

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 9700 WEST BRYN MAWR AVE.

Check if different than previously reported. (ACC) ROSEMONT IL 60018

2. **FEC IDENTIFICATION NUMBER ▼** C C00005660 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of

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

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2013

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

Type or Print Name of Treasurer Dr. Jeffrey McBride

Signature of Treasurer Dr. Jeffrey McBride *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2013

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

**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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		410899.37
(b) Cash on Hand at Beginning of Reporting Period.....	464877.84	
(c) Total Receipts (from Line 19)	11637.77	133042.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	476515.61	543941.62
7. Total Disbursements (from Line 31).....	36375.56	103801.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	440140.05	440140.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	197.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10625.00	116385.00
(ii) Unitemized	1000.00	16568.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11625.00	132953.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11625.00	132953.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	12.77	89.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11637.77	133042.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11637.77	133042.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	25375.56	58801.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25375.56	58801.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	44500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36375.56	103801.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36375.56	103801.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11625.00	132953.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11625.00	132453.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25375.56	58801.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25375.56	58801.57

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Dr. Shawn Bailey
Full Name (Last, First, Middle Initial)
Mailing Address 5027 Hamilton Drive
City Davenport State IA Zip Code 52807
FEC ID number of contributing federal political committee. **C**
Name of Employer Spring Park OMS Associates Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 19 / 2013**
Transaction ID : SA11AI.24691
Amount of Each Receipt this Period **500.00**

B. Dr. W. Barringer
Full Name (Last, First, Middle Initial)
Mailing Address 901 North Winstead Suite 130
City Rocky Mount State NC Zip Code 27804
FEC ID number of contributing federal political committee. **C**
Name of Employer Winslow, Barringer & Crestetto PA Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : SA11AI.24669
Amount of Each Receipt this Period **250.00**

C. Dr. Frederick Ciabattoni
Full Name (Last, First, Middle Initial)
Mailing Address 510 Augusta Drive West
City Sinking Spring State PA Zip Code 19608
FEC ID number of contributing federal political committee. **C**
Name of Employer Berks Oral Surgery Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 19 / 2013**
Transaction ID : SA11AI.24679
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Ciabattoni
Full Name (Last, First, Middle Initial)

Mailing Address 1075 Berkshire Blvd
Suite 800

City Wyomissing State PA Zip Code 19610-2034

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

Name of Employer Berks Oral Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 31 / 2013
Transaction ID : SA11AI.24672

Amount of Each Receipt this Period
500.00

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

Mailing Address 205 Birdie Dr

City Stanley State NC Zip Code 28164-8803

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
07 / 19 / 2013
Transaction ID : SA11AI.24695

Amount of Each Receipt this Period
375.00

C. Gregory Dimmich
Full Name (Last, First, Middle Initial)

Mailing Address 1251 S Cedar Crest Blvd
Suite 311

City Allentown State PA Zip Code 18103-6205

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

Name of Employer Lehigh OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 19 / 2013
Transaction ID : SA11AI.24671

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Bernard Dreiman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1612 North Baldwin Avenue
 Suite A
 City Marion State IN Zip Code 46952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Oral surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : SA11AI.24665
 Amount of Each Receipt this Period
 500.00

B. Husam Elias
 Full Name (Last, First, Middle Initial)
 Mailing Address 9650 Milliken Ave
 Apt 6307
 City Rancho Cucamonga State CA Zip Code 91730-6083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2013
Transaction ID : SA11AI.24693
 Amount of Each Receipt this Period
 250.00

C. Dr. Larry Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1624 Franklin St.
 Suite 810
 City Oakland State CA Zip Code 94612-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2013
Transaction ID : SA11AI.24662
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Dr. James Hupp
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 North State Street
 City Jackson State MS Zip Code 39216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Miss medical Center Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : SA11AI.24668
 Amount of Each Receipt this Period
 375.00

B. Donald Knowles
 Full Name (Last, First, Middle Initial)
 Mailing Address 1527 Fairway Dr
 City Lima State OH Zip Code 45805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2013
Transaction ID : SA11AI.24666
 Amount of Each Receipt this Period
 500.00

C. Robert Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 626 S Montgomery St Apt 14
 City Starkville State MS Zip Code 39759-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin Oral & Maxillofacial Su Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2013
Transaction ID : SA11AI.24694
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. T Murphy

Mailing Address 1134 Independence Ave

City Marion State OH Zip Code 43302-6394

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

Name of Employer Occupation
 Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 07 / 19 / 2013
Transaction ID : SA11AI.24667

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. Bryan Neuwirth

Mailing Address 905 10th Avenue Drive NW

City Hickory State NC Zip Code 28601-9200

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

Name of Employer Occupation
 Brown & Neuwirth Oral & Cosmetic Surg Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 07 / 19 / 2013
Transaction ID : SA11AI.24682

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 266 Katherine Dr

City Flowood State MS Zip Code 39232-8801

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

Name of Employer Occupation
 Oral & Facial Surgery of Missi Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 07 / 19 / 2013
Transaction ID : SA11AI.24686

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Robert Nustad
Full Name (Last, First, Middle Initial)

Mailing Address 605 Hillcrest

City Owatonna State MN Zip Code 55060

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

Name of Employer Self-Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2013
Transaction ID : SA11AI.24673

Amount of Each Receipt this Period 500.00

B. Bradford Porter
Full Name (Last, First, Middle Initial)

Mailing Address West Jersey Medical Plaza
94 Brick Rd Suite 100

City Marlton State NJ Zip Code 08053

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 19 / 2013
Transaction ID : SA11AI.24674

Amount of Each Receipt this Period 375.00

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

Mailing Address 1100 B Airport Blvd

City Pensacola State FL Zip Code 32504

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2013
Transaction ID : SA11AI.24678

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 12
	<input type="checkbox"/> 11b	<input type="checkbox"/> 13
	<input type="checkbox"/> 11c	<input type="checkbox"/> 14
	<input type="checkbox"/> 12	<input type="checkbox"/> 15
	<input type="checkbox"/> 13	<input type="checkbox"/> 16
	<input type="checkbox"/> 14	<input type="checkbox"/> 17

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

A. Dr. John Shea
Full Name (Last, First, Middle Initial)

Mailing Address 131 Indian Lake Blvd
Suite 100

City Hendersonville State TN Zip Code 37075

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

Name of Employer self employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 19 / 2013
Transaction ID : SA11AI.24685

Amount of Each Receipt this Period
250.00

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

Mailing Address 1850 Keller Parkway
Suite 102

City Keller State TX Zip Code 76248

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 19 / 2013
Transaction ID : SA11AI.24680

Amount of Each Receipt this Period
250.00

C. Marcus Tanabe
Full Name (Last, First, Middle Initial)

Mailing Address 1165 C South Columbia Rd

City Grand Forks State ND Zip Code 58201

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

Name of Employer Valley Oral & Facial Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 31 / 2013
Transaction ID : SA11AI.24697

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. R. Triplett
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 660677
City Dallas State TX Zip Code 75266-0677
FEC ID number of contributing federal political committee. **C**
Name of Employer Baylor College of Dentistry Occupation Oral & Maxillofacial Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 19 / 2013**
Transaction ID : SA11AI.24664
Amount of Each Receipt this Period **375.00**

B. Ramtin Vahadi
Full Name (Last, First, Middle Initial)
Mailing Address 3660 Lomita Blvd
City Torrance State CA Zip Code 90505-3938
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 03 / 2013**
Transaction ID : SA11AI.24690
Amount of Each Receipt this Period **250.00**

C. Paul Wood
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 549
City Nevada State MO Zip Code 64772-0549
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 19 / 2013**
Transaction ID : SA11AI.24683
Amount of Each Receipt this Period **375.00**

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 14 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Timothy Zuck

Mailing Address 200 East Washington Street

City Appleton State WI Zip Code 54911

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

Name of Employer OMS Surgical Associates Occupation Oral surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2013

Transaction ID : SA11AI.24689

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	10625.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. American Association of Oral and Maxillofacial Surgeons

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2013

Mailing Address 9700 W. Bryn Mawr

Transaction ID : SB21B.24710

City Rosemont State IL Zip Code 60018

Amount of Each Disbursement this Period

25278.91

Purpose of Disbursement
2nd Qtr Staff Support

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Paypal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2013

Mailing Address 2211 N. First Street

Transaction ID : SB21B.24705

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

24.10

Purpose of Disbursement
Paypal collection fee

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Paypal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2013

Mailing Address 2211 N. First Street

Transaction ID : SB21B.24706

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

29.90

Purpose of Disbursement
Paypal collection fee

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

25332.91

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

--

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SB21B

Transaction ID : SB21B.24710

OMSPAC paid money directly to AAOMS for reimbursement of the following items: Adam Brenman 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$308.66, Tracy Macino 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$1,797.16, Kim Molley 9700 W Bryn Mawr Ave, Rosemont, IL portion of salary \$121.58, Jeanne Tuerk 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$1,239.99, Karin Wittich 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$463.88, Sandy Guenther 9700 W Bryn Mawr Ave, Rosemont IL salary \$15,000.00, Blue Cross 25550 Network Pl, Chicago, IL Health Insurance \$3,066.39 Flexible Benefits 10275 W Higgins, Rosemont, IL HRA \$881.65 Guardian P.O. Box 677458, Dallas, TX Dental Insurance \$234.37 Assurant 2323 Grand Blvd, Kansas City, MO LTD, STD & Life \$245.67 Principal Group 711 High Street, Des Moines, IA Pension/401K \$1,919.56

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. The Northern Trust Company

Mailing Address 1501 Woodfield Road

City State Zip Code
Schaumburg IL 60173

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2013

Transaction ID : SB21B.24704

Amount of Each Disbursement this Period

42.65

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

42.65

25375.56

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 WILSHIRE BLVD., #1612

City State Zip Code
LOS ANGELES CA 90048

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	02	/	2013

Transaction ID : SB23.24707

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City State Zip Code
COLUMBIA SC 29211

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	17	/	2013

Transaction ID : SB23.24708

Amount of Each Disbursement this Period

4,000.00

Full Name (Last, First, Middle Initial)

C. RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address 319 NANCY'S ROAD

City State Zip Code
QUITMAN LA 71268

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	17	/	2013

Transaction ID : SB23.24709

Amount of Each Disbursement this Period

2,000.00

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

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

11000.00

11000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 19
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09
Mailing Address PO Box 19008	
City State Zip Code Springfield IL 62794-9008	

Outstanding Balance Beginning This Period 190.00	Transaction ID : SD9.18338	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 190.00

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

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	197.00
2) TOTALS This Period (last page this line number only)..... ▶	197.00
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) ▶	197.00