

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

9700 WEST BRYN MAWR AVE.

☐ Check if different than previously reported. (ACC)

ROSEMONT

IL

60018

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00005660

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☒ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
12 01 2011

through

M M M / D D D / Y Y Y Y Y Y
12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lawrence Chewning

Signature of Treasurer

Lawrence Chewning

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 27 2012

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
12 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		478965.18
(b) Cash on Hand at Beginning of Reporting Period.....	515497.53	
(c) Total Receipts (from Line 19)	59152.37	284097.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	574649.90	763062.35
7. Total Disbursements (from Line 31)	46666.62	235079.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	527983.28	527983.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	213.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	128.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 12 / 01 / 2011

To:

 M M / D D / Y Y Y Y Y
 12 / 31 / 2011
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).....

28025.00

108868.00

(ii) Unitemized

31066.00

149592.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

59091.00

258460.00

(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)

59091.00

258460.00

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).....

45.00

45.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

20000.00

17. Other Federal Receipts

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

16.37

5592.17

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))..... ▶

59152.37

284097.17

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

59152.37

284097.17

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	27621.62	124659.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	27621.62	124659.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	110000.00
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	375.00
(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	375.00
29. Other Disbursements	45.00	45.00
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)) ..	46666.62	235079.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46666.62	235079.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	59091.00	258460.00
34. Total Contribution Refunds (from Line 28(d))	0.00	375.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59091.00	258085.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	27621.62	124659.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	45.00	45.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	27576.62	124614.07

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Abbott

Mailing Address 1940 Braeburn Dr

City State Zip Code
Salem VA 24153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gold & Abbott DDS Ltd

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 22 2011

Transaction ID : SA11AI.22315

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew Abela

Mailing Address 100 Highland Ave

City State Zip Code
Salem MA 01970

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Oral Surgery Group

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 22 2011

Transaction ID : SA11AI.22317

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr. Robert Allen

Mailing Address 1015 Phillips Avenue

City State Zip Code
Petaluma CA 94952

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 / D D / Y Y Y Y Y Y
12 20 2011

Transaction ID : SA11AI.22319

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

Use separate schedule(s)
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Detailed Summary Page

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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. Paul Anderson

Mailing Address 720 Turtle Crest Dr

City State Zip Code
Irvine CA 92603-1014

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 ▼

700.00

Date of Receipt

12 / 07 / 2011

Transaction ID : SA11AI.22324

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Armstrong

Mailing Address 219 S Walnut St

City State Zip Code
Swansboro NC 28584

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 ▼

400.00

Date of Receipt

12 / 07 / 2011

Transaction ID : SA11AI.22326

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Roger Badwal

Mailing Address 1 Pomperaug Office Park
Suite 105

City State Zip Code
Southbury CT 06488

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 ▼

375.00

Date of Receipt

12 / 06 / 2011

Transaction ID : SA11AI.22329

Amount of Each Receipt this Period

375.00

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

1275.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Barkin

Mailing Address 2100 Webster
Suite 325

City State Zip Code
San Francisco CA 94115

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22333

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey Beattie

Mailing Address 45 W. Columbia St.
Suite 10

City State Zip Code
Orlando FL 32806

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2011

Transaction ID : SA11AI.22335

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. John Biernacki

Mailing Address 50 Sulyma Street

City State Zip Code
Cumberland RI 02864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Attleboro-Cumberland Oral Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22342

Amount of Each Receipt this Period

200.00

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

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

700.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian B. Blatter

Mailing Address 2189 East Street

City State Zip Code
Concord CA 94520

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 22 2011

Transaction ID : SA11AI.22345

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. John Blazic

Mailing Address 1251 Nilles Rd.
Suite 12

City State Zip Code
Fairfield OH 45014-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

John P Blazic DDS, Inc.

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : SA11AI.22346

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Randall Blazic

Mailing Address 1646 N Litchfield Rd
Suite 130

City State Zip Code
Goodyear AZ 85338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 09 2011

Transaction ID : SA11AI.22347

Amount of Each Receipt this Period

500.00

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Stanton Braid

Mailing Address 697 S Highland Ave

City State Zip Code
 Merion PA 19066

FEC ID number of contributing
federal political committee.

C

Name of Employer

L Reichman Associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : SA11AI.22356

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Andre Buchs

Mailing Address 610 North Mills Avenue

City State Zip Code
 Orlando FL 32803-7103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Florida OMS

Occupation

Oral & Maxillofacial 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 / 07 / 2011

Transaction ID : SA11AI.22360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. David Bullard

Mailing Address 250 North Plaza Blvd

City State Zip Code
 Chillicothe OH 45601

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMS Center

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 07 / 2011

Transaction ID : SA11AI.22361

Amount of Each Receipt this Period

400.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kirby Bunel

Mailing Address 1701 Moores Ln

City State Zip Code
 Texarkana TX 75503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Maxillofacial Surgeons

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 22 2011

Transaction ID : SA11AI.22362

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Dr. Frederick Ciabattoni

Mailing Address 510 Augusta Drive West

City State Zip Code
 Sinking Spring PA 19608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Berks Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 07 2011

Transaction ID : SA11AI.22366

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul Clark

Mailing Address 2120 Bert Kouns Industrial Loop
 Suite D

City State Zip Code
 Shreveport LA 71118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : SA11AI.22367

Amount of Each Receipt this Period

500.00

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

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

1875.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Dr. Douglas Dingwerth</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 29 / 2011</div> </div> </p>		
<p>Mailing Address 3301 Wareham Circle</p>			<p>Transaction ID : SA11AI.22379</p>		
<p>City Richardson</p>	<p>State TX</p>	<p>Zip Code 75082</p>	<p>Amount of Each Receipt this Period <div> <div>200.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>					
<p>Name of Employer DePaul Health Center Medical Office</p>		<p>Occupation Oral Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) B. Dr. Robert Dornauer</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 22 / 2011</div> </div> </p>		
<p>Mailing Address 2355 West State Route 18</p>			<p>Transaction ID : SA11AI.22381</p>		
<p>City Tiffin</p>	<p>State OH</p>	<p>Zip Code 44883</p>	<p>Amount of Each Receipt this Period <div> <div>200.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>					
<p>Name of Employer Self-Employed</p>		<p>Occupation Oral Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) C. Kieran Dowd</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 22 / 2011</div> </div> </p>		
<p>Mailing Address 7 Richard Way</p>			<p>Transaction ID : SA11AI.22382</p>		
<p>City Littleton</p>	<p>State MA</p>	<p>Zip Code 01460</p>	<p>Amount of Each Receipt this Period <div> <div>250.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Oral Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div> </p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<div> <div>650.00</div> </div>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<div> <div></div> </div>		

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Dr. Joseph Dusek</p> <p>Mailing Address 15831 Sylvan Lake</p> <p>City State Zip Code Houston TX 77062</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Oral Surgery Associates Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2011 Transaction ID : SA11AI.22387</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) B. Dr. Brian Dyess</p> <p>Mailing Address 7777 Hennessy Blvd Suite 610</p> <p>City State Zip Code Baton Rouge LA 70808-4300</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-Employed Oral & Maxillofacial Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2011 Transaction ID : SA11AI.22388</p> <p>Amount of Each Receipt this Period 375.00</p>
<p>Full Name (Last, First, Middle Initial) C. Mark Erickson</p> <p>Mailing Address 383 Schmale Rd</p> <p>City State Zip Code Carol Stream IL 60188</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Erickson OMS LLC Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 29 / 2011 Transaction ID : SA11AI.22389</p> <p>Amount of Each Receipt this Period 200.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>1075.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

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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 Esposito

Mailing Address 6169 S Balsom Way
Suite 280

City Littleton State CO Zip Code 80123

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.22391

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. John Faber

Mailing Address 5238 West St. Joseph Hwy

City Lansing State MI Zip Code 48917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oral Surgery Associates of Lansing

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2011

Transaction ID : SA11AI.22392

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Lawrence Falender

Mailing Address 9670 East Washington Street
Suite 210

City Indianapolis State IN Zip Code 46229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SA11AI.22393

Amount of Each Receipt this Period

500.00

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

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

900.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Alan Felsenfeld

Mailing Address UCLA Sch. of Dentistry OMS Section
53-076

City State Zip Code
Los Angeles CA 90095-1668

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.22395

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Earl Freymiller

Mailing Address 10833 Le Conte Ave
CHS 53-076

City State Zip Code
Los Angeles CA 90095-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UCLA- Medical Center

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.22401

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Ronald Gaitros

Mailing Address 4201 Devonshire Ln

City State Zip Code
Wilmington NC 28409-8145

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : SA11AI.22403

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Bobby Garfinkel

Mailing Address 800 W. Morse Blvd 1
Suite 2

City State Zip Code
Winter Park FL 32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Maxillofacial Surgeons of Mid-F

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : SA11AI.22406

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Brent T. Garrison

Mailing Address 8140 Knue Road
Suite 200

City State Zip Code
Indianapolis IN 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : SA11AI.22408

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert Gillum

Mailing Address 240 Woodwinds Lane

City State Zip Code
Wayzata MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22413

Amount of Each Receipt this Period

375.00

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

950.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. E. Hancock

Mailing Address 240 Doctors Drive

City State Zip Code
Boone NC 28607

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.22422

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Harold Haney

Mailing Address State College
232 S. Burrows St.

City State Zip Code
State College PA 16801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oral & Maxillofacial Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : SA11AI.22423

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr. James Heit

Mailing Address 6138 S. 102nd Ave.

City State Zip Code
Omaha NE 68127-5415

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 / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : SA11AI.22428

Amount of Each Receipt this Period

500.00

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

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

1075.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. David Hoffman

Mailing Address 1460 Victory Blvd.

City State Zip Code
 Staten Island NY 10301-3909

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

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : SA11AI.22430

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Gregg Hosch

Mailing Address 10000 Watson Rd
 Suite A

City State Zip Code
 St Louis MO 63126-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southwest Oral Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 07 2011

Transaction ID : SA11AI.22436

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. David Howard

Mailing Address 12776 SW Bay Shore Drive

City State Zip Code
 Traverse City MI 49684-5451

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : SA11AI.22437

Amount of Each Receipt this Period

200.00

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

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

900.00

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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. Richard Jackson

Mailing Address 2525 K Street
Suite 101

City State Zip Code
Sacramento CA 95816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Richard F. Jackson DDS

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.22442

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Arthur Jee

Mailing Address 13934 Baltimore Ave.

City State Zip Code
Laurel MD 20707

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2011

Transaction ID : SA11AI.22446

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Lawrence Juvet

Mailing Address 71 Vine St

City State Zip Code
Chestnut Hill MA 02467

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 Y
12 / 29 / 2011

Transaction ID : SA11AI.22449

Amount of Each Receipt this Period

375.00

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

775.00

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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. Spiro Karras

Mailing Address 6677 North Lincoln Avenue
Suite 330

City State Zip Code
Lincolnwood IL 60712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SA11AI.22452

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brent Kincaid

Mailing Address 518 Cross Creek Dr

City State Zip Code
Colorado Springs CO 80920

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : SA11AI.22455

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Timothy Koob

Mailing Address 5801 Research Park Blvd
Suite 110

City State Zip Code
Madison WI 53719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Madison Oral & Maxillofacial S

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SA11AI.22457

Amount of Each Receipt this Period

500.00

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

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

1400.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Harold Krueger

Mailing Address 6807 West 121st Street

City

Overland Park

State

KS

Zip Code

66209

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SA11AI.22460

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas Kuerschner

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22464

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Pritchard Lam

Mailing Address 1925 Parkside Dr.

City

Concord

State

CA

Zip Code

94519-2525

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : SA11AI.22466

Amount of Each Receipt this Period

200.00

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

600.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dale Lentz

Mailing Address 7350 S McClintock
Suite 101

City State Zip Code
Tempe AZ 85283-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dale D Lentz DDS PC

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22468

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Allan Libunao

Mailing Address 580 E Boughton Rd
Ste B

City State Zip Code
Bolingbrook IL 60440-2390

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 Y
12 / 11 / 2011

Transaction ID : SA11AI.22470

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert Lincoln

Mailing Address 372 Washington St.

City State Zip Code
Quincy MA 02169

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 / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22473

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Matthew Lowe

Mailing Address 2711 South Rouse
Suite A

City State Zip Code
Pittsburgh KS 66762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22475

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Harry Mack

Mailing Address 5802 Nolensville Pike
Suite 103

City State Zip Code
Nashville TN 37211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Nashville OMS

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.22476

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Daniel Madion

Mailing Address 2225 Eastern Ave

City State Zip Code
Traverse City MI 49686-2847

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : SA11AI.22477

Amount of Each Receipt this Period

200.00

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

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

900.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Melanie Marshall

Mailing Address 420 Hermitage Ct

City

Charlotte

State

NC

Zip Code

28207-1412

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : SA11AI.22478

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. James Maxwell

Mailing Address 2210 Olympic Street

City

Springfield

State

OH

Zip Code

45503-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer

James A. Maxwell Jr. DDs Inc

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22481

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles McNamara

Mailing Address 800 West Morse Blvd
Suite 2

City

Winter Park

State

FL

Zip Code

32789

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : SA11AI.22484

Amount of Each Receipt this Period

200.00

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

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

1100.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Dr. Coletta Miller Full Name (Last, First, Middle Initial) Mailing Address 3740 E. Lake Center City Quincy State IL Zip Code 62301 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 29 / 2011 Transaction ID : SA11AI.22487 Amount of Each Receipt this Period 500.00
B. Dr. Ofilio Morales Full Name (Last, First, Middle Initial) Mailing Address 7226 Black Bull Ln City Orlando State FL Zip Code 32835 FEC ID number of contributing federal political committee. C Name of Employer Orland Oral Surgery Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2011 Transaction ID : SA11AI.22489 Amount of Each Receipt this Period 500.00
C. Dr. George Muller Full Name (Last, First, Middle Initial) Mailing Address 3415 Fifth St. City Rapid City State SD Zip Code 57701-7330 FEC ID number of contributing federal political committee. C Name of Employer Black Hill OMS Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 12 / 29 / 2011 Transaction ID : SA11AI.22495 Amount of Each Receipt this Period 200.00
SUBTOTAL of Receipts This Page (optional)..... ▶			1200.00
TOTAL This Period (last page this line number only)..... ▶			

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. K Kevin Neshat

Mailing Address 8305 Falls of Neuse Rd
Suite 105

City Raleigh State NC Zip Code 27615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : SA11AI.22501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gregory Ness

Mailing Address 13343 Tipple Point Rd

City Midlothian State VA Zip Code 23114-5554

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SA11AI.22503

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. David Park

Mailing Address 3610 N University Ave
Suite 150

City Provo State UT Zip Code 84604

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22511

Amount of Each Receipt this Period

400.00

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

1100.00

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

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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. Larry Pepper

Mailing Address 4700 Union Deposit Road
Suite 260

City State Zip Code
Harrisburg PA 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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2011

Transaction ID : SA11AI.22516

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey Persico

Mailing Address 4451 Satinwood Drive

City State Zip Code
Okemos MI 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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2011

Transaction ID : SA11AI.22517

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr. Rawle Philbert

Mailing Address 961 East 45th Street

City State Zip Code
Brooklyn NY 11203

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : SA11AI.22519

Amount of Each Receipt this Period

200.00

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

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

950.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. G. Pollock

Mailing Address 5285 Summerlin Rd.
Suite 101

City State Zip Code
Fort Myers FL 33919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Florida Oral Surgery Associa

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : SA11AI.22521

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Benaifer Preziosi

Mailing Address 418 Aurora Dr

City State Zip Code
Egg Hbr Twp NJ 08234-7577

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : SA11AI.22522

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel Quon

Mailing Address 5800 Ridgewood
Suite 102

City State Zip Code
Jackson MS 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 / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.22523

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr Mark Roszkowski

Mailing Address 10974 Alameda Ave

City

Inver Grove Height

State

MN

Zip Code

55077

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Sburban Oral & Maxillofa

Occupation

Oral Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2011

Transaction ID : SA11AI.22535

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Saxe

Mailing Address 1570 South Rainbow Blvd

City

Las Vegas

State

NV

Zip Code

89146

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2011

Transaction ID : SA11AI.22539

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Dr. Thomas SchugelMailing Address 3700 West 83rd Street
Suite 203

City

Prairie Village

State

KS

Zip Code

66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Facial Surgery Associates

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 / 22 / 2011

Transaction ID : SA11AI.22542

Amount of Each Receipt this Period

375.00

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

775.00

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

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gary Schween

Mailing Address 5002 Foote Rd

City
medina

State
OH

Zip Code
44256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benninger Schween and Schmidt

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : SA11AI.22546

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Bethany Serafin Awalt

Mailing Address 9332 Owings Choice Court

City

Owings Mills

State

MD

Zip Code

21117

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

M M / D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : SA11AI.22548

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric Smiga

Mailing Address 3347 Forbes Ave
Suite 200

City

Pittsburgh

State

PA

Zip Code

15213

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22553

Amount of Each Receipt this Period

400.00

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

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

1025.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Barry Stein

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
Tri-County Oral Facial Surgeons

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 22 2011

Transaction ID : SA11AI.22561

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Stephen Wat

Mailing Address 19600 Clement Dr

City State Zip Code
 Castro Valley CA 94552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : SA11AI.22582

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Eric Woolbright

Mailing Address 3007 Spring Mill Dr.

City State Zip Code
 Springfield IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springfield Associates in OMS Ltd

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : SA11AI.22592

Amount of Each Receipt this Period

500.00

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

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

750.00

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

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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. Alvin Yadgood

Mailing Address 87 Woodcrest Dr

City

North Andover

State

MA

Zip Code

01845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Essex Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.22593

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert Yudell

Mailing Address 23 Hoyt Street

City

Stamford

State

CT

Zip Code

06905

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : SA11AI.22596

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Timothy Zuck

Mailing Address 200 East Washington Street

City

Appleton

State

WI

Zip Code

54911

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMS Surgical Associates

Occupation

Oral surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : SA11AI.22598

Amount of Each Receipt this Period

500.00

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

1200.00

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

28025.00

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

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

FOR LINE NUMBER: PAGE 33 OF 39
(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

<p>Full Name (Last, First, Middle Initial) A. The Northern Trust Company</p> <p>Mailing Address 1501 Woodfield Road</p> <p>City State Zip Code Schaumburg IL 60173</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="445.73"/></p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 08 / 2011</p> <p>Transaction ID : SA17.22601</p> <p>Amount of Each Receipt this Period <input type="text" value="9.76"/></p> <p>CD Interest</p>
<p>Full Name (Last, First, Middle Initial) B. The Northern Trust Company</p> <p>Mailing Address 1501 Woodfield Road</p> <p>City State Zip Code Schaumburg IL 60173</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="451.46"/></p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011</p> <p>Transaction ID : SA17.22600</p> <p>Amount of Each Receipt this Period <input type="text" value="5.73"/></p> <p>Bank Interest</p>
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text"/></p>		<p>Date of Receipt M M / D D / Y Y Y Y Y / /</p> <p>Amount of Each Receipt this Period <input type="text"/></p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<input type="text" value="15.49"/>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		<input type="text" value="15.49"/>

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

PAGE 34 OF 39

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. American Association of Oral and Maxillofacial Surgeons

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				31				2011					

Mailing Address 9700 W. Bryn Mawr

City	State	Zip Code
Rosemont	IL	60018

Transaction ID : SB21B.22610Purpose of Disbursement
4th Qtr Staff Support

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

27496.66

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Paypal

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				21				2011					

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Transaction ID : SB21B.22603Purpose of Disbursement
Paypal collection fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

14.80

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Paypal

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				29				2011					

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Transaction ID : SB21B.22604Purpose of Disbursement
Paypal Collection Fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3.20

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

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

27514.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 39

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Northern Trust Company

Mailing Address 1501 Woodfield Road

City Schaumburg State IL Zip Code 60173

Purpose of Disbursement
Bank Fee

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 / 05 / 2011

Transaction ID : SB21B.22602

Amount of Each Disbursement this Period

106.96

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

106.96

27621.62

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

PAGE 36 OF 39

<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. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

Transaction ID : SB23.22606Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM CLYBURN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

Mailing Address PO BOX 12567

City	State	Zip Code
COLUMBIA	SC	29211

Transaction ID : SB23.22608Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

4000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

Mailing Address PO BOX 586

City	State	Zip Code
HELENA	MT	59624

Transaction ID : SB23.22607Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

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

14000.00

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

PAGE 37 OF 39

<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. PAUL GOSAR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

Mailing Address P.O. BOX 3586

City	State	Zip Code
FLAGSTAFF	AZ	86003

Transaction ID : SB23.22609Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 01

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

5000.00

19000.00

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

PAGE 38 OF 39

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

Illinois Department of Revenue

Nature of Debt (Purpose):

State Tax Overpymt for 2008 carryover 09

Mailing Address PO Box 19008

City State

Zip Code

Springfield

IL

62794-9008

Outstanding Balance Beginning This Period

251.00

Transaction ID : SD9.18338

Amount Incurred This Period

0.00

Payment This Period

45.00

Outstanding Balance at Close of This Period

206.00

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)..... ►

213.00

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

213.00

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) ►

213.00

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

PAGE 39 OF 39

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

U. S. Treasury

Nature of Debt (Purpose):

Federal Tx Owed for 2011 activity

Mailing Address Attention Tax Department

City State

Zip Code

Kansas City

MO

64999

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.22611

Amount Incurred This Period

128.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

128.00

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)..... ►

128.00

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

128.00

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) ►

128.00