Image# 12971118349 PAGE 1 / 14

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 tylover the lines. | oing, type | 12FE4M5 | |
| AMERICAN ASSOCIATION | OF ORAL AND MA | XILLOFACIAL SU | RGEONS PO | OLITICAL A | CTION COMMITTEE |
| | | | | | |
| ADDRESS (number and street) | 9700 WEST BRYN MAW | R AVE. | | | |
| Check if different | | | | | |
| than previously reported. (ACC) | ROSEMONT | | | LL L | 60018 |
| 2. FEC IDENTIFICATION NUM | BER ▼ | CITY 🛦 | 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 | reb 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) | = | Dec 20 (M12) (Non-Election Year Only) |
| April 15 | | pr 20 (M4) | Jul 20 (M7) | Oct 2 | 20 (M10) Jan 31 (YE) |
| Quarterly Report (Q1) July 15 Quarterly Report (Q2) | PRE-Election | Primary (1) | | General (| |
| October 15 Quarterly Report (Q3) | Report for the: | Convention | (120) | Special (1 | (23) |
| January 31 Year-End Report (YE) | | etion 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: | General (3 | 0G) | Runoff (3 | 0R) Special (30S) |
| Termination Report (TER) | · | etion on | / D = D / | Y = Y = Y = Y | in the State of |
| 5. Covering Period 03 | 01 Y Y Y 2012 | through | M M M | 31 | 2012 |
| I certify that I have examined this | Report and to the best | of my knowledge and | belief it is tru | e, correct and | complete. |
| Type or Print Name of Treasurer | Lawrence Chewning | | | | |
| Signature of Treasurer Lawrence | ce Chewning | [Electronica | ally Filed] | ate 04 | / 18 / Y Y Y Y Y Y 2012 |
| NOTE: Submission of false, erroneou | us, or incomplete informa | tion may subject the p | erson 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) Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

03 01 03 2012 Report Covering the Period: 2012 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 527983.28 January 1. 2012 (b) Cash on Hand at 535350.39 Beginning of Reporting Period..... 50952.13 3792.12 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 539142.51 578935.41 6(a) and 6(c) for Column B)..... 34079.08 73871.98 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 505063.43 505063.43 (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 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 | Receipts COLUMN A Total This Period | | | |
|----------------------------------------------|-----------------------------------------|-----------------------|--|--|
| . Contributions (other than loans) From: | | Calendar Year-to-Date | | |
| (a) Individuals/Persons Other | | | | |
| Than Political Committees | | | | |
| (i) Itemized (use Schedule A) | 2300.00 | 18675.00 | | |
| /// 11 · · · · · · · | 4 475 00 | 21225.00 | | |
| (ii) Unitemized(iii) TOTAL (add | 1475.00 | 31225.00 | | |
| Lines 11(a)(i) and (ii) | 3775.00 | 49900.00 | | |
| Lines 11(a)(i) and (ii) | , , , , , , , , , , , , , , , , , , , , | 7 | | |
| (b) Political Party Committees | 0.00 | 0.00 | | |
| (c) Other Political Committees | | | | |
| (such as PACs) | 0.00 | 0.00 | | |
| (d) Total Contributions (add Lines | | | | |
| 11(a)(iii), (b), and (c)) (Carry | 2775.00 | 49900.00 | | |
| Totals to Line 33, page 5) | 3775.00 | 49900.00 | | |
| Transfers From Affiliated/Other | 0.00 | 0.00 | | |
| Party Committees | 0.00 | 0.00 | | |
| . All Loans Received | 0.00 | 0.00 | | |
| . All Louis Hoodwar | | | | |
| . Loan Repayments Received | 0.00 | 0.00 | | |
| . Offsets To Operating Expenditures | 0.00 | 0.00 | | |
| (Refunds, Rebates, etc.) | | | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 | | |
| Refunds of Contributions Made | | | | |
| to Federal Candidates and Other | | | | |
| Political Committees | 0.00 | 1000.00 | | |
| . Other Federal Receipts | | | | |
| (Dividends, Interest, etc.) | 17.12 | 52.13 | | |
| . Transfers from Non-Federal and Levin Funds | | | | |
| (a) Non-Federal Account | | | | |
| (from Schedule H3) | 0.00 | 0.00 | | |
| | 0.00 | | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 | | |
| (2) Table To self on (211 42(2) 22 142(1)) | 0.00 | | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 | | |
| . Total Receipts (add Lines 11(d), | | | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 3792.12 | 50952.13 | | |
| | | | | |
| . Total Federal Receipts | | | | |
| (subtract Line 18(c) from Line 19)▶ | 3792.12 | 50952.13 | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | |
|---------------------------------------------------------------|----------------------------|-----------------------------------|--|--|
| . Operating Expenditures: — | Total Tills I criod | Calefidal Teal-10-Date | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | | | |
| (i) Federal Share | 0.00 | 0.00 | | |
| | | | | |
| (ii) Non-Federal Share | 0.00 | 0.00 | | |
| (b) Other Federal Operating | 70.09 | 7171.00 | | |
| Expenditures(c) Total Operating Expenditures | 79.08 | 7171.98 | | |
| (add 21(a)(i), (a)(ii), and (b))▶ | 79.08 | 7171.98 | | |
| Transfers to Affiliated/Other Party | 7 | | | |
| Committees | 0.00 | 0.00 | | |
| Contributions to Federal Candidates/Committees | | | | |
| and Other Political Committees | 34000.00 | 66500.00 | | |
| Independent Expenditures | 0.00 | 0.00 | | |
| (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.00 | | |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | |
| (use defication) | | | | |
| Loan Repayments Made | 0.00 | 0.00 | | |
| F | | | | |
| Loans MadeRefunds of Contributions To: | 0.00 | 0.00 | | |
| (a) Individuals/Persons Other | | 000.00 | | |
| Than Political Committees | 0.00 | 200.00 | | |
| (b) Political Party Committees | 0.00 | 0.00 | | |
| (b) Political Party Committees | 0.00 | | | |
| (such as PACs) | 0.00 | 0.00 | | |
| _ | | | | |
| (d) Total Contribution Refunds | 0.00 | 20000 | | |
| (add Lines 28(a), (b), and (c))▶ | 0.00 | 200.00 | | |
| Other Dishurasments | 0.00 | 0.00 | | |
| Other Disbursements | 0.00 | 0.00 | | |
| Federal Election Activity (2 U.S.C. §431(20)) | | | | |
| (a) Allocated Federal Election Activity | | | | |
| (from Schedule H6) | | | | |
| (i) Federal Share | 0.00 | 0.00 | | |
| | 0.00 | 0.00 | | |
| (ii) "Levin" Share | 0.00 | 0.00 | | |
| (b) Federal Election Activity Paid Entirely | 0.00 | 0.00 | | |
| With Federal Funds | 0.00 | | | |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | |
| | 7 | 7 7 | | |
| Total Disbursements (add Lines 21(c), 22, | | | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 34079.08 | 73871.98 | | |
| _ | | | | |
| Total Federal Disbursements | | | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | 24070.00 | 72074 00 | | |
| from Line 31) | 34079.08 | 73871.98 | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | | | | |
|----------------------------------------------------------------------------|---------|----------|--|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 3775.00 | 49900.00 | | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 200.00 | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3775.00 | 49700.00 | | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 79.08 | 7171.98 | | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | | |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 79.08 | 7171.98 | | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| FOR LINE NUMBER: | | | | | PAGE | | 6 | OF | | 14 |
|------------------|------------------|--|-----|--|------|--|----|----|--|----|
| (ch | (check only one) | | | | | | | | | |
| > | 11a | | 11b | | 11c | | 12 | 2 | | |
| | 13 | | 14 | | 15 | | 16 | 3 | | 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 | 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. Gordon Austin | | Date of Receipt |
| Mailing Address 423 N. Lakeshore Dr. | | 03 23 2012 |
| City | State Zip Code | Transaction ID : SA11AI.22872 |
| Carrollton | GA 30117 | 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. Harry Canter | | Date of Receipt |
| Mailing Address 556 - C Cynwood Dr | | 03 27 2012 |
| City | State Zip Code | Transaction ID : SA11AI.22871 |
| Easton | MD 21601 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| Name of Employer | Occupation | |
| Harry Y Canter Jr DDS PA | Oral Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 300.00 | |
| Full Name (Last, First, Middle Initial) C. Lawrence Chewning | | Date of Receipt |
| Mailing Address 901 E Cheves St Suite 440 | | 03 21 2012 |
| City | State Zip Code | Transaction ID : SA11AI.22874 |
| Florence | SC 29506 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | |
| | Oral Surgeon | |
| Self Employed | Olai Guigcoli | |
| Self Employed Receipt For: | | |
| , , | Aggregate Year-to-Date ▼ | |
| Receipt For: | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ 500.00 | 1300.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | | | | | | PAGE | : | 7 | OF | 14 | |
|------------------|--|---|-----|--|-----|------|-----|---|----|----|----|
| (check only one) | | | | | | | | | | | |
| | | X | 11a | | 11b | | 11c | | 12 | | |
| | | | 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 | DRAL AND MAXILLOFACIAL SURGEONS | S POLITICAL ACTION COMMITTEE |
| Full Name (Last, First, Middle Initial) Dr. Lawrence Gorzelnik | | Date of Receipt |
| Mailing Address 100 Kings Road | | 03 29 / 2012 |
| City | State Zip Code | Transaction ID : SA11AI.22886 |
| Madison | NJ 07940 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| 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. Thomas Keane | | Date of Receipt |
| Mailing Address 6545 France Ave. S. | | M = M / D = D / Y = Y = Y |
| Suite 270 | | 03 15 2012 |
| City | State Zip Code | Transaction ID : SA11AI.22876 |
| Edina | MN 55435 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 700.00 |
| Name of Employer | Occupation | |
| Thomas M. Keane, DDS, PA | Oral Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 700.00 | |
| 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 Year-to-Date ▼ | |
| Callot (opcosij) • | | |
| SUBTOTAL of Receipts This Page (optional |) | 1000.00 |
| TOTAL This Period (last page this line num | ber only) | 2300.00 |

S 17

| SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 8 OF 14 | | | | | |
|-------------------------------------------------------|------------------------------|-------------------------------|----------------------------------------|-----------|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) | | | | | | |
| II LIWIIZED DISDUNSEIVIEN IS | for each category of the | X 21b | • , | | | | |
| | Detailed Summary Page | 27 | 28a 28b 28c 29 | 9 30b | | | |
| Any information copied from such Reports and Statem | nents may not be sold or use | ed by any perso | on for the purpose of soliciting contr | ibutions | | | |
| or for commercial purposes, other than using the name | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | |
| $ \; angle$ AMERICAN ASSOCIATION OF ORAL A | ND MAXILLOFACIAL | SURGEONS | S POLITICAL ACTION COM | MITTEE | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| A. The Northern Trust Company | • | | | | | | |
| | | | M M / D D / Y Y | Y | | | |
| Mailing Address 1501 Woodfield Road | | | 03 05 2012 | 2 | | | |
| City | State Zip Code | | | | | | |
| Schaumburg | IL 60173 | | Transaction ID : SB21B.22890 | | | | |
| Purpose of Disbursement | | | | | | | |
| Bank fee | | | Amount of Each Disbursement th | is Period | | | |
| Candidate Name | | Category/ | | 47.73 | | | |
| Office Sought: House Disbursen | pont For: | Туре | | | | | |
| | Primary General | | | | | | |
| | Other (specify) | | | | | | |
| State: District: | (- | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| B. | | | | | | | |
| | | | | | | | |
| Mailing Address | Mailing Address | | | | | | |
| City | State Zip Code | | | | | | |
| • | | | | | | | |
| Purpose of Disbursement | Purpose of Disbursement | | | | | | |
| Candidate Name | | | Amount of Each Disbursement th | is Period | | | |
| Candidate Ivallie | | Category/ Type | | | | | |
| Office Sought: House Disbursem | nent For: | ı ype | 7 | | | | |
| | Primary General | | | | | | |
| President | Other (specify) ▼ | | | | | | |
| State: District: | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Dist | | | | |
| C. | | | Date of Disbursement | | | | |
| Mailing Address | | | M M / D D / Y Y | Y | | | |
| | | | | | | | |
| City | State Zip Code | | | | | | |
| Purpose of Disbursement | | | | | | | |
| · | | | Amount of Each Disbursement th | is Period | | | |
| Candidate Name | | Category/ | | | | | |
| | | Type | | | | | |
| Office Sought: House Disbursen | | | | | | | |
| | Primary General | | | | | | |
| State: District: | Other (specify) ▼ | | | | | | |
| Sidio. District. | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | 47.73 | | | |
| 22222 C. Elebaroomonio Triio Fago (opiioriai) | | | | | | | |
| TOTAL This Period (last page this line number only). | | | 1 | 47.73 | | | |

| S | CHEDULE B (FEC Form 3X) | l | | FOR LINE | NUMBER: PAGE 9 OF 1 | 14 | |
|----|-----------------------------------------------------------------|----------------------|------------------------------------|-------------------|--------------------------------------------|-----------|--|
| IT | EMIZED DISBURSEMENTS | for each | parate schedule(s) category of the | (check only | one) | 26 | |
| | | Detailed | Summary Page | 27 | | 20 30b | |
| | ny information copied from such Reports and Staten | | | | | | |
| or | for commercial purposes, other than using the name | e and add | dress of any politic | cal committee to | solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A | ND MA | XILLOFACIAL | SURGEONS | S POLITICAL ACTION COMMITTEE | Ξ | |
| _ | Full Name (Last, First, Middle Initial) | _ | | | Date of Disbursement | | |
| Α. | BRIAN BILBRAY FOR CONGRES | BILBRAY FOR CONGRESS | | | | | |
| | Mailing Address 970 SEACOAST DRIVE # 7 | | | | 03 09 2012 | | |
| | , | State | Zip Code | | Transaction ID : SB23.22898 | | |
| | IMPERIAL BEACH Purpose of Disbursement | CA | 91932 | | | | |
| | Federal Campaign Contribution | | | | Amount of Each Disbursement this Period | i | |
| | Candidate Name | | | Category/ | 3000.00 | 7 | |
| | Office Sought: House Disbursen | nent For: | 2012 | Туре | 7 7 7 | 1 | |
| | | Primary | General | | | | |
| | President | Other (spe | ecify) 🔻 | | | | |
| | State: CA District: 50 Full Name (Last, First, Middle Initial) | | | | | | |
| В. | | ГНҮ | | | Date of Disbursement | | |
| | | | | | M = M / D = D / Y = Y = Y | | |
| | Mailing Address 151 LINDEN ROAD | | | | 03 21 2012 | | |
| | MINEOLA | State NY | Zip Code 11501 | | Transaction ID : SB23.22907 | | |
| | Purpose of Disbursement Federal Campaign Contribution | | | | Amount of Each Disbursement this Period | ı | |
| | Candidate Name | | | Category/ | 5000.00 | ٦ | |
| | Office Sought: | nent For: | 2012 | Туре | | | |
| | | Primary | General | | | | |
| | | Other (spe | | | | | |
| _ | State: NY District: 04 Full Name (Last, First, Middle Initial) | | | | | | |
| C. | FRIENDS OF LOIS CAPPS | | | | Date of Disbursement | | |
| | | | | | M M / D D / Y Y Y Y | | |
| | Mailing Address PO BOX 23940 | | | | 03 29 2012 | | |
| | City | State | Zip Code | | Transaction ID : SB23.22910 | | |
| | SANTA BARBARA Purpose of Disbursement | CA | 93121 | | Transaction ib . 3B23.22910 | | |
| | Federal Campaign Contribution | | | | Amount of Each Disbursement this Period | ł | |
| | Candidate Name | | | Category/ Type | 2500.00 | 7 | |
| | Office Sought: House Disbursen | nent For: | 2012 | туре | | - | |
| | Senate | Primary | General | | | | |
| | State: CA District: 23 | Other (spe | ecify) 🔻 | | | | |
| Г | State: CA District: 23 | | | | | _ | |
| s | SUBTOTAL of Disbursements This Page (optional) | | | | 10500.00 | | |
| L | | | | | | Ī | |
| ΙŢ | OTAL This Period (last page this line number only) | | | | | | |

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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: | PAGE 10 OF 14 | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|---------------------|------------------------|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s for each category of the | (orlean orling | , | | | |
| | Detailed Summary Page | 21b 27 | 22 X 23 28b | 24 25 26 28c 29 30b | | |
| 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 | ND MAXILLOFACIAL | SURGEONS | S POLITICAL ACT | TION COMMITTEE | | |
| Full Name (Last, First, Middle Initial) | | | 5 | | | |
| A. GRAVES FOR CONGRESS | | | Date of Disburseme | ent | | |
| Mailing Address PO BOX 335 | | | 03 09 | 2012 | | |
| | State Zip Code | | Transaction ID : \$ | SB23 22899 | | |
| CALHOUN Purpose of Disbursement | GA 30703 | | Transaction 12 T | 3220122000 | | |
| Federal Campaign Contribution | | | Amount of Each Di | sbursement this Period | | |
| Candidate Name | | Category/ | | 1500.00 | | |
| | nent For: 2012 Primary General Other (specify) | Туре | | | | |
| Full Name (Last, First, Middle Initial) B. JOHN D. DINGELL FOR CONGRE | -00 | | Date of Disburseme | ant | | |
| B. JOHN D. DINGELL FOR CONGRE | :55 | | M M / D D | / | | |
| Mailing Address 700 13TH STREET, NW SUITE 600 | | | 03 09 | 2012 | | |
| City S WASHINGTON | State Zip Code DC 20005 | | Transaction ID : S | SB23.22900 | | |
| Purpose of Disbursement Federal Campaign Contribution | | · · · · | Amount of Each Di | sbursement this Period | | |
| Candidate Name | | Category/ Type | | 2000.00 | | |
| | nent For: 2012 Primary General Other (specify) | | | | | |
| Full Name (Last, First, Middle Initial) C. MONTANANS FOR REHBERG | • | | | | | |
| Mailing Address PO BOX 1597 | Mailing Address PO BOX 1597 | | | | | |
| HELENA | State Zip Code MT 59624 | | Transaction ID : \$ | SB23.22908 | | |
| Purpose of Disbursement Federal Campaign Contribution | | | Amount of Each Di | sbursement this Period | | |
| Candidate Name | Category/ Type | Amount of Each Di | 2500.00 | | | |
| Office Sought: House Senate President State: MT District: 00 | nent For: 2012 Primary General Other (specify) | 7,7-2 | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | 6000.00 | | |
| TOTAL This Period (last page this line number only) | | | | | | |

| SC | CHEDULE B (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 11 OF 14 | | | | |
|-------------|--------------------------------------------------------------------------------------------------------|------------------------------------------|-------------|--------------------------------|--------------------------------------------|--|--|--|
| | EMIZED DISBURSEMENTS | Use separate sched | ` ' | s) (check only one) | | | | |
| ' | | for each category of Detailed Summary | | 21b | 22 🗙 23 24 25 26 | | | |
| _ | | , | | 27 | 28a 28b 28c 29 30b | | | |
| | y information copied from such Reports and Staten for commercial purposes, other than using the nam | | | | | | | |
| OI | | le and address of any | y political | committee to | solicit contributions from such committee. | | | |
| $ \rangle$ | NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A | ND MAXILLOFA | CIAL S | LIRGEONS | POLITICAL ACTION COMMITTEE | | | |
| | AMERICAN ACCOUNTION OF CIVAL P | NIND WAXILLOI A | OIALO | ONGLONG | TOLITICAL ACTION COMMITTEE | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | |
| A. | NEUGEBAUER CONGRESSIONA | L COMMITTEE | Ξ | | Date of Disbursement | | | |
| | AA-Way Address DO DOVE 4477 | | | | M M / D D / Y Y Y Y Y | | | |
| | Mailing Address PO BOX 54175 | | | | 03 09 2012 | | | |
| | City | State Zip Code | е | | | | | |
| | LUBBOCK | TX 79453 | | | Transaction ID : SB23.22902 | | | |
| | Purpose of Disbursement Federal Campaign Contribution | | | | | | | |
| | Candidate Name | | | | Amount of Each Disbursement this Period | | | |
| | Candidate Name | | | Category/ Type | 1500.00 | | | |
| | Office Sought: | nent For: 2012 | | Турс | | | | |
| | Senate | Primary Ger | neral | | | | | |
| | President | Other (specify) ▼ | | | | | | |
| _ | State: TX District: 19 | | | | | | | |
| D | Full Name (Last, First, Middle Initial) | | | | Data of Diahuraamant | | | |
| В. | PAUL BROUN COMMITTEE | | | | Date of Disbursement | | | |
| | Mailing Address P.O. BOX 6337 | | | | 03 09 2012 | | | |
| | | | | | | | | |
| | , | State Zip Code | е | | Transaction ID : SB23.22903 | | | |
| | ATHENS Purpose of Disbursement | GA 30604 | | | | | | |
| | Federal Campaign Contribution | | - 11 | | Amount of Each Disbursement this Period | | | |
| | Candidate Name | | | Category/ | | | | |
| | | | | Type | 1000.00 | | | |
| | | nent For: 2012 | _ | | | | | |
| | Senate X | | neral | | | | | |
| | State: GA District: 10 | Other (specify) ▼ | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | |
| C. | SAM AANESTAD FOR CONGRES | S COMMITTE | E | | Date of Disbursement | | | |
| | | | | | M M / D D / Y Y Y | | | |
| | Mailing Address PO BOX 475 | | | | 03 12 2012 | | | |
| | City S | State Zip Code | | | | | | |
| | GRASS VALLEY | CA 95945 | 5 | | Transaction ID: SB23.22905 | | | |
| | Purpose of Disbursement | | | | | | | |
| | Federal Campaign Contribution | | | | Amount of Each Disbursement this Period | | | |
| | Candidate Name | | | Category/ | 5000.00 | | | |
| | Office Sought: | nent For: 2012 | | Туре | | | | |
| | Senate Sought. | | neral | | | | | |
| | President | Other (specify) ▼ | | | | | | |
| | State: CA District: 01 | | | | | | | |
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| S | UBTOTAL of Disbursements This Page (optional) | | | ···········• | 7500.00 | | | |
| _ | OTAL This Period (last page this line number only) | | | | | | | |
| | ino i onos (laot pago uno lino hambol Olly) | | | | | | | |

| SCHEDULE B (FEC Form 3X) | | FOR LINE N | NUMBER: PAGE 12 OF 14 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|-------------------------------------------------|
| 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 States or for commercial purposes, other than using the nar | | | |
| NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A | AND MAXILLOFACIAL S | SURGEONS | POLITICAL ACTION COMMITTEE |
| Full Name (Last, First, Middle Initial) A. SAM AANESTAD FOR CONGRESS COMMITTEE | | | Date of Disbursement |
| Mailing Address PO BOX 475 | | | 03 12 2012 |
| GRASS VALLEY | State Zip Code CA 95945 | | Transaction ID : SB23.22906 |
| Purpose of Disbursement Federal Campaign Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ Type | 5000.00 |
| Senate President | ment For: 2012 Primary | | |
| State: CA District: 01 Full Name (Last, First, Middle Initial) | | | |
| B. TONY CARDENAS FOR CONGRI | ESS | | Date of Disbursement |
| Mailing Address 3700 WILSHIRE BLVD SUITE 10 | | | 03 29 2012 |
| LOS ANGELES | State Zip Code CA 90010 | | Transaction ID : SB23.22909 |
| Purpose of Disbursement Federal Campaign Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ Type | 1000.00 |
| | ment For: 2012 Primary General Other (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) C. WALORSKI FOR CONGRESS INC | | | Date of Disbursement |
| Mailing Address PO BOX 954 | | | 03 09 7 2012 |
| MISHAWAKA | State Zip Code IN 46546 | | Transaction ID : SB23.22904 |
| Purpose of Disbursement Federal Campaign Contribution Candidate Name | | Category/ Type | Amount of Each Disbursement this Period 2500.00 |
| Office Sought: House Disburse | ment For: 2012 Primary General Other (specify) ▼ | - | |
| SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only) | | | 8500.00 |

| FOR LINE NUMBER: PAGE 13 OF |
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| check only one) |
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| y any person for the purpose of soliciting contributions |
| mmittee to solicit contributions from such committee. |
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| RGEONS POLITICAL ACTION COMMITTEE |
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14
FOR LINE NUMBER: (check only one)

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14

14 OF

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 206.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 206.00 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 Outstanding Balance Beginning This Period Transaction ID: SD9.19670 7.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 213.00 1) SUBTOTALS This Period This Page (optional)..... 213.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 213.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶