PAGE 1/39

Image# 12950230179

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
AMERICAN ASSOCIATION	OF ORAL AND MA	XILLOFACIAL SU	JRGEONS PO	OLITICAL A	CTION COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MAW	R AVE.			
Check if different					
than previously reported. (ACC)	ROSEMONT			IL L	60018
2. FEC IDENTIFICATION NUM	BER ▼	CITY A	5	STATE A	ZIP CODE ▲
C C00005660	3.	IS THIS REPORT X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug 2	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	A	Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) X Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (1		General (
October 15	Report for the	Conventio	n (12C)	Special (1	(2S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Elec	ction on	/ D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	0.01.01.01. (30G)	Runoff (36	OR) Special (30S)
Termination Report (TER)		ction on	/ D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 12	01 201	through	n 12	31_	2011
certify that I have examined this	Report and to the best	of my knowledge an	d belief it is tru	e, correct and	complete.
Type or Print Name of Treasurer	Lawrence Chewning				
Signature of Treasurer Lawrence	re Chewning	[Electronic	ally Filed] D	ate 01	/ D D / Y Y Y Y Y Y 2012
NOTE: Submission of false, erroneou	us, or incomplete informa	tion may subject the p	person signing th	is Report to th	e 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)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

01 2011 Report Covering the Period: 12 2011 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 478965.18 January 1. 2011 (b) Cash on Hand at 515497.53 Beginning of Reporting Period..... 284097.17 59152.37 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 574649.90 763062.35 6(a) and 6(c) for Column B)..... 46666.62 235079.07 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 527983.28 527983.28 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 213.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 128.00 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

I. Receipts	I. Receipts COLUMN A Total This Period					
Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	00005.00	400000 00				
(i) Itemized (use Schedule A)	28025.00	108868.00				
(ii) Haitamirad	21066.00	149592.00				
(ii) Unitemized(iii) TOTAL (add	31066.00	14332.00				
Lines 11(a)(i) and (ii)	59091.00	258460.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)(d) Total Contributions (add Lines		0.00				
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)	59091.00	258460.00				
. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
	0.00	0.00				
. All Loans Received	0.00	0.00				
. Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures	7	7				
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	45.00	45.00				
. Refunds of Contributions Made						
to Federal Candidates and Other						
Political Committees	0.00	20000.00				
. Other Federal Receipts						
(Dividends, Interest, etc.)	16.37	5592.17				
. Transfers from Non-Federal and Levin Funds	7	7				
(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				
(c) Total Transfers (add To(a) and To(b))	0.00	0.00				
. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	59152.37	284097.17				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶						

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period				
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date			
	(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		7			
13	CommitteesContributions to	0.00	0.00			
	Federal Candidates/Committees and Other Political Committees	19000.00	110000.00			
24.	Independent Expenditures	0.00	0.00			
25.	(use Schedule E)	0.00	0.00			
	(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			
	man i onical committees	0.00				
	(b) Political Party Committees	0.00	0.00			
	(c) Other Political Committees (such as PACs)	0.00	0.00			
	(d) Total Contribution Refunds					
	(add Lines 28(a), (b), and (c))▶	0.00	375.00			
29.	Other Disbursements	45.00	45.00			
		7				
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			
1.	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)	46666.62	235079.07			
	from Line 31)	40000.02	255073.07			

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	59091.00	258460.00
4. Total Contribution Refunds (from Line 28(d))	0.00	375.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59091.00	258085.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	27621.62	124659.07
7. Offsets to Operating Expenditures (from Line 15, page 3)	45.00	45.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	27576.62	124614.07

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

_	FOR LINE NUMBER:					:	6	OF	39
(che	eck only	on	e)						
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	13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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 C	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Michael Abbott		Date of Receipt
Mailing Address 1940 Braeburn Dr		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22315
Salem	VA 24153	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Gold & Abbott DDS Ltd	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Andrew Abela		Date of Receipt
Mailing Address 100 Highland Ave		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22317
Salem	MA 01970	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
North Shore Oral Surgery Group	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert Allen		Date of Receipt
Mailing Address 1015 Phillips Avenue		12 20 2011
City	State Zip Code	Transaction ID : SA11AI.22319
Petaluma	CA 94952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	2000.00
TOTAL This Period (last page this line numb	er only)	

FOF	R LINE	PAGE	7	OF	39			
(che	ck only	or	ne)					
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	13		14		15	16	3	17

	sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	F ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Paul Anderson		Date of Receipt
Mailing Address 720 Turtle Crest Dr		12 07 2011
City	State Zip Code	Transaction ID : SA11AI.22324
Irvine	CA 92603-1014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) Robert Armstrong		Date of Receipt
Mailing Address 219 S Walnut St		12 07 2011 _
City	State Zip Code	Transaction ID : SA11AI.22326
Swansboro	NC 28584	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Roger Badwal		Date of Receipt
Mailing Address 1 Pomperaug Office Pa Suite 105	ark	12 06 2011
City	State Zip Code	Transaction ID : SA11AI.22329
Southbury	CT 06488	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	-
Self-Employed	Oral Surgeon	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (option	nal)	1275.00
	·	
TOTAL This Period (last page this line no	umber only) 🕨	

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

FOR LINE NUMBER:					PAGE	8	OF	39
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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.

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Michael Barkin		Date of Receipt
Mailing Address 2100 Webster		M = M / D = D / Y = Y = Y
Suite 325		12 22 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.22333
San Francisco	CA 94115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jeffrey Beattie		Data of Bassint
		Date of Receipt
Mailing Address 45 W. Columbia St.		M M / D D / Y Y Y Y
Suite 10 City	State Zip Code	12 29 2011
Orlando	FL 32806	Transaction ID : SA11AI.22335
	12 32000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Dr. John Biernacki		Date of Receipt
Mailing Address 50 Sulyma Street		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22342
Cumberland	RI 02864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Attleboro-Cumberland Oral Surgery	Oral Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional).		700.00
TOTAL This Period (last page this line number		

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

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	13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	ng 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	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) 1. Dr. Brian B. Blatter		Date of Receipt
Mailing Address 2189 East Street		12 222011
City	State Zip Code	Transaction ID : SA11AI.22345
Concord	CA 94520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Dr. John Blazic		Date of Receipt
Mailing Address 1251 Nilles Rd.		M = M / D = D / Y = Y = Y
Suite 12		12 29 2011
City	State Zip Code	Transaction ID : SA11AI.22346
Fairfield	OH 45014-7205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
John P Blazic DDS, Inc.	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Randall Blazic		Date of Receipt
Mailing Address 1646 N Litchfield Rd Suite 130		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.22347
Goodyear	AZ 85338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	850.00
	<u>·</u>	
TOTAL This Period (last page this line nu	mber only)	

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

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Full Name (Last, First, Middle Initial) Stanton Braid Mailing Address 697 S Highland Ave City Merion	State Zip Code PA 19066	Date of Receipt
City		
-		12 19 2011
ivierion	PA 19066	Transaction ID : SA11AI.22356
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
L Reichman Associates	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Andre Buchs	'	Date of Receipt
Mailing Address 610 North Mills Avenue		M = M / D = D / Y = Y = Y
City	State Zip Code	12 07 2011 Towns of the Park o
Orlando	FL 32803-7103	Transaction ID : SA11AI.22360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Central Florida OMS	Oral & Maxillofacial Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Data of Respire
Mailing Address 250 North Plaza Blvd		Date of Receipt 12 07 2011
City	State Zip Code	Transaction ID : SA11AI.22361
Chillicothe	OH 45601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
OMS Center	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		1100.00

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or for commercial purposes, other than usi	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEO	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Kirby Bunel		Date of Receipt
Mailing Address 1701 Moores Ln		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22362
Texarkana	TX 75503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgeons	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) 3. Dr. Frederick Ciabattoni	ı	Date of Receipt
Mailing Address 510 Augusta Drive West	t	M M / D D / Y Y Y Y Y
City	State Zip Code	12 07 2011 Transaction ID : SA11AI.22366
Sinking Spring	PA 19608	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer	Occupation	
Berks Oral Surgery	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Dr. Paul Clark		Date of Receipt
Mailing Address 2120 Bert Kouns Indust Suite D	rial Loop	12 29 2011
City	State Zip Code	Transaction ID : SA11AI.22367
Shreveport	LA 71118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	1875.00
TOTAL This Period (last page this line nu	mber only)	

1		OR LINE NUMBER: PAGE 12 OF 39								
	(che	ck only	or	ne)						
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	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Dr. Douglas Dingwerth		Date of Receipt
Mailing Address 3301 Wareham Circle		12 29 2011 .
City	State Zip Code	Transaction ID : SA11AI.22379
Richardson	TX 75082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
DePaul Health Center Medical Office	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Robert Dornauer	•	Date of Receipt
Mailing Address 2355 West State Route 18		M = M / D = D / Y = Y = Y
City	State Zip Code	12 22 2011
Tiffin	OH 44883	Transaction ID : SA11AI.22381 Amount of Each Receipt this Period
FEC ID number of contributing	1.000	Amount of Each Flooript this Fellou
federal political committee.	C	200.00
Name of Employer	Occupation	1
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Kieran Dowd	•	Date of Receipt
Mailing Address 7 Richard Way		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22382
Littleton	MA 01460	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	•	650.00
TOTAL This Period (last page this line number	er only)	

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(ch	eck only	one	e)						
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	13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Joseph Dusek Mailing Address 15831 Sylvan Lako		Date of Receipt
Mailing Address 15831 Sylvan Lake	00.00	12 19 / 2011
City Houston	State Zip Code TX 77062	Transaction ID : SA11AI.22387
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	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Brian Dyess		Date of Receipt
Mailing Address 7777 Hennessy Blvd Suite 610	7.0.1	12 30 2011
City Baton Rouge	State Zip Code LA 70808-4300	Transaction ID : SA11AI.22388 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) C. Mark Erickson		Date of Receipt
Mailing Address 383 Schmale Rd		12 29 2011
City Carol Stream	State Zip Code IL 60188	Transaction ID : SA11AI.22389 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	+
Erickson OMS LLC	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	1075.00
TOTAL This Period (last page this line num	ber only)	

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

					PAGE	1	14	OF	39
(che	ck only	or	ıe)						
X	11a [11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	State Zip Code CO 80123	o solicit contributions from such committee.
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. John Faber Mailing Address 5238 West St. Joseph Hwy	State 7:- Onla	Date of Receipt 12 06 2011
City Lansing FEC ID number of contributing federal political committee.	State Zip Code MI 48917	Transaction ID : SA11AI.22392 Amount of Each Receipt this Period 200.00
Name of Employer Oral Surgery Associates of Lansing Receipt For: Primary General Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Lawrence Falender Mailing Address 9670 East Washington Stree Suite 210 City	et State Zip Code	Date of Receipt 12 19 2011 Transaction ID : SA11AI.22393
Indianapolis FEC ID number of contributing federal political committee. Name of Employer	IN 46229 C Occupation	Amount of Each Receipt this Period 500.00
Self-Employed Receipt For: Primary General Other (specify)	Oral Surgeon Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	· only)	

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NAME OF COMMITTEE (IN Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Alan Felsenfeld		Date of Receipt
Mailing Address UCLA Sch. of Dentistry OI 53-076	MS Section	12 30 2011
City	State Zip Code	Transaction ID : SA11AI.22395
Los Angeles	CA 90095-1668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr Earl Freymiller	•	Date of Receipt
Mailing Address 10833 Le Conte Ave		M = M / D = D / Y = Y = Y
CHS 53-076 City	State Zip Code	12 23 2011
Los Angeles	CA 90095-1668	Transaction ID : SA11AI.22401
	50093-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
UCLA- Medical Center	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Ronald Gaitros		Date of Receipt
Mailing Address 4201 Devonshire Ln		12 31 2011
City	State Zip Code	Transaction ID : SA11AI.22403
Wilmington	NC 28409-8145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
CURTOTAL of Passints This Page (entional)	600.00

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	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Bobby Garfinkel Mailing Address 800 W. Morse Blvd 1		Date of Receipt
Suite 2 City	State Zip Code	12 29 2011 Transaction ID : SA11AL 22406
City Winter Park	FL 32789	Transaction ID : SA11AI.22406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Oral & Maxillofacial Surgeons of Mid-F	Oral Surgeon	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Brent T. Garrison		Date of Receipt
Mailing Address 8140 Knue Road		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	12 16 2011 Transaction ID : \$A11A1 22408
Indianapolis	IN 46250	Transaction ID : SA11AI.22408 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer	Occupation	1
Self-Employed	Oral Surgeon	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Robert Gillum	1	Date of Receipt
Mailing Address 240 Woodwinds Lane		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22413
Wayzata	MN 55391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	-
Associated OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line number	` _	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Dr. E. Hancock		Date of Receipt
Mailing Address 240 Doctors Drive		12 30 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.22422
Boone	NC 28607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) . Dr. Harold Haney	1	Date of Receipt
Mailing Address State College		M = M / D = D / Y = Y = Y
232 S. Burrows St. City	State Zip Code	12 27 2011
State College	State Zip Code PA 16801	Transaction ID : SA11AI.22423
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Dr. James Heit	'	Date of Receipt
Mailing Address 6138 S. 102nd Ave.		12 16 2011
City	State Zip Code	Transaction ID : SA11AI.22428
Omaha	NE 68127-5415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	1075.00

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Full Name (Last, First, Middle Initial) Dr. David Hoffman		Date of Receipt
Mailing Address 1460 Victory Blvd.		12 29 2011
City	State Zip Code	Transaction ID : SA11AI.22430
Staten Island	NY 10301-3909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gregg Hosch		Date of Receipt
Mailing Address 10000 Watson Rd		M M / D D / Y Y Y Y
Suite A City	State Zip Code	12 07 2011 Transaction ID : \$44141 22426
St Louis	MO 63126-1841	Transaction ID : SA11AI.22436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Southwest Oral Surgery	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David Howard		Data of Possint
Mailing Address 12776 SW Bay Shore Drive	Э	Date of Receipt 12 29 2011
City Traverse City	State Zip Code MI 49684-5451	Transaction ID : SA11AI.22437 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		900.00

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NAME OF COMMITTEE (In Full)	AL AND MAYILLOFACIAL OURCEONS	2 DOLUTION ACTION COMMITTE
	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Dr. Richard Jackson		Date of Receipt
Mailing Address 2525 K Street Suite 101		12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22442
Sacramento	CA 95816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Richard F. Jackson DDS	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Arthur Jee		Date of Receipt
Mailing Address 13934 Baltimore Ave.		12 06 2011 _
City	State Zip Code	Transaction ID : SA11AI.22446
Laurel	MD 20707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)		
Lawrence Juvet		Date of Receipt
Mailing Address 71 Vine St City	State Zip Code	12 29 2011
Chestnut Hill	MA 02467	Transaction ID : SA11AI.22449 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)		775.00
TOTAL This Period (last page this line number	<u> </u>	

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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.

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) 1. Dr. Spiro Karras		Date of Receipt
Mailing Address 6677 North Lincoln Avenue Suite 330		12 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22452
Lincolnwood	IL 60712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Brent Kincaid		Date of Receipt
Mailing Address 518 Cross Creek Dr		12 29 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Colorado Saringo	State Zip Code	Transaction ID : SA11AI.22455
Colorado Springs	CO 80920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Timothy Koob		Date of Receipt
Mailing Address 5801 Research Park Blvd Suite 110		12 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22457
Madison	WI 53719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Madison Oral & Maxillofacial S	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	1400.00
TOTAL This Period (last page this line number	· ·	

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Full Name (Last, First, Middle Initial) Dr. Harold Krueger Mailing Address 6807 West 121st Street		
=	Date of Receipt	
		12 19 2011
City	State Zip Code	Transaction ID : SA11AI.22460
Overland Park	KS 66209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) . Dr. Thomas Kuerschner		Date of Receipt
Mailing Address 1602 North Randall Avenue		M = M / D = D / Y = Y = Y
City	State 7in Code	12 22 2011
City Janesville	State Zip Code WI 53545	Transaction ID : SA11AI.22464
	000.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Southern Wisconsin OMS	Self Employed	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Pritchard Lam		Date of December
		Date of Receipt
Mailing Address 1925 Parkside Dr.		12 31 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.22466
Concord	CA 94519-2525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Other (specify)	100.00	
SUBTOTAL of Receipts This Page (optional).		600.00

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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.

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 O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Dale Lentz		Date of Receipt
Mailing Address 7350 S McClintock Suite 101		12 22 2011
City Tempe	State Zip Code AZ 85283-3268	Transaction ID : SA11AI.22468 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer	Occupation	
Dale D Lentz DDS PC	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) 3. Allan Libunao		Date of Receipt
Mailing Address 580 E boughton Rd Ste B		12 112011
City	State Zip Code	12 11 2011 Transaction ID : SA11AI.22470
Bolingbrook	IL 60440-2390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Robert Lincoln		Date of Receipt
Mailing Address 372 Washington St.		12 22 2011
City Quincy	State Zip Code MA 02169	Transaction ID : SA11AI.22473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Receipt For:	Oral Surgeon	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	>	1250.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Dr. Matthew Lowe		Date of Receipt
Mailing Address 2711 South Rouse Suite A		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22475
Pittsburgh	KS 66762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Harry Mack	1	Date of Receipt
Mailing Address 5802 Nolensville Pike		M = M / D = D / Y = Y = Y
Suite 103	State Zin Code	12 30 2011
City Nashville	State Zip Code TN 37211	Transaction ID : SA11AI.22476
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Nashville OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2225 Eastern Ave		12 29 2011
City Traverse City	State Zip Code MI 49686-2847	Transaction ID : SA11AI.22477
Traverse City	MI 49686-2847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Grand Traverse Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (option	nal)	900.00
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TOTAL This Period (last page this line nu	mher only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Melanie Marshall		Date of Receipt
Mailing Address 420 Hermitage Ct		12 07 2011
City	State Zip Code	Transaction ID : SA11AI.22478
Charlotte	NC 28207-1412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Dr. James Maxwell		Date of Receipt
Mailing Address 2210 Olympic Street		12 22 _2011 _
City	State Zip Code	Transaction ID : SA11AI.22481
Springfield	OH 45503-2737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
James A. Maxwell Jr. DDs Inc	Oral & Maxillofacial Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Charles McNamara		Date of Receipt
Mailing Address 800 West Morse Blvd Suite 2		12 29 2011
City Winter Park	State Zip Code FL 32789	Transaction ID : SA11AI.22484 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	-
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, agrogate four to bate v	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)) >	1100.00
TOTAL This Period (last page this line numb	ner only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Dr. Coletta Miller Mailing Address 3740 E. Lake Center City Quincy	State Zip Code IL 62301	Date of Receipt 12 29 2011 Transaction ID: SA11Al.22487
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Oral Surgeon Aggregate Year-to-Date 500.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Ofilio Morales Mailing Address 7226 Black Bull Ln City Orlando FEC ID number of contributing federal political committee. Name of Employer Orland Oral Surgery Receipt For: Primary General Other (specify)	State Zip Code FL 32835 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	Date of Receipt 12 30 2011 Transaction ID: SA11AI.22489 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. George Muller Mailing Address 3415 Fifth St. City Rapid City FEC ID number of contributing federal political committee. Name of Employer Black Hill OMS Receipt For: Primary General Other (specify)	State Zip Code SD 57701-7330 C Occupation Oral Surgeon Aggregate Year-to-Date ▼ 400.00	Date of Receipt 12 29 2011 Transaction ID : SA11AI.22495 Amount of Each Receipt this Period 200.00
SUBTOTAL of Receipts This Page (optional)	·····	1200.00

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or for commercial purposes, other than using	g 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	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. K Kevin Neshat		Date of Receipt
Mailing Address 8305 Falls of Neuse Rd Suite 105		12 07 2011
City	State Zip Code	Transaction ID : SA11AI.22501
Raleigh	NC 27615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Gregory Ness		Date of Receipt
Mailing Address 13343 Tipple Point Rd		12 19 2011
City	State Zip Code	Transaction ID : SA11AI.22503
Midlothian	VA 23114-5554	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. David Park		Date of Receipt
Mailing Address 3610 N University Ave Suite 150		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22511
Provo	UT 84604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	1
self employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional	ıl)	1100.00
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Larry Pepper		Date of Receipt
Mailing Address 4700 Union Deposit Road Suite 260		12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22516
Harrisburg	PA 17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Central PA OMS	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jeffrey Persico		Date of Receipt
Mailing Address 4451 Satinwood Drive		12 06 2011
City	State Zip Code	Transaction ID : SA11AI.22517
Okemos	MI 48864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	1
Oral Surgery Associates of Lansing	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 961 East 45th Street		12 29 2011
City	State Zip Code	Transaction ID : SA11AI.22519
Brooklyn	NY 11203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line numbe	<u>·</u> _	

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

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	o solicit contributions from such committee.
	State Zip Code FL 33919 C Occupation Oral Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt M = M
Full Name (Last, First, Middle Initial) Benaifer Preziosi Mailing Address 418 Aurora Dr		Date of Receipt 12 07 2011
City Egg Hbr Twp FEC ID number of contributing federal political committee.	State Zip Code NJ 08234-7577	Transaction ID: SA11AI.22522 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Quon Mailing Address 5800 Ridgewood Suite 102 City Jackson FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MS 39211-2667 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	Date of Receipt 12 30 2011 Transaction ID: SA11Al.22523 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	_	1050.00
TOTAL This Period (last page this line numb	per only)	

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AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTED Full Marer (Last, Frist, Middle Initial) Dr Mark Roszkowski Mailing Address 10974 Almeda Ave City State Zip Code Inver Grove Height Mn 55077 FEC ID number of contributing federal political committee. Name of Employer Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ City State Zip Code Inversion State Section Oral Surgeon Full Name (Last, First, Middle Initial) Dr Steven Saxe Mailing Address 1570 South Rainbow Bivd City State Zip Code Inversion State Section Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Al22539 Amount of Each Receipt this Period Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Transaction ID: SA11Al22539 Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Transaction ID: SA11Al22539 Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Transaction ID: SA11Al22539 Transaction ID: SA11Al22539 Amount of Each Receipt Transaction ID: SA11Al22539 Transaction ID: S		the name and address of any political committee			
A. Dr Mark Roszkowski Mailing Address 10974 Almeda Ave City State Zip Code Inver Grove Height MN 55077 FEC ID number of contributing federal political committee. Name of Employer South Sturban Oral & Maxillota Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Amount of Each Receipt this Period City State Zip Code Transaction ID: SA11AL22539 Amount of Each Receipt British Period Date of Receipt Transaction ID: SA11AL22539 Amount of Each Receipt this Period Date of Receipt Wallough Date of Receipt Sand Namilota Period Date of Rec		RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE		
City State Zip Code MN S5077			Date of Receipt		
City State Zip Code MN 55077	Mailing Address 10974 Almeda Ave				
FEC ID number of contributing federal political committee. Name of Employer South Sburban Oral & Maxillofa Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Dr. Steven Saxe Mailing Address 1570 South Rainbow Blvd City State Zip Code NV 89146 FEC ID number of contributing federal political committee. Coccupation Oral Surgeon Receipt For: Primary General Oral & Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11A1.22539 Amount of Each Receipt this Period Edward Primary General Oral Surgeon Date of Receipt Transaction ID: SA11A1.22539 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11A1.22539 Amount of Each Receipt this Period Edward Primary General Oral Surgeon Date of Receipt Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Edward Primary General Oral Surgeon Oral Surgeon Aggregate Year-to-Date ▼ Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Transaction ID: SA11A1.22542 Amount of Each Receipt this Period Transaction ID: SA11A1.22542 Transa	City	State Zip Code			
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Primary General Other (specify) ▼ 400.00 Full Name (Last, First, Middle Initial) 3. Dr. Steven Saxe Mailing Address 1570 South Rainbow Bivd City State Zip Code NV 89146 FEC ID number of contributing (ederal political committee. Name of Employer General Other (specify) ▼ 400.00 Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Primary General Other (specify) ▼ 400.00 Full Rame (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Transaction ID: SA11Al.22539 Amount of Each Receipt this Period Transaction ID: SA11Al.22539 Amount of Each Receipt Transaction ID: SA11Al.22539 Amount of Each Receipt Transaction ID: SA11Al.22542 Transaction ID: SA11Al.22542 Transaction		Oral Surgeon			
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Mailing Address 1570 South Rainbow Blvd City State Zip Code NV 89146 FEC ID number of contributing federal political committee. C C Cocupation Oral Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Prairie Village Receipt His Period FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.22539 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.22539 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.22539 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.22539 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.22539 Date of Receipt Transaction ID: SA11AI.22542 Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.22542 Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Transaction ID:					
City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Prairie Village FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.22539 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.22539 Amount of Each Receipt this Period Date of Receipt Suite 203 City Prairie Village KS 66208 FEC ID number of contributing federal political committee. Name of Employer Oral & Facial Surgery Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼	B. Dr. Steven Saxe		Date of Receipt		
City	Mailing Address 1570 South Rainbow Blvd				
Las Vegas NV 89146 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Schugel Mailing Address 3700 West 83rd Street Suite 203 City State Zip Code KS 66208 FEC ID number of contributing federal political committee. Name of Employer Oral & Facial Surgery Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11Al.22542 Amount of Each Receipt this Period Transaction ID: SA11Al.22542 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	City	State Zip Code			
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Oral Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Schugel Mailing Address 3700 West 83rd Street Suite 203 City Prairie Village KS 66208 FEC ID number of contributing federal political committee. Name of Employer Oral & Facial Surgery Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : SA11AI.22542 Amount of Each Receipt this Period 375.00 Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	•				
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Self-Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Schugel Mailing Address 3700 West 83rd Street Suite 203 City State Zip Code KS 66208 FEC ID number of contributing federal political committee. Name of Employer Oral & Facial Surgery Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt 12 2 2 2011 Transaction ID : SA11Al.22542 Amount of Each Receipt this Period 375.00	· ·	[C]	200.00		
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 3700 West 83rd Street Suite 203 City Prairie Village FEC ID number of contributing federal political committee. Name of Employer Oral & Facial Surgery Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : SA11Al.22542 Amount of Each Receipt this Period 375.00	. ,	Occupation			
Primary		Oral Surgeon			
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Schugel Mailing Address 3700 West 83rd Street Suite 203 City Prairie Village FEC ID number of contributing federal political committee. Name of Employer Oral & Facial Surgery Associates Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Table 1400.00 Date of Receipt MM M		Aggregate Year-to-Date ▼			
Date of Receipt Mailing Address 3700 West 83rd Street Suite 203 City Prairie Village FEC ID number of contributing federal political committee. Name of Employer Oral & Facial Surgery Associates Receipt For: Primary Other (specify) ▼ Date of Receipt M M M J D D J J J J J J J J J J J J J J		400.00			
Mailing Address 3700 West 83rd Street Suite 203 City Prairie Village FEC ID number of contributing federal political committee. Name of Employer Oral & Facial Surgery Associates Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11AI.22542 Amount of Each Receipt this Period Transaction ID: SA11AI.22542 Amount of Each Receipt this Period 375.00			Date of Receipt		
Prairie Village KS 66208 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Oral & Facial Surgery Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	Mailing Address 3700 West 83rd Street		M = M / D = D / Y = Y = Y		
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Name of Employer Oral & Facial Surgery Associates Receipt For: Primary Other (specify) ▼ Occupation Oral Surgeon Aggregate Year-to-Date ▼ 375.00	Prairie Village	KS 66208	Amount of Each Receipt this Period		
Oral & Facial Surgery Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	9	C	375.00		
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	Name of Employer	+			
Primary General Other (specify) ▼ 375.00		8 7			
Other (specify) ▼ 375.00		Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)		375.00			
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	775.00		
TOTAL This Period (last page this line number only)	TOTAL This Period (last page this line numb	per only)			

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or for commercial purposes, other than using	the name and address of any political committee					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) A. Gary Schween						
Mailing Address 5002 Foote Rd		12 27 2011				
City	Transaction ID : SA11AI.22546					
medina	OH 44256	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	375.00				
Name of Employer	Occupation					
Benninger Schween and Schmidt	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	375.00					
Full Name (Last, First, Middle Initial) 3. Bethany Serafin Awalt	I.	Date of Receipt				
Mailing Address 9332 Owings Choice Court		M = M / D = D / Y = Y = Y				
City	State Zip Code	12 07 2011 Transaction ID 044441 20542				
Owings Mills	MD 21117	Transaction ID : SA11AI.22548				
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Self Employed	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	450.00					
Full Name (Last, First, Middle Initial) C. Eric Smiga		Date of Receipt				
Mailing Address 3347 Forbes Ave Suite 200		12 22 2011				
City Pittsburgh	State Zip Code PA 15213	Transaction ID : SA11AI.22553 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer						
Self Employed						
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General						
Other (specify) ▼	400.00					
SUBTOTAL of Receipts This Page (optional)		1025.00				
TOTAL This Period (last page this line numb	er only)					

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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.

or for commercial purposes, other than usin	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Barry Stein		Date of Receipt
Mailing Address 211 West Beaver Avenue		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22561
State College	PA 16801-4819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	-
Tri-County Oral Facial Surgeons	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Stephen Wat	•	Date of Receipt
Mailing Address 19600 Clement Dr		12 29 2011
City	State Zip Code	Transaction ID : SA11AI.22582
Castro Valley	CA 94552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eric Woolbright	'	Date of Receipt
Mailing Address 3007 Spring Mill Dr.		12 29 2011
City	State Zip Code	Transaction ID : SA11AI.22592
Springfield	IL 62704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Springfield Associates in OMS Ltd	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (options	al)	750.00
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TOTAL This Period (last page this line nur	nber only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Alvin Yadgood		Date of Receipt
Mailing Address 87 Woodcrest Dr		12 22 2011
City	State Zip Code	Transaction ID : SA11AI.22593
North Andover	MA 01845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Northern Essex Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Robert Yudell		Date of Receipt
Mailing Address 23 Hoyt Street		12 14 2011
City	State Zip Code	Transaction ID : SA11AI.22596
Stamford	CT 06905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Dr. Timothy Zuck		Date of Receipt
Mailing Address 200 East Washington Street		12 21 2011
City	State Zip Code	Transaction ID : SA11AI.22598
Appleton	WI 54911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
OMS Surgical Associates	Oral surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1200.00
TOTAL This Period (last page this line numbe	r only)	28025.00

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SCHEDULE A (FEC Form 3X))	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 X 17				
Any information copied from such Reports and or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND M	AXILLOFACIAL SURGEO	NS POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) The Northern Trust Company			Date of Receipt				
Mailing Address 1501 Woodfield Road City	State	Zip Code	12 08 2011 Transaction ID : SA17.22601				
Schaumburg	IL	60173	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		9.76				
Name of Employer	Occupation		CD Interest				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 445.73					
Full Name (Last, First, Middle Initial)	•						

	City	State	Zip Code	Transaction ID : SA17.22601
	Schaumburg	IL	60173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		9.76
	Name of Employer	Occupation		CD Interest
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	∕ear-to-Date ▼ 445.73	
В.	Full Name (Last, First, Middle Initial) The Northern Trust Company			Date of Receipt
	Mailing Address 1501 Woodfield Road		7: 0.1	12 31 2011
	City Schaumburg	State IL	Zip Code 60173	Transaction ID : SA17.22600
	FEC ID number of contributing federal political committee.	С	00175	Amount of Each Receipt this Period 5.73
	Name of Employer	Occupation		Bank Interest
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 451.46	
 С.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address	_		M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼	
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FEC Schedule A (Form 3X) Rev. 02/2003

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SC	CHEDULE B (FEC Form 3X)	11	to sale 1.1.4.5	FOR LINE	NUMBER:		PAGE 3	34 OF 39
ITI	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 27	y one) 22 28a	23 28b		25 <u>26</u> 29 30
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	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAX	ILLOFACIAL	SURGEON	S POLITIC	CAL ACT	TION COM	IMITTEE
_	Full Name (Last, First, Middle Initial)				D	· ·		
Α.	American Association of Oral and Maxillofacial Surgeons			Date of L	Disburseme	ent / Y Y	V	
	Mailing Address 9700 W. Bryn Mawr				12	31	201	
	•	State	Zip Code		Transac	tion ID : S	SB21B.22610)
	Rosemont Purpose of Disbursement	IL	60018					
	4th Qtr Staff Support				Amount of	f Each Di	sbursement t	his Period
	Candidate Name			Category/ Type			2	7496.66
	President	nent For: Primary Other (spec	General □	туре		7		
_	State: District:							
В.	Full Name (Last, First, Middle Initial) Paypal				Date of [Disburseme	ent	
	Mailing Address 2211 N. First Street				12	21	201	
	San Jose	State CA	Zip Code 95131		Transa	ction ID : S	SB21B.22603	3
	Purpose of Disbursement Paypal collection fee				Amount of	f Each Di	sbursement t	his Period
	Candidate Name			Category/ Type		7	-,	14.80
	Office Sought: House Disbursen	nent For: Primary Other (spec	☐ General					
_	Full Name (Last, First, Middle Initial)							
C.	Paypal				Date of [Disburseme		
	Mailing Address 2211 N. First Street				12	29	201	
	City	State	Zip Code		Transa	tion ID . 9	SB21B.22604	
		CA	95131		Hallsa	. עו ווטווי	3DZ I D.ZZ004	•
	Purpose of Disbursement Paypal Collection Fee							
	Candidate Name			Category/ Type	Amount o	it Each Di	sbursement t	3.20
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spec	General ify) ▼	турс		,	7	
Г	Side.							
s	UBTOTAL of Disbursements This Page (optional)			<u> </u>		7	27	7514.66
Т	OTAL This Period (last page this line number only)					7		

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 35 OF 39			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				
II LIVIIZED DISDUNSEIVIEN IS		X 21b	22 23 24 25	<u> </u>	
	Detailed Summary Page	27	28a 28b 28c 29	30b	
Any information copied from such Reports and Statem	ents may not be sold or use	d by any perso	on for the purpose of soliciting contribut	tions	
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
$ \; angle$ AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL S	SURGEONS	S POLITICAL ACTION COMMIT	ITEE	
Full Name (Last, First, Middle Initial)					
A. The Northern Trust Company			Date of Disbursement		
			12 05 7 9 9 9 9		
Mailing Address 1501 Woodfield Road					
City	state Zip Code				
Schaumburg	IL 60173		Transaction ID : SB21B.22602		
Purpose of Disbursement					
Bank Fee			Amount of Each Disbursement this F	Period	
Candidate Name		Category/	106	5.96	
Office Sought: House Disbursem	nent For:	Туре			
	Primary General				
	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)	,				
В.	Date of Disbursement				
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Mailing Address					
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Durnoss of Dishursoment	T				
Purpose of Disbursement			Amount of Each Disbursement this F	Period	
Candidate Name		Category/		-	
		Type			
Office Sought: House Disbursem	nent For:				
	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
Tuil realite (East, 1 list, Milital)			Date of Disbursement		
C.			M = M / D = D / Y = Y = Y	Υ	
Mailing Address					
City	state Zip Code				
Purpose of Disbursement	Purpose of Dichurcoment				
1 dipose of Disbursefficial			Amount of Each Disbursement this F	Doriod	
Candidate Name	Candidate Name Category/		Amount of Each Dispursement this F	enod	
		Type			
Office Sought: House Disbursem					
	Primary General				
State: District:	Other (specify) ▼				
State. DISTRICT.					
SUBTOTAL of Disbursements This Page (optional)			106	.96	
COSTOTAL OF DISDUISEMENTS THIS Fage (Optional)		·····		#	
TOTAL This Period (last page this line number only).			27621	.62	

SCH	HEDULE B (FEC Form 3X)	Han agreement 1 1 1 1 1	, FOR LINE	NUMBER: PAGE 36 OF 39
ITEI	MIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	information copied from such Reports and Staten r commercial purposes, other than using the nam			
· \	AME OF COMMITTEE (In Full) MERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAI	SURGEONS	S POLITICAL ACTION COMMITTEE
_	ull Name (Last, First, Middle Initial)		N N 4	Date of Disbursement
_	COMMITTEE TO ELECT MICHELI	LE LUJAN GRISH/	AIVI	M M / D D / Y Y Y Y
M 	ailing Address 2015 DIETZ PL NW			12 09 2011
Al	LBUQUERQUE	State Zip Code NM 87107		Transaction ID : SB23.22606
	urpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
C	andidate Name		Category/ Type	5000.00
Ō		nent For: 2012 Primary General Other (specify)	7,7,0	
	tate: NM District: 01			
	ull Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN			Date of Disbursement
M	ailing Address PO BOX 12567			12 14 2011
С	OLUMBIA	State Zip Code SC 29211		Transaction ID : SB23.22608
	urpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
C	andidate Name		Category/ Type	4000.00
	Senate	nent For: 2012 Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS			Date of Disbursement
M	Mailing Address PO BOX 586			12 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	,	State Zip Code MT 59624		Transaction ID : SB23.22607
	urpose of Disbursement Federal Campaign Contribution			
	andidate Name		Category/ Type	Amount of Each Disbursement this Period 5000.00
	ffice Sought: House Senate President tate: MT District: 00	nent For: 2012 Primary General Other (specify)		
				44000.00
SUE	STOTAL of Disbursements This Page (optional)		<u> </u>	14000.00
TOT	TAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 37 OF 39
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial)			
PAUL GOSAR FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 3586			12 14 2011
City S FLAGSTAFF	State Zip Code AZ 86003		Transaction ID : SB23.22609
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate	nent For: 2012 Primary ☐ General Other (specify) ▼		
State: AZ District: 01			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
2.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Amount of Lacif Disbursement this Period
Office Sought: House Senate President State: Disbursen	nent For: Primary General Other (specify) ▼	71-	
Giato. District.			
SUBTOTAL of Disbursements This Page (optional)		······································	5000.00
TOTAL This Period (last page this line number only)			19000.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Amount Incurred This Period

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

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X 9 10

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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) of Debtor or Creditor Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09 Illinois Department of Revenue Mailing Address PO Box 19008 City State Zip Code Springfield 62794-9008 Transaction ID: SD9.18338 Outstanding Balance Beginning This Period 251.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45.00 206.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Tax Overpymt for 2009 carryover 2010 Illinois Department of Revenue Mailing Address PO Box 19008 City State Zip Code Springfield 62794-9008 IL Outstanding Balance Beginning This Period Transaction ID: SD9.19670 7.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 7.00 0.00 0.00 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

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

Payment This Period

Outstanding Balance at Close of This Period

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

39 OF

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X	10

39

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 Nature of Debt (Purpose): Federal Tx Owed for 2011 activity U. S. Treasury Mailing Address Attention Tax Department State Zip Code Kansas City 64999 Transaction ID: SD10.22611 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 128.00 128.00 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 128.00 1) SUBTOTALS This Period This Page (optional)..... 128.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 128.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶