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Image# 201510209003131224

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

PORIVI 3X	For Other Than An Au	uthorized Committee	•	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 12FE4	M5
AMERICAN ASSOCIATION	ON OF ORAL AND MAX	XILLOFACIAL SURG	EONS POLITICA	AL ACTION COMMITTEE
<u> </u>				
ADDRESS (number and street) ▼	9700 WEST BRYN MAWR	R AVE.		
Check if different than previously reported. (ACC)	ROSEMONT		IL IL	60018
2. FEC IDENTIFICATION N	UMBER ▼ C	CITY 🛦	STATE ▲	ZIP CODE ▲
C C00005660	3.	IS THIS REPORT X (N		AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On: M	ar 20 (M3) Ju	n 20 (M6)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12)	Gen PC) Spec	Oct 20 (M10) Jan 31 (YE) eral (12G) Runoff (12R) cial (12S)
January 31 Year-End Report (\	rE) Elec	tion on	D D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Run	off (30R) Special (30S)
Termination Report (TER)		tion on	D = D / Y = Y = Y	in the State of
5. Covering Period 09	9 01 2015		09 30	2015
I certify that I have examined the Type or Print Name of Treasure	·	of my knowledge and be	lief it is true, correc	t and complete.
Signature of Treasurer Murr	ray Jacobs	[Electronically I	Filed] Date	10 20 7 2015
NOTE: Submission of false, erron	eous, or incomplete informat	ion may subject the perso	n 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

01 09 30 2015 Report Covering the Period: 09 2015 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 571982.86 January 1. 2015 (b) Cash on Hand at 561597.76 Beginning of Reporting Period..... 112160.24 11391.33 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 572989.09 684143.10 6(a) and 6(c) for Column B)..... 42219.01 153373.02 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 530770.08 530770.08 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 166.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 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:	Total Timo I office	Calendar Year-to-Date			
(a) Individuals/Persons Other					
Than Political Committees					
(i) Itemized (use Schedule A)	10500.00	102083.00			
(ii) Unitemized	855.00	6041.28			
(iii) TOTAL (add	44055.00	40042420			
Lines 11(a)(i) and (ii)▶	11355.00	108124.28			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	7				
(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)▶	11355.00	108124.28			
. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
	0.00				
. All Loans Received	0.00	0.00			
Loan Repayments Received	0.00	0.00			
. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,				
(Refunds, Rebates, etc.)	200				
(Carry Totals to Line 37, page 5)	0.00	0.00			
. Refunds of Contributions Made					
to Federal Candidates and Other	0.00	3750.00			
Political Committees	0.00	3750.00			
Other Federal Receipts	20.22	285.96			
(Dividends, Interest, etc.)	36.33	203.90			
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
(7	, , ,			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(b) Leviii i ulius (liolii Schedule 115)	7				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
(6) 10111 1111101010 (111110110)					
. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	11391.33	112160.24			
Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	11391.33	112160.24			

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	219.01	6923.02			
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	219.01	6923.02			
22.	Transfers to Affiliated/Other Party					
23	CommitteesContributions to	0.00	0.00			
-0.	Federal Candidates/Committees and Other Political Committees	42000.00	146200.00			
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	250.00			
	(b) Political Party Committees	0.00	0.00			
	(c) Other Political Committees	0.00	0.00			
	(such as PACs)	0.00				
	(d) Total Contribution Refunds	0.00	050.00			
	(add Lines 28(a), (b), and (c))▶	0.00	250.00			
29.	Other Disbursements	0.00	0.00			
30.	Federal Election Activity (2 U.S.C. §431(20))					
	(a) Allocated Federal Election Activity					
	(from Schedule H6)	0.00	0.00			
	(i) Federal Share	3.00				
	(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))	42219.01	153373.02			
32.						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	42219.01	153373.02			
	from Line 31)	72213.01	155575.02			

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)	11355.00	108124.28
4. Total Contribution Refunds (from Line 28(d))	0.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11355.00	107874.28
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	219.01	6923.02
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	219.01	6923.02

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

	_	R LINE	PAGE	6	OF	22		
(check only one)								
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Full Name (Last, First, Middle Initial)	AL AND MAXILLOFACIAL SURGEONS	
Lis Arocho		Date of Receipt
Mailing Address P.O. Box 1088		09 25 2015
City	State Zip Code	Transaction ID : SA11AI.27757
Trujillo Alto	PR 00977	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) ▼	250.00	
Full Name (Last, First, Middle Initial) David Barnett		Date of Receipt
Mailing Address 7341 Jefferson Hwy		M = M / D = D / Y = Y = Y
Ste A	State 7'in Code	09 28 2015
City Raton Rouge	State Zip Code LA 70806	Transaction ID : SA11AI.27759
Baton Rouge	27, 70000	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) ▼	250.00	
Full Name (Last, First, Middle Initial) Vincent DiFabio		Date of Receipt
Mailing Address 198 Thomas Johnson Dr Suite 101		09 25 2015
City Frederick	State Zip Code MD 21702	Transaction ID : SA11AI.27767 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1000.00	

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

FOR LINE NUMBER:						PAGE	7	OF	22	
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			13		14		15	16	6	17

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Christopher First		Date of Receipt
Mailing Address 2500 Nesconset Hwy Bldg 24A		09 03 2015
City	State Zip Code	Transaction ID : SA11AI.27768
Stony Brook	NY 11790	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	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) James Freeman		Date of Receipt
Mailing Address 252 Charles Rd		09 25 2015
City	State Zip Code	Transaction ID : SA11AI.27769
Williston	VT 05495	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Champlain Valley OMS	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Mary Grote		Date of Receipt
Mailing Address 301A S. Roosevelt Dr		09 03 2015
City	State Zip Code	Transaction ID : SA11AI.27771
Beaver Dam	WI 53916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer	Occupation	
Mary A Grote DDS	Oral Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:						PAGE	8	OF	22
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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) 1. John Guariglia		Date of Receipt
Mailing Address 2500 Nesconset Hwy Bldg 24 A	State 7in Codo	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stony Brook	State Zip Code NY 11790	Transaction ID : SA11AI.27772 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Suffolk Oral Surgery Associate	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. James Gustainis		Date of Receipt
Mailing Address 600 East Marshall Street		M = M / D = D / Y = Y = Y = Y
Suite 106	State Zip Code	09 28 2015 Transaction ID : \$A11A1 27773
West Chester	PA 19380	Transaction ID : SA11AI.27773 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS Associates in Chester Coun	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Michael Hesterberg		Date of Receipt
Mailing Address 2900 Frank Scott Pkwy W Suite 960		09 28 2015
City Belleville	State Zip Code IL 62223	Transaction ID : SA11AI.27775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Southern Illinois OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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

					PAGE	9	OF	22	
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or for commercial purposes, other than using	ig the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) J Jeffrey Hockema		Date of Receipt
Mailing Address 3021 E 98th St Suite 250		09 18 2015
City	State Zip Code IN 46280	Transaction ID : SA11AI.27776
Indianapolis	IN 46280	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Indiana Oral & Maxillofacial	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gregg Hosch	1	Date of Receipt
Mailing Address 10000 Watson Rd Suite A		09 03 2015 _
City	State Zip Code	Transaction ID : SA11Al.27778
St Louis	MO 63126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Southwest Oral Surgery	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) A Thomas Indresano	I	Date of Receipt
Mailing Address 155 5th St		M M / D D / Y Y Y Y
Dept of OMS		09 03 2015
City San Francisco	State Zip Code CA 94103	Transaction ID : SA11AI.27779 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
University of the Pacific	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (ontion:	al)	1750.00
TOTAL This Period (last page this line nur	mber only)	1

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

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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 OR	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Matthew Johnson		Date of Receipt
Mailing Address 229 Medical Park Rd Ste 310		09 11 2015
City	State Zip Code	Transaction ID : SA11AI.27780
Mooresville	NC 28117	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) ▼	250.00	
Full Name (Last, First, Middle Initial) Guenter Jonke		Date of Receipt
Mailing Address 2500 Nesconset Hwy		M = M / D = D / Y = Y = Y
Bldg 24A	State 7in Code	09 28 2015
City Stony Brook	State Zip Code NY 11790	Transaction ID : SA11AI.27781
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Suffolk Oral Surgery Associate	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas Keane		Date of Receipt
Mailing Address 8900 Penn Ave S Ste 211		09 28 2015
City	State Zip Code	Transaction ID : SA11AI.27782
Bloomington	MN 55431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Esthesia Oral Surgery Care	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	er only)	

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

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Full Name (Last, First, Middle Initial) Timothy Kelling Mailing Address 4 Fairfield Dr		Date of Receipt
City	State 7in Code	09 03 2015
City Queensbury	State Zip Code NY 12804	Transaction ID : SA11AI.27783
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Northeast Surgical Specialists	Oral Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Larry Moore		Date of Receipt
Mailing Address 4200 Chino Hills Pkwy		M = M / D = D / Y = Y = Y
Suite 805 City	State Zip Code	09 28 2015 Transaction ID : SA11Al.27790
Chino Hills	CA 91709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Chino Hills Oral Surgery Cente	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Justin Mull	-	Date of Receipt
Mailing Address 251 Heath St Apt 216		09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jamaica Plain	State Zip Code MA 02130	Transaction ID : SA11AI.27791 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) ▼	250.00	

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

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Steven Nelson Mailing Address 6850 East Hampden Aver Suite 202 City Denver	State Zip Code CO 80224	Date of Receipt M = M
FEC ID number of contributing federal political committee. Name of Employer Nelson & Rollert Associates In Receipt For: Primary General Other (specify)	Occupation Oral Surgeon Aggregate Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) William Nelson Mailing Address 480 Saint Marys Blvd City Green Bay FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WI 54301 C Occupation Oral Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 99 03 2015 Transaction ID: SA11Al.27793 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Bolaji Ogundare Mailing Address 330 East 38th Street Apt 40N City New York FEC ID number of contributing federal political committee. Name of Employer NYU Dental Faculty Practice Receipt For: Primary General Other (specify)	State Zip Code NY 10016 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2015 Transaction ID : SA11AI.27794 Amount of Each Receipt this Period
)	1750.00

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

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	ng the name and address of any political committee	
AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEO	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Kendall Sims		Date of Receipt
Mailing Address 3177 Hidden Creek Dr		09 22 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.27805
Antioch	TN 37013	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) ▼	250.00	
Full Name (Last, First, Middle Initial) David Smeltzer		Date of Receipt
Mailing Address 3705 Olentangy River Re	oad	M = M / D = D / Y = Y = Y
Suite 200	Obst. 7: 0	09 03 2015
City	State Zip Code	Transaction ID : SA11AI.27807
Columbus	OH 43214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
David A Smeltzer DDS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Suzanne Stucki-McCormick		Date of Receipt
Mailing Address 289 Hygeia Ct		09 03 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.27809
Encinitas	CA 92024	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) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
	·	
TOTAL This Period (last page this line nul	mper oniv)	

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

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	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. Edyee Sturgill		Date of Receipt
Mailing Address 895 Wilkinson Trace Suite B		09 03 / 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.27810
Bowling Green	KY 42103	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 ▼	7
Primary General	35 3 1 3-4.0 1	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Harold Tu		Date of Receipt
Mailing Address 515 Delaware St SE		M = M / D = D / Y = Y = Y
7-174 Moost		09 28 2015
City	State Zip Code	Transaction ID : SA11AI.27815
Minneapolis	MN 55455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
University of Minnesota	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2003 Forsythe Avenue		09 03 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.27816
Monroe	LA 71201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral Surgery Associates	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line numb	<u>_</u>	10500.00

	F	OR	LINE	NU	MBER	:	PAGE	 15 O	F	22	
Use separate schedule(s)	(0	che	ck only	or	ne)						
for each category of the Detailed Summary Page			11a		11b		11c	12			
Betailed Gariffiary 1 age			13		14		15	16	X	17	
not be sold or used by any pedress of any political committee											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MB Financial Bank Date of Receipt Mailing Address 6111 North River Rd 30 2015 City State Zip Code Transaction ID: SA17.27817 60018 IL Rosemont Amount of Each Receipt this Period FEC ID number of contributing C 36.33 federal political committee. Interest Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 272.85 Other (specify) Full Name (Last, First, Middle Initial) B. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 36.33 SUBTOTAL of Receipts This Page (optional)..... 36.33 TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)			T = 0.0	NUMBER: PAGE 16 OF 22						
	•	Use separate s	schedule(s)	FOR LINE N	-		FAG	_ 10	OI 22		
П	EMIZED DISBURSEMENTS	for each categ	ory of the	X 21b	22	23 [24	25	□ 26		
		Detailed Summ	nary Page	27	28a	28b	28c	29	30b		
_	ny information conied from such December and Co.	onto recessione	مماط عند : : -								
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam										
Ĺ	NAME OF COMMITTEE (In Full)		, μ σσα								
$ \rangle$	AMERICAN ASSOCIATION OF ORAL A	ND MAXILLO	DEACIAL S	SURGEONS	POI ITIC	۱۵ ۵۲	TION C		ITTEE		
/	, WENGAN AGOODATION OF ORAL P	"4D MYVILL	JI NOIAL C	JONOLONO	ST SETTIONE ACTION CONTINUE TEE						
<u></u>	Full Name (Last, First, Middle Initial)										
A.	MB Financial Bank				Date of Dis	sbursen	nent				
					M M / D D / Y Y Y Y						
	Mailing Address 6111 North River Rd				09	03	11.	2015	.		
	City		Code		Transact	ion ID ·	SB21B.27	7818			
	Rosemont	IL 600	118		ransaut	.J., ID .	JUL 10.2	. 0 10			
	Purpose of Disbursement Credit Card Processing Fees				America	F1 7	Nah		Davidsort		
					Amount of	⊨ach D	isbursem	ent this	Period		
	Candidate Name			Category/				15	5.33		
	Office Cought: House	aont Carr		Туре		7	7				
	Office Sought: House Disbursen Senate		Conoral								
	Senate President	Primary Other (specify)	General —								
	State: District:	Other (specify)	▼								
_	Full Name (Last, First, Middle Initial)										
R	•				Date of Dis	churcan	nont				
٠.	Paypal										
	Mailing Address 2211 N. First Street				09	03		2015	Y		
	ZZTT N. FIISt STEET				UĐ	US		2010	_		
	City	State Zip	Code				00015	7040			
	San Jose	CA 951			ıransact	ion ID :	SB21B.2	/ ช 19			
	Purpose of Disbursement										
	Paypal Collection Fees			[]	Amount of Each Dis		Disbursem	sbursement this Period			
	Candidate Name			Category/					5.25		
				Type		7	7		J.2J		
	Office Sought: House Disbursen		_								
		Primary	General								
		Other (specify)	▼								
_	State: District:										
_	Full Name (Last, First, Middle Initial)				Date of D'						
U.	Paypal				Date of Di	soursen					
	Moiling Address 2044 N. First Street				M M /	10		2015	Y		
	Mailing Address 2211 N. First Street				09	18		2015			
	City S	State Zip	Code								
	San Jose	CA 951			Transact	ion ID :	SB21B.2	7820			
	Purpose of Disbursement										
	Paypal Collection Fees				Amount of	Each D	Disbursem	ent this	Period		
	Candidate Name			Category/			. 50.71				
				Type		7			9.80		
	Office Sought: House Disbursen	nent For:	'								
	Senate	Primary	General								
	President	Other (specify)	▼								
	State: District:										
Г						-	-				
s	SUBTOTAL of Disbursements This Page (optional)					,		18	0.38		
Г						-					
ĺτ	OTAL This Period (last nage this line number only)										

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SCHEDULE B (FEC Form 3X)	Harris A. C. C.	FOR LINE	NUMBER:	PAGE 17 OF 22
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Criccit Orliy		
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State				
or for commercial purposes, other than using the nat				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL	SURGEONS	S POLITICAL AC	TION COMMITTEE
Full Name (Last, First, Middle Initial)				
A. Paypal			Date of Disbursen	
Mailing Address 2211 N. First Street			09 25	
City	State Zip Code		Transaction ID :	SP21P 27921
San Jose Purpose of Disbursement	CA 95131		mansaction ib .	3B21B.27021
Paypal collection fees			Amount of Each D	Disbursement this Period
Candidate Name		Category/		05.40
		Type		35.43
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			
State: District:	Canol (opeony) V			
Full Name (Last, First, Middle Initial)				
B. Paypal			Date of Disbursen	
Mailing Address 2211 N. First Street			09 28	2015
City San Jose	State Zip Code CA 95131		Transaction ID :	SB21B.27822
Purpose of Disbursement Paypal collection fees			Amount of Each D	Disbursement this Period
Candidate Name		Category/ Type		3.20
Senate President	ment For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disbursen	
Mailing Address			M M / D D	, , , , , , , ,
City	State Zip Code			
Purpose of Disbursement		· · ·		
Candidate Name		Category/ Type	Amount of Each D	Disbursement this Period
Senate President	ment For: Primary General Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only				38.63

SCHEDULE B (FEC Form 3X)	Han annual de la Ca	FOR LINE	NUMBER: PAGE 18 OF 22
ITEMIZED DISBURSEMENTS	Use separate schedule(si for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
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)			Data of Dishussans
A. AMI BERA FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 582496			09 18 2015
,	State Zip Code		Transaction ID : SB23,27830
ELK GROVE Purpose of Disbursement	CA 95758		
Federal Campaign Contribtuion			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Office Sought: Y House Disburser	ment For: 2016	Туре	2000.00
	Primary General Other (specify) ▼		
State: CA District: 07			
Full Name (Last, First, Middle Initial) B. DR. RAUL RUIZ FOR CONGRESS	6		Date of Disbursement
Mailing Address PO BOX 3433			09 18 2015
City	State Zip Code		Transaction ID : SB23.27833
PALM DESERT	CA 92261		Transaction ID: 3B23.27633
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2000.00
	nent For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
C. DR BRIAN BABIN FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 159			09 18 2015
WOODVILLE	State Zip Code TX 75979		Transaction ID : SB23.27829
Purpose of Disbursement Federal Campaign Contribution			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 4000.00
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)	Турс	
SUBTOTAL of Disbursements This Page (optional)			8000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. FRIENDS OF JOE PITTS			M M / D D / Y Y Y Y
Mailing Address PO BOX 775			09 24 2015
UNIONVILLE	tate Zip Code PA 19375		Transaction ID : SB23.27834
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate President	ent For: 2016 Primary General Other (specify)		
State: PA District: 16 Full Name (Last, First, Middle Initial)			
B. FRIENDS OF ROY BLUNT			Date of Disbursement
Mailing Address PO BOX 10178			09 18 2015
,	tate Zip Code MO 65205		Transaction ID : SB23.27831
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate X	ent For: 2016 Primary		
Full Name (Last, First, Middle Initial) C. MICHAEL BURGESS FOR CONGE	RESS		Date of Disbursement
Mailing Address PO BOX 2334			09 18 2015
DENTON	tate Zip Code TX 76202		Transaction ID : SB23.27832
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period 5000.00
Senate	ent For: 2016 Primary General Other (specify)	31 -	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			15000.00

ITEMIZED DISBURSEMENTS	I than		FOR LINE 1	NUMBER: PAGE 20 OF 22
	Use separate for each cated Detailed Sumi	gory of the	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
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)				Data of Dishurasment
A. MIKE HONDA FOR CONGRESS				Date of Disbursement
Mailing Address C/O CONTRIBUTION SOLUTIONS 123 E. SAN CARLOS STREET, #5	31			09 24 2015
City S SAN JOSE		Code 112		Transaction ID : SB23.27835
Purpose of Disbursement Federal Campaign Contribution				Amount of Each Disbursement this Period
Candidate Name			Category/ Type	2000.00
	nent For: 2016 Primary Other (specify)	General	.,,,,,	
Full Name (Last, First, Middle Initial) B. PAUL GOSAR FOR CONGRESS				Date of Disbursement
Mailing Address PO BOX 2967				09 14 2015
PRESCOTT		Code 302		Transaction ID : SB23.27826
Purpose of Disbursement Federal Campaign Contribution		- 1		Amount of Each Disbursement this Period
Candidate Name			Category/ Type	5000.00
Office Sought: Y House Disbursen	nent For: 2016	General		
Senate	Primary X Other (specify)			
State: AZ District: 04 Full Name (Last, First, Middle Initial)	Other (specify)	▼		Date of Disbursement
State: AZ District: 04 Full Name (Last, First, Middle Initial)	Other (specify)	▼		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: AZ District: 04 Full Name (Last, First, Middle Initial) PRENEE ELLMERS FOR CONGRE Mailing Address PO BOX 99567 City RALEIGH	Other (specify) SS COMM State Zip	▼		M M / D D / Y Y Y Y
Senate President State: AZ District: 04 Full Name (Last, First, Middle Initial) C- RENEE ELLMERS FOR CONGRE Mailing Address PO BOX 99567 City RALEIGH Purpose of Disbursement Federal Campaign Contribution	Other (specify) SS COMM State Zip	ITTEE		09 / 14 / 2015
Senate President State: AZ District: 04 Full Name (Last, First, Middle Initial) C. RENEE ELLMERS FOR CONGRE Mailing Address PO BOX 99567 City RALEIGH Purpose of Disbursement	Other (specify) SS COMM State Zip	ITTEE	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: AZ District: 04 Full Name (Last, First, Middle Initial) C. RENEE ELLMERS FOR CONGRE Mailing Address PO BOX 99567 City RALEIGH Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Disbursement	Other (specify) SS COMM State Zip	TTTEE Code 624 General		Transaction ID : SB23.27827 Amount of Each Disbursement this Period
Senate President State: AZ District: 04 Full Name (Last, First, Middle Initial) C. RENEE ELLMERS FOR CONGRE Mailing Address PO BOX 99567 City RALEIGH Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Senate President Disbursem	Other (specify) SS COMM State Zip NC 270 ment For: 2016 Primary Other (specify)	Code 624 General	Type	Transaction ID : SB23.27827 Amount of Each Disbursement this Period

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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 21 OF 22
ITEMIZED 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)			5
A. RYAN COSTELLO FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 3154			09 02 2015
•	State Zip Code		Transaction ID : SB23.27823
WEST CHESTER Purpose of Disbursement	PA 19381		
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2000.00
	nent For: 2016 Primary General Other (specify)	1,500	
Full Name (Last, First, Middle Initial)			
B. SIMPSON FOR CONGRESS			Date of Disbursement
Mailing Address 1487 PARKWAY DRIVE			09 14 2015
City S BLACKFOOT Purpose of Disbursement	State Zip Code ID 83221		Transaction ID : SB23.27828
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name	'	Category/ Type	5000.00
	nent For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
			M = M / D = D / 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 Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
			7000
SUBTOTAL of Disbursements This Page (optional)		·····•	7000.00
TOTAL This Period (last page this line number only)			42000.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

22 OF

X 9 10

22

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): State Tax Overpymt for 2008 carryover 09 Illinois Department of Revenue Mailing Address PO Box 19008 State Zip Code Springfield 62794-9008 Transaction ID: SD9.18338 Outstanding Balance Beginning This Period 166.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 166.00 0.00 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 166.00 1) SUBTOTALS This Period This Page (optional)..... 166.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 166.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶