of TN College of Dentistry	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
12	/	18	/	2013

Transaction ID : SA11AI.25569

Amount of Each Receipt this Period
250.00

B. Dr. Terrence Allemang
Full Name (Last, First, Middle Initial)

Mailing Address 1487 West Main Street

City Tipp City	State OH	Zip Code 45371-2803
-------------------	-------------	------------------------

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
12	/	26	/	2013

Transaction ID : SA11AI.25595

Amount of Each Receipt this Period
250.00

C. Dr. Paul Allen
Full Name (Last, First, Middle Initial)

Mailing Address 4700 Union Deposit Road

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

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

Name of Employer Central PA OMS	Occupation Oral & Maxillofacial 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
12	/	30	/	2013

Transaction ID : SA11AI.25634

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)	PAGE 7 OF 77
<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. Dr. William Aughton
Full Name (Last, First, Middle Initial)

Mailing Address 90 Cypress Way E
Suite 30

City Naples State FL Zip Code 34110

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

Name of Employer Self-Employed Occupation Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 17 / 2013
Transaction ID : SA11AI.25556

Amount of Each Receipt this Period
250.00

B. Dr. Alexandre Balaci
Full Name (Last, First, Middle Initial)

Mailing Address 955 Berkshire Blvd
Suite 104

City Wyomissing State PA Zip Code 19610

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

Name of Employer Associates in OMS Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 31 / 2013
Transaction ID : SA11AI.25653

Amount of Each Receipt this Period
250.00

C. Dr. Stephen Bankston
Full Name (Last, First, Middle Initial)

Mailing Address 3037 Tuscany Park Drive

City Marietta State GA Zip Code 30068

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

Name of Employer Atlanta Oral & Facial Surgery Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 31 / 2013
Transaction ID : SA11AI.25654

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)	PAGE 8 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Richard Berger
Full Name (Last, First, Middle Initial)

Mailing Address 2522 Dana St
Ste 202

City Berkeley State CA Zip Code 94704

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

Name of Employer Berkeley-Orinda Oral Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 11 / 2013
Transaction ID : SA11AI.25533

Amount of Each Receipt this Period
250.00

B. Rick Berrios
Full Name (Last, First, Middle Initial)

Mailing Address 18800 Main St
Suite 205

City Huntington Beach State CA Zip Code 92648

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
12 / 05 / 2013
Transaction ID : SA11AI.25490

Amount of Each Receipt this Period
250.00

C. Teresa Biggerstaff
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Emperor Ln

City Kernersville State NC Zip Code 27284-3496

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 ▼
1250.00

Date of Receipt
12 / 23 / 2013
Transaction ID : SA11AI.25668

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)	PAGE 9 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Roland Biron
Full Name (Last, First, Middle Initial)

Mailing Address 145 McGinley Aly

City Newtown	State PA	Zip Code 18940
-----------------	-------------	-------------------

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
12	/	22	/	2013

Transaction ID : SA11AI.25582

Amount of Each Receipt this Period
250.00

B. David Bitonti
Full Name (Last, First, Middle Initial)

Mailing Address 133 Kent Oaks Way

City Gaithersburg	State MD	Zip Code 20878
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Naval Medical Center	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
12	/	30	/	2013

Transaction ID : SA11AI.25635

Amount of Each Receipt this Period
250.00

C. Dr. Esmond Blanton
Full Name (Last, First, Middle Initial)

Mailing Address 4149 East Main Street

City Leesburg	State KY	Zip Code 34748
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon
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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
12	/	02	/	2013

Transaction ID : SA11AI.25456

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)	PAGE 10 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Paul Boerman
Full Name (Last, First, Middle Initial)

Mailing Address 44 Timber Lane

City South Burlington State VT Zip Code 05403

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

Name of Employer Vermont OMS Occupation Oral & Maxillofacial 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
 12 / 03 / 2013
Transaction ID : SA11AI.25455

Amount of Each Receipt this Period
260.00

B. Michael Broadbent
Full Name (Last, First, Middle Initial)

Mailing Address 3590 Harrison Blvd Ste 2

City Ogden State UT Zip Code 84403-2023

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
 12 / 18 / 2013
Transaction ID : SA11AI.25570

Amount of Each Receipt this Period
250.00

C. Jay Bukzin
Full Name (Last, First, Middle Initial)

Mailing Address 1824 Wawaset Street

City Wilmington State DE Zip Code 19806

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 ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11AI.25475

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... **885.00**

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 11 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mark Burchard
Full Name (Last, First, Middle Initial)

Mailing Address 6300 Duranta Cove

City Austin State TX Zip Code 78759

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 12 / 11 / 2013
Transaction ID : SA11AI.25535

Amount of Each Receipt this Period 250.00

B. Dr. Steven Butler
Full Name (Last, First, Middle Initial)

Mailing Address 4606D East State Blvd

City Fort Wayne State IN Zip Code 46815

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

Name of Employer Oral & Maxillofacial Surg Assoc PC Occupation Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2013
Transaction ID : SA11AI.25669

Amount of Each Receipt this Period 250.00

C. Dr. Barton Bycroft
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Elmhurst Blvd

City Salina State KS Zip Code 67401

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

Name of Employer Self-Employed Occupation Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2013
Transaction ID : SA11AI.25519

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)	PAGE 12 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Gergory Caldwell

Mailing Address 35 Bedford St
Suite 19

City Lexington State MA Zip Code 02173

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

Name of Employer Cail Caldwell & Morgan Associa
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 26 / 2013
Transaction ID : SA11AI.25596

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Jason Chandler

Mailing Address 743 Pegasus Dr

City Kaysville State UT Zip Code 84037-6805

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
12 / 18 / 2013
Transaction ID : SA11AI.25571

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Dr. Ira Cheifetz

Mailing Address 2303 Whitehorse Mercerville Rd.
Suite 5

City Mercerville State NJ Zip Code 08619-1944

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

Name of Employer Mercerville Prof Park
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 27 / 2013
Transaction ID : SA11AI.25615

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)	PAGE 13 OF 77
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 Cleverly
Full Name (Last, First, Middle Initial)

Mailing Address 9520 Koi Rock Dr

City Lincoln State NE Zip Code 68526

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
12 / 26 / 2013
Transaction ID : SA11AI.25597

Amount of Each Receipt this Period
250.00

B. Dr. Patrick Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 19600 Highway 73 Suite C101

City Cornelius State NC Zip Code 28031

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

Name of Employer Dr. Coleman & Muldoon Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 31 / 2013
Transaction ID : SA11AI.25655

Amount of Each Receipt this Period
250.00

C. Dr. Lester Cowden
Full Name (Last, First, Middle Initial)

Mailing Address 3100 W. Britton Rd. Suite A

City Oklahoma City State OK Zip Code 73120

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

Name of Employer Lester L. Cowden III DDS PC Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 26 / 2013
Transaction ID : SA11AI.25599

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 14 OF 77
	<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) A. Joshua Cross		Date of Receipt
Mailing Address 2025 N Green Acres Rd		M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2013
City	State	Zip Code
Fayetteville	AR	72703-2619
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25509
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Northwest Arkansas Oral & Maxi	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		700.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Cyr		Date of Receipt
Mailing Address 3217 Grove Ave.		M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2013
City	State	Zip Code
Richmond	VA	23221
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25536
C		Amount of Each Receipt this Period
		375.00
Name of Employer	Occupation	
Oral Surgery Associates	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		375.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bryan Darling		Date of Receipt
Mailing Address 3260 W Ridge Run		M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2013
City	State	Zip Code
Springfield	MO	65810-7510
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25520
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 15 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Dr. Marvin Dash		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2013 Transaction ID : SA11AI.25557
Mailing Address 355 Fifth Avenue Suite 1300 Park Bldg		Amount of Each Receipt this Period 250.00
City Pittsburgh	State PA	Zip Code 15222-2407
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. James Davies		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2013 Transaction ID : SA11AI.25503
Mailing Address 2354 W Wildhorse Dr		Amount of Each Receipt this Period 250.00
City Chandler	State AZ	Zip Code 85286-6100
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Joseph Deatherage		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2013 Transaction ID : SA11AI.25476
Mailing Address 419 SDB 1919 7th Av S		Amount of Each Receipt this Period 500.00
City Birmingham	State AL	Zip Code 35294-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Ozark OMS	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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: (check only one)	PAGE 16 OF 77
	<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. Timothy Devitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 857 S Auto Mall Rd
 City Bloomington State IN Zip Code 47401-5447
 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
 12 / 06 / 2013
Transaction ID : SA11AI.25504
 Amount of Each Receipt this Period
 250.00

B. Dr. Donald Devlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2545 Humbolt Drive
 City San Leandro State CA Zip Code 94577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Oral & maxillofacial 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
 12 / 05 / 2013
Transaction ID : SA11AI.25491
 Amount of Each Receipt this Period
 250.00

C. Manuel Diaz
 Full Name (Last, First, Middle Initial)
 Mailing Address 12600 N Featherwood Dr Suite 220
 City Houston State TX Zip Code 77034
 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
 12 / 22 / 2013
Transaction ID : SA11AI.25584
 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)	PAGE 17 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Michael Ding
Full Name (Last, First, Middle Initial)

Mailing Address 500 Mesa Grande

City Leander State TX Zip Code 78641

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
 12 / 03 / 2013
Transaction ID : SA11AI.25460

Amount of Each Receipt this Period
 250.00

B. Dr. Douglas Dingwerth
Full Name (Last, First, Middle Initial)

Mailing Address 3301 Wareham Circle

City Richardson State TX Zip Code 75082

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

Name of Employer Self Employed Occupation Oral Surgeon
DePaul Health Center Medical Office

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
 12 / 27 / 2013
Transaction ID : SA11AI.25616

Amount of Each Receipt this Period
 250.00

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

Mailing Address 485 A Kawaioloa Rd

City Kailua State HI Zip Code 96734

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
 12 / 31 / 2013
Transaction ID : SA11AI.25656

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)	PAGE 18 OF 77
	<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)
A. Martin Dominguer

Mailing Address 6 Kingfisher Dr

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
 12 / 23 / 2013
Transaction ID : SA11AI.25589

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Kieran Dowd

Mailing Address 7 Richard Way

City State Zip Code
Littleton MA 01460

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
 12 / 23 / 2013
Transaction ID : SA11AI.25670

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Dr. Charles Elwell

Mailing Address 7 Clifford Drive

City State Zip Code
Shalimar FL 32579

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

Name of Employer Occupation
OMS Associates 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
 12 / 04 / 2013
Transaction ID : SA11AI.25477

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)	PAGE 19 OF 77
	<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) A. Nasser Emami		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2013
Mailing Address 4000 Johson Rd Suite 202		Transaction ID : SA11AI.25617
City Steubenville	State OH	Zip Code 43952-1013
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Eschenroeder		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2013
Mailing Address 3217 Grove Ave.		Transaction ID : SA11AI.25537
City Richmond	State VA	Zip Code 23221
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Oral Surgery Associates	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Richard Fagin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2013
Mailing Address 235 N San Mateo Dr		Transaction ID : SA11AI.25492
City San Mateo	State CA	Zip Code 94401
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 21 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Owen Forbes
Full Name (Last, First, Middle Initial)

Mailing Address 2350 NorthPark Dr

City Columbus State IN Zip Code 47203

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

Name of Employer Columbus 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
 12 / 22 / 2013
Transaction ID : SA11AI.25586

Amount of Each Receipt this Period
 250.00

B. Craig Fountain
Full Name (Last, First, Middle Initial)

Mailing Address 12776 SW Bay Shore Dr

City Traverse City State MI Zip Code 49684

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

Name of Employer Grand Traverse Oral Surgery 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
 12 / 18 / 2013
Transaction ID : SA11AI.25572

Amount of Each Receipt this Period
 250.00

C. Dr. Timothy Frey
Full Name (Last, First, Middle Initial)

Mailing Address 1320 Medical Park Drive

City Fort Wayne State IN Zip Code 46825

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
 12 / 23 / 2013
Transaction ID : SA11AI.25671

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)	PAGE 22 OF 77
	<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. Dr Earl Freymiller
 Full Name (Last, First, Middle Initial)
 Mailing Address 10833 Le Conte Ave
 CHS 53-076
 City Los Angeles State CA Zip Code 90095-1668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA- Medical Center Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.25657
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Emily Frye
 Full Name (Last, First, Middle Initial)
 Mailing Address 5704 NW 117th Ter
 City Oklahoma City State OK Zip Code 73162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeside Oral Surgery PLLC Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2013
Transaction ID : SA11AI.25600
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Dr. J. Garrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 2106 Brent Oak
 City College Station State TX Zip Code 77845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronze Valley OMS Occupation Oral & Maxillofacial Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2013
Transaction ID : SA11AI.25521
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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: (check only one)	PAGE 23 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Brent T. Garrison
Full Name (Last, First, Middle Initial)

Mailing Address 8140 Knue Road
Suite 200

City Indianapolis State IN Zip Code 46250

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 12 / 22 / 2013
Transaction ID : SA11AI.25587

Amount of Each Receipt this Period 250.00

B. Dr. Robert Gear
Full Name (Last, First, Middle Initial)

Mailing Address 33 Barkley Circle
Suite B

City Fort Myers State FL Zip Code 33907

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 12 / 20 / 2013
Transaction ID : SA11AI.25578

Amount of Each Receipt this Period 250.00

C. Dr. John Gee
Full Name (Last, First, Middle Initial)

Mailing Address 1019 Commercial Street
PO Box 103

City Glen Cove State ME Zip Code 04846

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 ▼ 375.00

Date of Receipt 12 / 04 / 2013
Transaction ID : SA11AI.25478

Amount of Each Receipt this Period 375.00

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

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

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 24 OF 77
	<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. Brett Geller
Full Name (Last, First, Middle Initial)

Mailing Address 736 Old Forge Rd

City Bridgewater	State NJ	Zip Code 08807-1868
---------------------	-------------	------------------------

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
 12 / 02 / 2013
Transaction ID : SA11AI.25457

Amount of Each Receipt this Period
250.00

B. Paul German
Full Name (Last, First, Middle Initial)

Mailing Address 5140 Dorsey Hall Dr

City Ellicott City	State MD	Zip Code 21042
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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
 12 / 20 / 2013
Transaction ID : SA11AI.25579

Amount of Each Receipt this Period
250.00

C. Dr. James Gherardini
Full Name (Last, First, Middle Initial)

Mailing Address 1750 Pickwick Place

City Orange Park	State FL	Zip Code 32073-7286
---------------------	-------------	------------------------

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

Name of Employer U.S. Military	Occupation Oral & Maxillofacial 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
 12 / 28 / 2013
Transaction ID : SA11AI.25628

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)	PAGE 25 OF 77
	<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. Dr. James Gift
 Full Name (Last, First, Middle Initial)
 Mailing Address 11926 Middleberry Drive
 City Tampa State FL Zip Code 33626-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sixth Dental Squadron-MacDill AFB Occupation Oral & Maxillofacial Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 15 / 2013**
Transaction ID : SA11AI.25553
 Amount of Each Receipt this Period **250.00**

B. George Grant
 Full Name (Last, First, Middle Initial)
 Mailing Address 3115 Thousand Oaks Dr
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin OMS Associates Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 03 / 2013**
Transaction ID : SA11AI.25462
 Amount of Each Receipt this Period **250.00**

c. Dr. Charles Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 3201 University Drive East Suite 100
 City Bryan State TX Zip Code 77802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Oral & Maxillofacial Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 10 / 2013**
Transaction ID : SA11AI.25522
 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)	PAGE 26 OF 77
	<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. Dr. David Greene
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Simon Street
 City Nashua State NH Zip Code 03060
 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
 12 / 17 / 2013
Transaction ID : SA11AI.25558
 Amount of Each Receipt this Period
 250.00

B. Dr. R. Gulley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5756 South Staples Suite C
 City Corpus Christi State TX Zip Code 78413-3782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oral & Maxillofacial Surgery Occupation Oral & Maxillofacial Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 12 / 20 / 2013
Transaction ID : SA11AI.25580
 Amount of Each Receipt this Period
 250.00

C. Dr. James Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 2221 Knollwood Dr.
 City Snelville State GA Zip Code 30078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James E. Haddan Jr. DMD PC Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 12 / 04 / 2013
Transaction ID : SA11AI.25479
 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)	PAGE 27 OF 77
	<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. Katherine Haltom
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Walnut St
 Suite 2
 City Framingham State MA Zip Code 01701-8205
 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
 12 / 10 / 2013
Transaction ID : SA11AI.25523
 Amount of Each Receipt this Period
 500.00

B. Aya Hamao-Sakamoro
 Full Name (Last, First, Middle Initial)
 Mailing Address 5323 Harry Hines Blvd
 City Dallas State TX Zip Code 75309-9109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Southwestern Medical Center
 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
 12 / 10 / 2013
Transaction ID : SA11AI.25524
 Amount of Each Receipt this Period
 250.00

C. Dr. Larry Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 96A Schofield Circle
 City Fort Riley State KS Zip Code 66442
 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
 12 / 26 / 2013
Transaction ID : SA11AI.25602
 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: (check only one)	PAGE 28 OF 77
	<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. Dr. James Hargan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Mary T Meagher Drive
 City Elizabethtown State KY Zip Code 42701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oral & Facial Surgery Center of Kentuc Occupation Oral surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 12 / 30 / 2013
Transaction ID : SA11AI.25637
 Amount of Each Receipt this Period
 250.00

B. Bryce Heiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2103 Telshor Ct
 City Las Cruces State NM Zip Code 88011
 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
 12 / 03 / 2013
Transaction ID : SA11AI.25464
 Amount of Each Receipt this Period
 250.00

C. Dr. James Heit
 Full Name (Last, First, Middle Initial)
 Mailing Address 6138 S. 102nd Ave.
 City Omaha State NE Zip Code 68127-5415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt
 12 / 30 / 2013
Transaction ID : SA11AI.25638
 Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 29 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Barry Hendler		Date of Receipt 12 / 23 / 2013 Transaction ID : SA11AI.25672
Mailing Address 7901 Bustleton Avenue Suite 304		Amount of Each Receipt this Period 250.00
City Philadelphia	State PA Zip Code 19152-3302	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer University of PA Med Center	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark Hoffrichter		Date of Receipt 12 / 10 / 2013 Transaction ID : SA11AI.25525
Mailing Address 5701 Traveview Court Apt. B12		Amount of Each Receipt this Period 250.00
City Frederick	State MD Zip Code 21703	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mansureh Iravani		Date of Receipt 12 / 11 / 2013 Transaction ID : SA11AI.25539
Mailing Address 5285 Summerlin Rd. Suite 101		Amount of Each Receipt this Period 250.00
City Fort Myers	State FL Zip Code 33919	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Southwest Florida Oral & Facial Surger	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 30 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. James Jenvold		Date of Receipt
Mailing Address 6325 Topanga Canyon Blvd Suite 435		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Woodland Hills	CA	91367
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25603
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self Employed		<input type="text" value="1000.00"/>
Occupation Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. J David Johnson		Date of Receipt
Mailing Address 420 Laboratory Rd.		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oak Ridge	TN	37830
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25673
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OMS Specialists		<input type="text" value="1000.00"/>
Occupation Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. William Jordan		Date of Receipt
Mailing Address 3501 Town Center Blvd S		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sugar Land	TX	77479
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25618
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Oral & Maxillofacial Surgeons		<input type="text" value="500.00"/>
Occupation Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 32 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Monta Kennady
Full Name (Last, First, Middle Initial)

Mailing Address 3201 University Drive E
Suite 100

City Bryan State TX Zip Code 77802

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

Name of Employer Brazos Valley OMS Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 10 / 2013
Transaction ID : SA11AI.25526

Amount of Each Receipt this Period
250.00

B. Travis Kern
Full Name (Last, First, Middle Initial)

Mailing Address 4330 Bull Creek Rd
Apt 2135

City Austin State TX Zip Code 78731

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

Name of Employer Austin Oral Surgery Associates Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 03 / 2013
Transaction ID : SA11AI.25465

Amount of Each Receipt this Period
250.00

C. Dr. George Kevorkian
Full Name (Last, First, Middle Initial)

Mailing Address 895 Washington Avenue
Wash Prof Park

City Vinton State VA Zip Code 24179-2101

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

Name of Employer Self-Employed Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 03 / 2013
Transaction ID : SA11AI.25467

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 33 OF 77
	<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. Peter Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 8406 Naketa Ln
 City Mukilro State WA Zip Code 98275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kincaid McClary Kim DDS PS 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
 12 / 03 / 2013
Transaction ID : SA11AI.25468
 Amount of Each Receipt this Period
 250.00

B. Dr. Victor Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 South Stanfield Road
 City Troy State OH Zip Code 45373
 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
 12 / 30 / 2013
Transaction ID : SA11AI.25640
 Amount of Each Receipt this Period
 250.00

C. Brent Kincaid
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 Cross Creek Dr
 City Colorado Springs State CO Zip Code 80920
 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 ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013
Transaction ID : SA11AI.25559
 Amount of Each Receipt this Period
 375.00

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

**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 34 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Michael Kleiman		Date of Receipt
Mailing Address 1857 Oak Tree Rd.		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Edison	State NJ	Zip Code 08820
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.25641
Name of Employer Edison Clark Oral Surgery Associates		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Martin Koop		Date of Receipt
Mailing Address 2819 National Dr		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Onalaska	State WI	Zip Code 54650-6703
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.25554
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. George Kotsakis		Date of Receipt
Mailing Address 1585 N Barrington Rd Suite 506		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Hoffman Estates	State IL	Zip Code 60194-1018
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.25660
Name of Employer George Kotsakis DMD Ltd.		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="375.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="750.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="875.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 35 OF 77
	<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. Dr. Mary H. Kreitzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Dwight Road
 City Longmeadow State MA Zip Code 01106
 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
 12 / 30 / 2013
Transaction ID : SA11AI.25642
 Amount of Each Receipt this Period
 250.00

B. Bryan Krey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2522 Dana St Suite 202
 City Berkeley State CA Zip Code 94704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Berkeley-Orinda Surgery Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 12 / 05 / 2013
Transaction ID : SA11AI.25493
 Amount of Each Receipt this Period
 250.00

C. Dr. Thomas Kuerschner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1602 North Randall Avenue
 City Janesville State WI Zip Code 53545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Wisconsin OMS Occupation Self Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 12 / 27 / 2013
Transaction ID : SA11AI.25619
 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)	PAGE 36 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Marten Ladman
Full Name (Last, First, Middle Initial)

Mailing Address 87 route 250

City Morganville, State NJ Zip Code 07751

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
12 / 06 / 2013
Transaction ID : SA11AI.25505

Amount of Each Receipt this Period
250.00

B. Dr. Roderick Lewin
Full Name (Last, First, Middle Initial)

Mailing Address 100 Gibson Road

City Ashburnham State MA Zip Code 01430

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 ▼ 700.00

Date of Receipt
12 / 04 / 2013
Transaction ID : SA11AI.25481

Amount of Each Receipt this Period
500.00

C. Todd Liston
Full Name (Last, First, Middle Initial)

Mailing Address 469 E. Medical Dr. Suite 202

City Bountiful State UT Zip Code 84010

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

Name of Employer Self Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 18 / 2013
Transaction ID : SA11AI.25573

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: (check only one)	PAGE 37 OF 77
	<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. Dr. Michael Loftus
 Full Name (Last, First, Middle Initial)
 Mailing Address 9600 Roosevelt Blvd
 Suite 101
 City Philadelphia State PA Zip Code 19115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oral Surgical Associates Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25620
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Dr. Matthew Lowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 2711 South Rouse
 Suite A
 City Pittsburgh State KS Zip Code 66762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2013
Transaction ID : SA11AI.25560
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Daniel Madion
 Full Name (Last, First, Middle Initial)
 Mailing Address 2225 Eastern Ave
 City Traverse City State MI Zip Code 49686-2847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grand Traverse Oral Surgery Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : SA11AI.25574
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

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 38 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. George Maranon

Mailing Address 18411 Clark St
Suite 204

City Tarzana State CA Zip Code 91356

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
12 / 31 / 2013
Transaction ID : SA11AI.25661

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. Robert Marciani

Mailing Address 231 Albert B Sabin Way

City Cincinnati State OH Zip Code 46267-0558

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

Name of Employer Occupation
Univ. of Cincinnati/ Dept. of OMS Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 10 / 2013
Transaction ID : SA11AI.25527

Amount of Each Receipt this Period
250.00

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

Mailing Address 591 W Main
Suite 150

City Lewisville State TX Zip Code 75057

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
12 / 27 / 2013
Transaction ID : SA11AI.25621

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)	PAGE 39 OF 77
	<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. Barton McGhee
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Wood Park Pl
 Suite A-102
 City Woodstock State GA Zip Code 30188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlanta Oral & Facial Surgery 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
 12 / 18 / 2013
Transaction ID : SA11AI.25575
 Amount of Each Receipt this Period
 250.00

B. John McIntyre
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Hanson PL
 Ste 705
 City Brooklyn State NY Zip Code 11243
 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
 12 / 30 / 2013
Transaction ID : SA11AI.25643
 Amount of Each Receipt this Period
 250.00

C. John McPhillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 Highway 360
 Apt 222
 City Euless State TX Zip Code 76039-5385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bedford Assoc in Oral and Maxi 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
 12 / 12 / 2013
Transaction ID : SA11AI.25544
 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)	PAGE 40 OF 77
	<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. Dr. Richard Meaders
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 Baptist Medical Center Drive #330
 City Cumming State GA Zip Code 30041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlanta Oral & Facial Surgery Occupation Oral & Maxillofacial 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
 12 / 08 / 2013
Transaction ID : SA11AI.25506
 Amount of Each Receipt this Period
 250.00

B. Dr. Martin Mehr
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Ramsgate Square SE Suite 110
 City Salem State OR Zip Code 97302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Oral & Maxillofacial 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
 12 / 30 / 2013
Transaction ID : SA11AI.25645
 Amount of Each Receipt this Period
 250.00

C. Edward Meszaros
 Full Name (Last, First, Middle Initial)
 Mailing Address 1736 E Edgewood Dr
 City Lakeland State FL Zip Code 33803
 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
 12 / 30 / 2013
Transaction ID : SA11AI.25646
 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)	PAGE 41 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. David Miller		Date of Receipt 12 / 17 / 2013 Transaction ID : SA11AI.25561
Mailing Address 160 Commack Rd Ste M1		Amount of Each Receipt this Period 250.00
City Commack	State NY	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Commack Oral & Maxillofacial	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. Michael E. Miller		Date of Receipt 12 / 11 / 2013 Transaction ID : SA11AI.25541
Mailing Address 3811 Westerre Pkwy		Amount of Each Receipt this Period 500.00
City Henrico	State VA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Commonwelath Oral & Facial Sur	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. M Drew Millington		Date of Receipt 12 / 30 / 2013 Transaction ID : SA11AI.25647
Mailing Address 1120 Oak Ridge Dr		Amount of Each Receipt this Period 250.00
City Eau Claire	State WI	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer OMS Associates of Eau Claire	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 42 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Daniel Mobati		Date of Receipt
Mailing Address 2522 Dana St Ste 202		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Berkeley	State CA	Zip Code 94704
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.25494
Name of Employer Berkeley-Orinda Oral Surgery		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Stephen Modelevsky		Date of Receipt
Mailing Address 960 Osler Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Jonesboro	State AR	Zip Code 72401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.25662
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Jackrit Mongkollugsana		Date of Receipt
Mailing Address 154 West Schrock Road Suite B		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City Westerville	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.25458
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="60.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="560.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 43 OF 77
	<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. Dr. David Moyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Long Creek Drive
 City South Portland State ME Zip Code 04106
 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 **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : SA11AI.25512
 Amount of Each Receipt this Period
250.00

B. Dr. Robert Naples
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410 Round Rock Ave Suite 220
 City Round Rock State TX Zip Code 78681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Oral & Maxillofacial 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
 12 / 27 / 2013
Transaction ID : SA11AI.25622
 Amount of Each Receipt this Period
250.00

C. Dr. Max Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address 4421 Oak Park Lane Suite 101
 City Fort Worth State TX Zip Code 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Max G. Neill DDS PC Occupation Oral & Maxillofacial 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
 12 / 10 / 2013
Transaction ID : SA11AI.25528
 Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 44 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. James Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 3217 Grove Ave.

City	State	Zip Code
Richmond	VA	23221-2815

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 ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11AI.25482

Amount of Each Receipt this Period
 500.00

B. William Nickel
Full Name (Last, First, Middle Initial)

Mailing Address 232 Woodlawn Ave

City	State	Zip Code
Winnetka	IL	60093

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

Name of Employer	Occupation
North Suburban Center for Oral	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
 12 / 09 / 2013
Transaction ID : SA11AI.25513

Amount of Each Receipt this Period
 250.00

C. Wayne Olsen
Full Name (Last, First, Middle Initial)

Mailing Address 12776 SW Bay Shore Dr

City	State	Zip Code
Traverse City	MI	49684

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

Name of Employer	Occupation
Grand Traverse Oral Surgery	Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : SA11AI.25576

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: (check only one)	PAGE 45 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Alexis Olsson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2013 Transaction ID : SA11AI.25604
Mailing Address 201 E Huron St Suite 12-100		Amount of Each Receipt this Period 250.00
City Chicago	State IL Zip Code 60611	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Northwestern OMS PC	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. Howard Park		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2013 Transaction ID : SA11AI.25623
Mailing Address 1304 15th St Suite 213		Amount of Each Receipt this Period 250.00
City Santa Monica	State CA Zip Code 90404-1809	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Given Buoncristiani & Park	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Corbin Partridge		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2013 Transaction ID : SA11AI.25606
Mailing Address 9860 Westpoint Dr Ste 100		Amount of Each Receipt this Period 250.00
City Indianapolis	State IN Zip Code 46256	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Northeast OMS	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 46 OF 77
	<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. Harold Patino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2760 Forgue Dr
 Ste 106
 City Naperville State IL Zip Code 60564-4174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oral Maxillofacial & Implant S
 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
 12 / 26 / 2013
Transaction ID : SA11AI.25608
 Amount of Each Receipt this Period
 250.00

B. Dr. Kevin Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Adams
 Suite 100
 City Denver State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cosby James & Patterson
 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
 12 / 30 / 2013
Transaction ID : SA11AI.25648
 Amount of Each Receipt this Period
 500.00

C. Steven Paul
 Full Name (Last, First, Middle Initial)
 Mailing Address 39755 Murrieta Hot Springs Rd
 Ste B130
 City Murrieta State CA Zip Code 92563
 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
 12 / 26 / 2013
Transaction ID : SA11AI.25609
 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: (check only one)	PAGE 47 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Charles Payerle
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Waterwood Dr

City Mansfield State TX Zip Code 76063-5464

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
12 / 19 / 2013
Transaction ID : SA11AI.25577

Amount of Each Receipt this Period
250.00

B. Diane Pennington
Full Name (Last, First, Middle Initial)

Mailing Address 1891 Hwy 40 E Suite 1104

City Kingsland State GA Zip Code 31548

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
12 / 10 / 2013
Transaction ID : SA11AI.25529

Amount of Each Receipt this Period
250.00

C. Dr. Jeffrey Persico
Full Name (Last, First, Middle Initial)

Mailing Address 4451 Satinwood Drive

City Okemos State MI Zip Code 48864

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

Name of Employer Oral Surgery Associates of Lansing Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 02 / 2013
Transaction ID : SA11AI.25459

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)	PAGE 48 OF 77
	<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) A. Dieu Pham		Date of Receipt 12 / 29 / 2013 Transaction ID : SA11AI.25631
Mailing Address 17150 Euclid St Ste 319		Amount of Each Receipt this Period 250.00
City Fountain Valley	State CA	
Zip Code 92708-4092		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	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. William Phillips		Date of Receipt 12 / 31 / 2013 Transaction ID : SA11AI.25663
Mailing Address 9101 N Central Expy Ste 520		Amount of Each Receipt this Period 500.00
City Dallas	State TX	
Zip Code 75231		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Park Cities OMS	Occupation Oral Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Patrick Pirozzi		Date of Receipt 12 / 08 / 2013 Transaction ID : SA11AI.25507
Mailing Address 150 River Rd Bldg H Suite 2		Amount of Each Receipt this Period 250.00
City Montville	State NJ	
Zip Code 07045		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Montville Oral Surgery Assoc	Occupation Oral Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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: (check only one)	PAGE 49 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Steven Pittman			Date of Receipt
Mailing Address 29 Lincoln Street			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.25666
Framingham	MA	01702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Metrowest OMS	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Lee Pollan			Date of Receipt
Mailing Address 4415 Buffalo Road			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.25496
North Chili	NY	14514-1024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Lee D. Pollan DMD PC	Oral & Maxillofacial Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Richard Powell			Date of Receipt
Mailing Address 1456 Kaderly St. NW			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.25545
New Philadelphia	OH	44663-1260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Tuscarawas OMS	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 50 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Daron Praetzel

Mailing Address 200 McAuley Ct

City Hot Springs State AR Zip Code 71913

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 ▼ **450.00**

Date of Receipt **12 / 13 / 2013**

Transaction ID : SA11AI.25547

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
B. D Allen Pulsipher

Mailing Address 39755 Murieta Hot Springs Road Suite B-130

City Murieta State CA Zip Code 92562

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 **12 / 26 / 2013**

Transaction ID : SA11AI.25611

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
C. L Pulver

Mailing Address 934 Richard Rd

City Dyer State IN Zip Code 46311

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 **12 / 20 / 2013**

Transaction ID : SA11AI.25581

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)	PAGE 51 OF 77
	<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. Dr. William Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Pearl St.
 City Burlington State VT Zip Code 05401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Vermont Oral Surgery 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
 12 / 09 / 2013
Transaction ID : SA11AI.25514
 Amount of Each Receipt this Period
 250.00

B. Dr. Daniel Quon
 Full Name (Last, First, Middle Initial)
 Mailing Address 5800 Ridgewood Suite 102
 City Jackson State MS Zip Code 39211-2667
 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
 12 / 31 / 2013
Transaction ID : SA11AI.25664
 Amount of Each Receipt this Period
 500.00

C. Dominic Rachiele
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 8th Ave Ste 101
 City Bethlehem State PA Zip Code 18018-1865
 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
 12 / 09 / 2013
Transaction ID : SA11AI.25515
 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: (check only one)	PAGE 52 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. David Rainero
Full Name (Last, First, Middle Initial)

Mailing Address 1855 San Miguel Drive
Suite 25

City Walnut Creek State CA Zip Code 94596

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

Name of Employer Carl Runyon, DMD Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 03 / 2013
Transaction ID : SA11AI.25470

Amount of Each Receipt this Period
250.00

B. Dr. David Rawson
Full Name (Last, First, Middle Initial)

Mailing Address 1100 B Airport Blvd

City Pensacola State FL Zip Code 32504

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

Name of Employer Rawson & Braxton OMS Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 23 / 2013
Transaction ID : SA11AI.25674

Amount of Each Receipt this Period
250.00

C. Lucas Reed
Full Name (Last, First, Middle Initial)

Mailing Address 4606 E State Blvd
Ste D

City Fort Wayne State IN Zip Code 46815

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

Name of Employer Oral and Maxillofacial Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 23 / 2013
Transaction ID : SA11AI.25675

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)	PAGE 53 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. James Robbins
Full Name (Last, First, Middle Initial)

Mailing Address 200 E. State St.
Suite 103

City State Zip Code
Media PA 19063

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

Name of Employer Occupation
Self Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 29 / 2013
Transaction ID : SA11AI.25632

Amount of Each Receipt this Period
250.00

B. Dr Mark Roszkowski
Full Name (Last, First, Middle Initial)

Mailing Address 10974 Alameda Ave

City State Zip Code
Inver Grove Height MN 55077

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

Name of Employer Occupation
South Sburban Oral & Maxillofa Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 25 / 2013
Transaction ID : SA11AI.25593

Amount of Each Receipt this Period
250.00

C. Dr. Brian Rubens
Full Name (Last, First, Middle Initial)

Mailing Address 22232 17th Ave SE
Suite 209

City State Zip Code
Bothell WA 98021

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
12 / 05 / 2013
Transaction ID : SA11AI.25497

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)	PAGE 54 OF 77
	<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. Dr. Carl Runyon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 San Miguel Dr.
 Suite 25
 City Walnut Creek State CA Zip Code 94596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 13 / 2013
Transaction ID : SA11AI.25548
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

B. Dr. Lawrence Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 South Main Street
 City Marlborough State CT Zip Code 06447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 27 / 2013
Transaction ID : SA11AI.25624
 Amount of Each Receipt this Period
 375.00
 Aggregate Year-to-Date
 375.00

C. Manaf Saker
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 S Maple Ave
 Suite 207
 City Ridgewood State NJ Zip Code 07450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 09 / 2013
Transaction ID : SA11AI.25516
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 500.00

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Dr. Terry Sawyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5651 Frist Blvd
 Suite 301
 City Hermitage State TN Zip Code 37076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Oral & Maxillofacial 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
 12 / 30 / 2013
Transaction ID : SA11AI.25649
 Amount of Each Receipt this Period
 250.00

B. Dr. Paul Schaner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Johnson Ferry Rd
 City Marietta State GA Zip Code 30068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlanta Oral & Facial Surgery Occupation Oral & Maxillofacial Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : SA11AI.25517
 Amount of Each Receipt this Period
 500.00

C. Dr. Steven Schimmele
 Full Name (Last, First, Middle Initial)
 Mailing Address 4606 E. State St.
 Bldg D
 City Fort Wayne State IN Zip Code 46815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self 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
 12 / 23 / 2013
Transaction ID : SA11AI.25677
 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: (check only one)	PAGE 56 OF 77
	<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. Dr. Jeffrey Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 182 Jefferson Pkwy
 Suite A
 City Newnan State GA Zip Code 30265
 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
 12 / 17 / 2013
Transaction ID : SA11AI.25563
 Amount of Each Receipt this Period
 250.00

B. DR. Carina Schwartz-Dabney
 Full Name (Last, First, Middle Initial)
 Mailing Address 1702 Dowling Drive
 City Irving State TX Zip Code 75038
 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
 12 / 27 / 2013
Transaction ID : SA11AI.25625
 Amount of Each Receipt this Period
 250.00

C. Dr. Bryan Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 1129 Kieffer Street
 City Wooster State OH Zip Code 44691
 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
 12 / 31 / 2013
Transaction ID : SA11AI.25665
 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)	PAGE 57 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Steven Sedaros

Mailing Address 7352 Stonerock Cir
Ste A

City Orlando State FL Zip Code 32819-8000

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

Name of Employer Orofacial & Dental Implant Sur Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 27 / 2013
Transaction ID : SA11AI.25626

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Martin Seidenschmid

Mailing Address 300 SE 120th Ave
Suite 600

City Vancouver State WA Zip Code 98683

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

Name of Employer Vancouver Oral Surgery Group Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 10 / 2013
Transaction ID : SA11AI.25530

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Gary Seldomridge

Mailing Address 190 Good Drive

City Lancaster State PA Zip Code 17603

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

Name of Employer Conestoga OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
12 / 23 / 2013
Transaction ID : SA11AI.25678

Amount of Each Receipt this Period
375.00

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

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

**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 58 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Adam Serlo		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 Transaction ID : SA11AI.25679
Mailing Address 501 Eastowne Dr Ste 110		Amount of Each Receipt this Period 1000.00
City Chapel Hill	State Zip Code NC 27514	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Oral & Maxillofacial Surgery A	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. Dr. James Sikes		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2013 Transaction ID : SA11AI.25680
Mailing Address 10130 Thornwood Drive		Amount of Each Receipt this Period 500.00
City Shreveport	State Zip Code LA 71106	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer LSU Medical Center	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Harvey Silverman		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013 Transaction ID : SA11AI.25498
Mailing Address 605 Beaver Ruin Rd.		Amount of Each Receipt this Period 250.00
City Lilburn	State Zip Code GA 30047	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 450.00
Name of Employer Self	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 59 OF 77
	<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. Dr. Paul Sims
Full Name (Last, First, Middle Initial)

Mailing Address 775 West Gold

City Butte State MT Zip Code 59701-2319

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

Name of Employer Self-Employed
Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013
Transaction ID : SA11AI.25681

Amount of Each Receipt this Period
 500.00

B. Dr. Michael Smith
Full Name (Last, First, Middle Initial)

Mailing Address 91 Lakes Road
Medical Arts Bldg

City Monroe State NY Zip Code 10950-2625

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

Name of Employer Self-Employed
Occupation Oral & Maxillofacial 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
 12 / 17 / 2013
Transaction ID : SA11AI.25564

Amount of Each Receipt this Period
 250.00

C. Dr. Michael Sokolosky
Full Name (Last, First, Middle Initial)

Mailing Address 1218 Virginia Street SE

City Charleston State WV Zip Code 25301-2909

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
 12 / 04 / 2013
Transaction ID : SA11AI.25483

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: (check only one)	PAGE 60 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Dr. Coleman Spector		Date of Receipt 12 / 23 / 2013 Transaction ID : SA11AI.25590
Mailing Address 3743 Radcliff Drive		Amount of Each Receipt this Period 250.00
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Oral Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Leonard Spector		Date of Receipt 12 / 25 / 2013 Transaction ID : SA11AI.25594
Mailing Address 6808 New Cut Rd.		Amount of Each Receipt this Period 375.00
City Kingsville	State MD	Zip Code 21087
FEC ID number of contributing federal political committee. C	Name of Employer Spector & Krupp DDS PA	Occupation Oral Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr. Dennis Spinazze		Date of Receipt 12 / 13 / 2013 Transaction ID : SA11AI.25549
Mailing Address 10 North Ridge Avenue		Amount of Each Receipt this Period 375.00
City Mount Prospect	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C	Name of Employer Assoc for OM and Implant Surgery	Occupation Oral Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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: (check only one)	PAGE 61 OF 77
	<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. Mark Spinazze
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 N Ridge Ave
 City Mt Prospect State IL Zip Code 60056-2428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Assocaites for Oral Maxillofac
 Occupation: Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 12 / 13 / 2013
Transaction ID : SA11AI.25551
 Amount of Each Receipt this Period: 375.00

B. Dr. Russell Spinazze
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 North Ridge Avenue Suite 1
 City Mount Prospect State IL Zip Code 60056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self-Employed
 Occupation: Oral & Maxillofacial Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 12 / 13 / 2013
Transaction ID : SA11AI.25550
 Amount of Each Receipt this Period: 375.00

C. Richard Stanchina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 Wilson St Ste 101
 City Marquette State MI Zip Code 49855-4454
 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: 12 / 28 / 2013
Transaction ID : SA11AI.25629
 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: (check only one)	PAGE 62 OF 77
	<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. Dr. Barry Stein
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 West Beaver Avenue
 City State Zip Code
 State College PA 16801-4819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tri-County Oral Facial Surgeons 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
 12 / 23 / 2013
Transaction ID : SA11AI.25682
 Amount of Each Receipt this Period
 250.00

B. Dr. Mark Steinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 2160 South First Avenue
 City State Zip Code
 Maywood IL 60153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Loyola Univ Medical Center Oral & Maxillofacial 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
 12 / 05 / 2013
Transaction ID : SA11AI.25499
 Amount of Each Receipt this Period
 250.00

C. dr. W Frederick Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 S. Fair Oaks Ave.
 Suite 107
 City State Zip Code
 Pasadena CA 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Pacific Coast Center for O 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
 12 / 26 / 2013
Transaction ID : SA11AI.25612
 Amount of Each Receipt this Period
 375.00

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

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 63 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Jeffrey Stone
Full Name (Last, First, Middle Initial)

Mailing Address 33 Bartlett Street
Suite 405

City Lowell State MA Zip Code 01852

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

Name of Employer Nashua Oral Surgery Associates Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 27 / 2013
Transaction ID : SA11AI.25627

Amount of Each Receipt this Period
500.00

B. Dr. Michael Stroncsek
Full Name (Last, First, Middle Initial)

Mailing Address 4606D East State Blvd

City Fort Wayne State IN Zip Code 46815

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

Name of Employer OMS Associates Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 23 / 2013
Transaction ID : SA11AI.25683

Amount of Each Receipt this Period
250.00

C. Jay Swanson
Full Name (Last, First, Middle Initial)

Mailing Address 901 Medical Park Dr
Suite 200

City Effingham State IL Zip Code 62401

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
12 / 04 / 2013
Transaction ID : SA11AI.25486

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Kimberly Swanson
Full Name (Last, First, Middle Initial)

Mailing Address 8503 Patterson Avenue

City Richmond State VA Zip Code 23229

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

Name of Employer Self-Employed Occupation Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 09 / 2013
Transaction ID : SA11AI.25518

Amount of Each Receipt this Period 250.00

B. Ron Takahashi
Full Name (Last, First, Middle Initial)

Mailing Address 345 Estudillo Avenue Ste 100

City San Leandro State CA Zip Code 94577

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

Name of Employer Northern California Facial & O Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2013
Transaction ID : SA11AI.25502

Amount of Each Receipt this Period 250.00

C. Thad Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 7125 Marvin D Love Fwy Suite 360

City Dallas State TX Zip Code 75237

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 12 / 03 / 2013
Transaction ID : SA11AI.25471

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)	PAGE 65 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ronald Thoman
Full Name (Last, First, Middle Initial)

Mailing Address 1580 Makaloa St.

City Honolulu State HI Zip Code 96814

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

Name of Employer OMS Surgery Associates, Inc. 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
 12 / 28 / 2013

Transaction ID : SA11AI.25630

Amount of Each Receipt this Period
 250.00

B. Dr. Don Tillery
Full Name (Last, First, Middle Initial)

Mailing Address 1355 North Orange Ave. Suite 3

City Winter Park State FL Zip Code 32789-3735

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

Name of Employer Self 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
 12 / 17 / 2013

Transaction ID : SA11AI.25565

Amount of Each Receipt this Period
 500.00

C. David Timmis
Full Name (Last, First, Middle Initial)

Mailing Address 122 Stonington Dr

City Peachtree City State GA Zip Code 30269

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
 12 / 10 / 2013

Transaction ID : SA11AI.25532

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: (check only one)	PAGE 66 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Angel Torio
Full Name (Last, First, Middle Initial)

Mailing Address 7 Manning Way

City Andover State MA Zip Code 01810

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

Name of Employer Greene & Torio OMFS LLP 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
 12 / 17 / 2013
Transaction ID : SA11AI.25566

Amount of Each Receipt this Period
 250.00

B. W Mark Tucker
Full Name (Last, First, Middle Initial)

Mailing Address 724 Druid Hills Rd.

City Tampa State FL Zip Code 33617-3810

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.25650

Amount of Each Receipt this Period
 1000.00

C. Dr. Marshall Wade
Full Name (Last, First, Middle Initial)

Mailing Address 1508 Arden View Dr.

City Arden Hills State MN Zip Code 55112-3911

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

Name of Employer Maplewood 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
 12 / 26 / 2013
Transaction ID : SA11AI.25614

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 67 OF 77
	<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. Dr. Peter Waite
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 3rd Ave S
 City Birmingham State AL Zip Code 35294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Ala School of Dentistr Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 12 / 23 / 2013
Transaction ID : SA11AI.25684
 Amount of Each Receipt this Period
250.00

B. G Scott Weaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 869 Oakwood Rd
 City Charleston State WV Zip Code 25314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Drs Sokolosky and Weaver Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 12 / 04 / 2013
Transaction ID : SA11AI.25487
 Amount of Each Receipt this Period
250.00

c. Charles Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 3425 Ensign Rd NE Ste 310
 City Olympia State WA Zip Code 98506-5063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Sound Oral Surgery PLLC Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 12 / 17 / 2013
Transaction ID : SA11AI.25568
 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)	PAGE 68 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Thomas Weil
Full Name (Last, First, Middle Initial)

Mailing Address 2450 Foundren Rd.
Suite 320

City Houston State TX Zip Code 77063

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

Name of Employer Thomas M. Weil DDS, PC Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 03 / 2013
Transaction ID : SA11AI.25473

Amount of Each Receipt this Period
250.00

B. Dr. Paul Weinstein
Full Name (Last, First, Middle Initial)

Mailing Address 1025 N. Military Trail
Suite 110

City Jupiter State FL Zip Code 33458-7020

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

Name of Employer South Florida OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 22 / 2013
Transaction ID : SA11AI.25588

Amount of Each Receipt this Period
250.00

C. Dr. Richard Williams
Full Name (Last, First, Middle Initial)

Mailing Address 19531 Doctors Drive

City Germantown State MD Zip Code 20874-5262

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

Name of Employer Richard M Williams DDS LLC Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.25651

Amount of Each Receipt this Period
375.00

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

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

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

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

FOR LINE NUMBER: PAGE 69 OF 77
(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. Dr. Richard Willis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2003 Forsythe Avenue
 City State Zip Code
 Monroe LA 71201
 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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013
Transaction ID : SA11AI.25685
 Amount of Each Receipt this Period
 250.00

B. Dr. G. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5565 Murray Rd.
 City State Zip Code
 Memphis TN 38119-3828
 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
 12 / 03 / 2013
Transaction ID : SA11AI.25474
 Amount of Each Receipt this Period
 250.00

C. Dr. Mauricio Wiltz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1625 Poplar St.
 Suite 225
 City State Zip Code
 Bronx NY 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self 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
 12 / 23 / 2013
Transaction ID : SA11AI.25591
 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)	PAGE 70 OF 77
	<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. Dr. Barry Wolinsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 493 Morris Ave.
 City Springfield State NJ Zip Code 07081-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springfield OMS Associates 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
 12 / 30 / 2013
Transaction ID : SA11AI.25652
 Amount of Each Receipt this Period
 250.00

B. Dr. Craig Yamamoto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1441 Kapiolani Blvd Suite 1420
 City Honolulu State HI Zip Code 96814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Craig A. Yamamoto DDS Inc Occupation Oral & Maxillofacial 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
 12 / 04 / 2013
Transaction ID : SA11AI.25489
 Amount of Each Receipt this Period
 500.00

C. Samuel Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 31538 Whitefield Ct
 City Murrieta State CA Zip Code 92563-6216
 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
 12 / 23 / 2013
Transaction ID : SA11AI.25592
 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: (check only one)	PAGE 71 OF 77
	<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) A. Dr. Michael Zak		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2013
Mailing Address 10 North Ridge		Transaction ID : SA11AI.25552
City Mount Prospect	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Assoc. for Oral Maxillofacial and Impl	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Dr. Steve Zent		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2013
Mailing Address 704 South Webster Avenue		Transaction ID : SA11AI.25633
City Green Bay	State WI	Zip Code 54301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gregory Zoghby		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2013
Mailing Address 3217 Grove Avenue		Transaction ID : SA11AI.25543
City Richmond	State VA	Zip Code 23221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Oral Surgery Associates	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 72 OF 77
	<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. Full Name (Last, First, Middle Initial)
Dr. Gary Zoutendam

Mailing Address 491 East Columbia Avenue
Suite 3

City State Zip Code
Battle Creek MI 49015-4458

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

Name of Employer Occupation
Self-Employed Oral & Maxillofacial 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
12 / 08 / 2013

Transaction ID : SA11AI.25508

Amount of Each Receipt this Period
250.00

B. 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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	62070.00

**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. Paypal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal collection 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
12 / 20 / 2013

Transaction ID : SB21B.25690

Amount of Each Disbursement this Period

14.80

Full Name (Last, First, Middle Initial)

B. The Northern Trust Company

Mailing Address P.O. Box 92000

City Chicago State IL Zip Code 60675-2000

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
12 / 03 / 2013

Transaction ID : SB21B.25689

Amount of Each Disbursement this Period

58.43

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

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

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

73.23

73.23

**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. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 33

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SB23.25694

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City BETHANY State OK Zip Code 73008

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : SB23.25693

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SB23.25695

Amount of Each Disbursement this Period

3500.00

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

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

6500.00

**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. STEVE DAINES FOR MONTANA

Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2013

Transaction ID : SB23.25696

Amount of Each Disbursement this Period

1500.00

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) ▼

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

--

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1500.00

8000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 76 OF 77
	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 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 190.00	Transaction ID : SD9.18338	
Amount Incurred This Period 0.00	Payment This Period 15.00	Outstanding Balance at Close of This Period 175.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 2009 carryover 2010
Mailing Address PO Box 19008	
City State Zip Code Springfield IL 62794-9008	

Outstanding Balance Beginning This Period 7.00	Transaction ID : SD9.19670	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.00

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)..... ▶	182.00
2) TOTALS This Period (last page this line number only)..... ▶	182.00
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) ▶	182.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 77 OF 77
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" 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 U. S. Treasury	Nature of Debt (Purpose): Federal Tax Owed for 2013 activity
Mailing Address Attention Tax Department	
City State Zip Code Kansas City MO 64999	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.25697	
Amount Incurred This Period 20.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.00

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)..... ▶	20.00
2) TOTALS This Period (last page this line number only)..... ▶	20.00
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) ▶	20.00