Image# 12970531408 PAGE 1 / 17

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Us	se Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example over the	e: If typing, type lines.	12FE	4M5	
AMERICAN ASSOCIATION	OF ORAL AND M	IAXILLOFACIA	L SURGEON	IS POLITIO	CAL ACTION	COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MA	WR AVE.				
Check if different						
than previously reported. (ACC)	ROSEMONT				60018	3
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		STATE	<b>\</b>	ZIP CODE A
C C00005660		3. IS THIS REPORT	X NEW (N)	OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20	(M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (		Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	Ц	Apr 20 (M4)	Jul 20 (I	M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)  July 15  Quarterly Report (Q2)	(c) 12-Day PRE-Election	, <b>,</b>	nary (12P)	H	neral (12G)	Runoff (12R)
October 15	Report for the	ne: Con	vention (12C)	Sp.	ecial (12S)	
Quarterly Report (Q3)  January 31  Year-End Report (YE)	E	lection on	/ D D	/	Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the		eral (30G)	Ru	noff (30R)	Special (30S)
Termination Report (TER)	,	lection on	- M / D - D	/ Y = Y =	Y = Y	in the State of
5. Covering Period 02		)12 th	nrough C	2 29	D / Y Y 20	12
certify that I have examined this	Report and to the be	st of my knowled	ge and belief it	is true, corre	ct and comple	te.
Type or Print Name of Treasurer	Lawrence Chewning					
Signature of Treasurer Lawrence	e Chewning	[Elec	ctronically Filed]	Date	03 / 09	2012
NOTE: Submission of false, erroneou	ıs, or incomplete inforr	nation may subject	t the person sign	ing this Repo	rt to the penalti	es of 2 U.S.C. §437g.
Office Use Only						FORM 3X lev. 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 02 2012 Report Covering the Period: 02 2012 29 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 538037.40 Beginning of Reporting Period..... 47160.01 16567.35 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 554604.75 575143.29 6(a) and 6(c) for Column B)..... 19254.36 39792.90 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 535350.39 535350.39 (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	I. 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)	6550.00	16375.00		
(ii) Unitemized	9000.00	29750.00		
(iii) TOTAL (add	, 9000.00	20100.00		
Lines 11(a)(i) and (ii)▶	15550.00	46125.00		
(h) Dalitical Barty Committees	0.00	0.00		
(b) Political Party Committees	0.00			
(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)▶	15550.00	46125.00		
. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
3. All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
. Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	1000.00	1000.00		
7. Other Federal Receipts		05.04		
(Dividends, Interest, etc.)	17.35	35.01		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(IIOIII Scriedule 113)	0.00	0.00		
(b) Lovin Funda (from Cohadula HE)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	7	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(6) 15141 1141 151515 (4444 15(4) 4114 15(5))		3.00		
. Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	16567.35	47160.01		
12, 10, 11, 10, 10, 17, and 10(0))	10007.00	47.100.01		
. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	16567.35	47160.01		

### **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: —— (a) Allocated Federal/Non-Federal	Total Tino I criou	Calelidai Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(i) N 5 1 10	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating  Expenditures	6754.36	7092.90
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	6754.36	7092.90
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	12500.00	32500.00
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
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
man Folitical Committees	0.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	200.00
(and a second control of the second control		
Other Disbursements	0.00	0.00
5		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
		200
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19254.36	39792.90
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	19254.36	39792.90

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating Ex-

penditures

(from Line 11(d), page 3) .....

(from Line 28(d)).....

(subtract Line 34 from Line 33) .....

(add Line 21(a)(i) and Line 21(b)) ........▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36) .....

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 15550.00 46125.00 0.00 200.00 15550.00 45925.00 7092.90 6754.36 0.00 0.00 6754.36 7092.90

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

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

FOR LINE	NUMBER	: PAGE	E 6 OF	17
(check onl	y one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. James Adams		Date of Receipt
Mailing Address 455 S. Washington St.  Suite 14	7: 0.1	02 23 2012
Cotty	State Zip Code PA 17325-2516	Transaction ID : SA11AI.22780
Gettysburg	FA 1/325-2516	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	_
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial)  3. Paul Anderson		Date of Receipt
Mailing Address 720 Turtle Crest Dr		02 08 2012
City	State Zip Code	Transaction ID : SA11AI.22782
Irvine	CA 92603-1014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial)  C. Neal Bozentka		Date of Receipt
Mailing Address 700 S Chester Rd Ste A		02 23 2012
City	State Zip Code	Transaction ID : SA11AI.22786
Swarthmore	PA 19081-2224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	+
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	)	1250.00
TOTAL This Period (last page this line numl	ber only)	

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

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

FOR LINE NUMBER:						PAGE	7	OF	17
	(che								
	×	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 usin	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Mark Egbert		Date of Receipt
Mailing Address P.O. Box 5371 CH-19		02 14 2012
City	State Zip Code	Transaction ID : SA11AI.22794
Seattle	WA 98104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Children's Memorial Hospital	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Gerald Gelfand	•	Date of Receipt
Mailing Address 22554 Ventura Blvd.		M = M / D = D / Y = Y = Y
Suite 124		02 23 2012
City	State Zip Code	Transaction ID : SA11AI.22799
Woodland Hills	CA 91364-1470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Gerald Gelfand DMD, Inc.	Oral Sugeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Jeffrey Halpern		Date of Receipt
Mailing Address 701 Lee Street Suite 640		02 03 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.22802
DesPlaines	IL 60016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggiogate Teal-to-Date ▼	
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (options	al)	1175.00
	<u></u>	
TOTAL This Period (last page this line num	nber only)	

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

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

FOR LINE	NUMBER	: PAGE	8 OF	17					
(check only one)									
<b>X</b> 11a	11b	11c	12						
13	14	15	16	17					

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. James Jensvold		Date of Receipt
Mailing Address 6325 Topanga Canyon Blvd Suite 435		02 13 2012
City	State Zip Code	Transaction ID : SA11AI.22809
Woodland Hills	CA 91367	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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  3. Timothy Kelling		Date of Receipt
Mailing Address 1 Broad Street Piz		M M / D D / Y Y Y Y
Ste 2 City	State Zip Code	02 28 2012
	·	Transaction ID : SA11AI.22811
Glens Falls	NY 12801-4390	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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) C. Carl Kimbler		Date of Receipt
Mailing Address 1440 15th Ave NW		02 06 2012
City	State Zip Code	Transaction ID : SA11AI.22812
Aberdeen	SD 57401-1818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Northern Plains OMS	Oral Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number		

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

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

FOR LIN	PAGE	9	OF	17			
(check o	nly or	ne)					
<b>X</b> 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

NAME OF COMMITTEE (In Full)	g the name and address of any political committee to ORAL AND MAXILLOFACIAL SURGEON:	
Full Name (Last, First, Middle Initial) Dr. George Kotsakis  Mailing Address 1585 N Barrington Rd Suite 506  City Hoffman Estates  FEC ID number of contributing federal political committee.  Name of Employer George Kotsakis DMD Ltd. Receipt For:	State Zip Code IL 60194-1018  C Occupation Oral Surgeon	Date of Receipt    M M
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial)  Dr. Brian McAndrew  Mailing Address 101 Archway Ct  City	State 7in Code	Date of Receipt  02 23 2012
Lynchburg  FEC ID number of contributing federal political committee.	State Zip Code VA 24502	Transaction ID : SA11AI.22816  Amount of Each Receipt this Period  500.00
Name of Employer Central Virgina Oral & Facial  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Oral Surgeon  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Dr. Jack Mrazik  Mailing Address Sentara Careplex  3000 Coliseum Dr./Suite	204 State Zip Code	Date of Receipt    M
Hampton  FEC ID number of contributing federal political committee.  Name of Employer	VA 23666-0680  C Occupation	Amount of Each Receipt this Period  500.00
Self Receipt For:  Primary General  Other (specify) ▼	Oral Surgeon  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional	ul)	1375.00
TOTAL This Period (last page this line num	phor only)	

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

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

							PAGE	 10	OF	17
	(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	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Vincent Perciaccante  Mailing Address 1365 B Clifton Road NE  Sutie 2300B  City  Atlanta  FEC ID number of contributing federal political committee.  Name of Employer  Emory Clinic  Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)	State Zip Code GA 30322  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  375.00	Date of Receipt  02 03 2012  Transaction ID: SA11AI.22825  Amount of Each Receipt this Period  375.00
Dr. Edwin Slade  Mailing Address 101 Progress Dr.		Date of Receipt  O2 06 2012
City	State Zip Code	Transaction ID : SA11AI.22838
Doylestown	PA 18901-2509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Oral & Facial Surgery Ctr.	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Dr. Paul Weinstein  Mailing Address 4005 N. Milaton Taril		Date of Receipt
Mailing Address 1025 N. Miltary Trail Suite 110		02 07 2012
City	State Zip Code	Transaction ID : SA11AI.22845
Jupiter	FL 33458-7020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
South Florida OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	1250.00
TOTAL This Period (last page this line number	only)	6550.00

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

Use separate schedule(s)	F	FOR LINE NUMBER: PAGE 11 OF 17						17				
	(0	(check only one)										
for each category of the Detailed Summary Page			11a		11b		11c		12			
Detailed Carrinary 1 age			13		14		15	X	16		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 add NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS Date of Receipt Mailing Address PO BOX 10555 01 2012 City State Zip Code Transaction ID: SA16.22860 **PEORIA** IL 61612 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C00437756 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) В. 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) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

### S ľ

S	CHEDULE B (FEC Form 3X)		F65 : ::-	FOR LINE NUMBER: PAGE 12 OF 17				
•		Use separate schedule(s)	FOR LINE (check only	TTO MIDELLI.				
П	EMIZED DISBURSEMENTS	for each category of the	(orlook only					
		Detailed Summary Page	27					
_								
Ar	y information copied from such Reports and Staten	nents may not be sold or u	ised by any pers	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the name	ne and address of any poli	tical committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$  \ \rangle$	AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIA	L SURGEONS	S POLITICAL ACTION COMMITTEE				
/-								
_	Full Name (Last, First, Middle Initial)							
A.	The Northern Trust Company			Date of Disbursement				
	The Herman Tract Company			M M / D D / Y Y Y Y				
	Mailing Address 1501 Woodfield Road			02 03 2012				
	9							
	City	State Zip Code						
	Schaumburg	IL 60173		Transaction ID : SB21B.22853				
	Purpose of Disbursement							
	Bank fees			Amount of Each Disbursement this Period				
	Candidate Name							
			Category/ Type	83.83				
	Office Sought: House Disburser	nont For:	Туре					
		Primary General						
	President							
		Other (specify) ▼						
	State: District:							
_	Full Name (Last, First, Middle Initial)							
В.	Washington Speakers Bureau			Date of Disbursement				
				M M / D D / Y Y Y Y				
	Mailing Address 1663 Prince Street			02 22 2012				
	,	State Zip Code		Transaction ID : SB21B.22866				
	Alexandria	VA 22314						
	Purpose of Disbursement Speaker fee			Assessment of Foots District on the Desired				
	Candidate Name			Amount of Each Disbursement this Period				
	Candidate Name		Category/	6500.00				
			Type					
	Office Sought: House Disbursen							
		Primary General						
	President	Other (specify) ▼						
	State: District:							
	Full Name (Last, First, Middle Initial)							
C.				Date of Disbursement				
				M M / D D / Y Y Y Y				
	Mailing Address							
	City	State Zip Code						
	Purpose of Disbursement							
				Amount of Each Disbursement this Period				
	Candidate Name		Category/					
			Type					
	Office Sought: House Disburser	nent For:						
	Senate	Primary General						
	President	Other (specify) ▼						
	State: District:							
Г	1							
s	UBTOTAL of Disbursements This Page (optional)			6583.83				
⊢			<u> </u>					

### 17

SCHEDULE B (FEC Form 3X)	Harris I I I I I	, FOR LINE	NUMBER:	PAGE 13 OF 17
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	•	
	Detailed Summary Page		22 X 23 28b	24 25 26 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)	c and address of any poin		Solicit Contributions in	on such committee.
AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIA	L SURGEONS	S POLITICAL ACT	TION COMMITTEE
Full Name (Last, First, Middle Initial)				
A. CHAMBLISS FOR SENATE			Date of Disburseme	
Mailing Address POST OFFICE BOX 12469			02 28	2012
City	State Zip Code		Transaction ID : S	*P22 22065
7.1. <u>—</u> 7.11.17.1	GA 30355		Transaction iD . S	3D23.22003
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		1000.00
	nent For: 2014 Primary General	71	,	,
	Other (specify) ▼			
Full Name (Last, First, Middle Initial)  B. CITIZENS TO ELECT RICK LARSI	=NI		Date of Disburseme	ent
- CITIZENO TO LEECT MOREAMO	_11		M M / D D	/
Mailing Address PO BOX 326			02 10	2012
,	state Zip Code WA 98206		Transaction ID : \$	SB23.22859
Purpose of Disbursement	90200			
Federal Campaign Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		3000.00
	nent For: 2012	'		
	Primary General			
State: WA District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			D ( D) . l	
c. GINGREY FOR CONGRESS, INC.			Date of Disburseme	
Mailing Address PO BOX U			02 / 10	2012
City	state Zip Code		Transaction ID : S	SB23 22864
	GA 30060		าาสกรสนกบท เม : จั	)D23.2200 I
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/	Amount of Each Bit	1500.00
Office Sought:	nent For: 2012	Туре		.550.00
Senate	Primary			
State: GA District: 11	<u>.                                    </u>			
SUBTOTAL of Disbursements This Page (optional)				5500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 17
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check of		
	for each category of the Detailed Summary Page		22 🔀 23 🔲 24 🔲 25 🔲 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and			
or for commercial purposes, other than using th	e name and address of any poin	licai committee to	Solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	AL AND MAYILLOFACIAL	I SLIBGEONS	S POLITICAL ACTION COMMITTEE
AMERICAN ASSOCIATION OF OR	AL AND MAXILLOI ACIAI	L SUNGLUN	3 FOLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. PAUL BROUN COMMITTEE			Date of Disbursement
M 30 A L L			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 6337			02 10 2012
City	State Zip Code		
ATHENS	GA 30604		Transaction ID: SB23.22862
Purpose of Disbursement Federal Campaign Contribution			
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought:   House   Disk	oursement For: 2012	1,750	, , , , , , , , , , , , , , , , , , , ,
Senate	Y Primary General		
President	Other (specify) ▼		
State: GA District: 10			
Full Name (Last, First, Middle Initial)  B. PRICE FOR CONGRESS			Date of Disbursement
5. PRICE FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 425			02 10 2012
City ROSWELL	State Zip Code GA 30077		Transaction ID : SB23.22864
Purpose of Disbursement	30077		
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Office Cought: Ad House		Туре	2300.00
Office Sought: House Disk	oursement For: 2012  Primary  General		
President	Other (specify)		
State: GA District: 06			
Full Name (Last, First, Middle Initial)			
C. SCHOCK FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 10555			02 01 2012
Mailing Address FO BOX 10555			02 01 2012
City	State Zip Code		Transaction ID : SB23.22858
PEORIA Purpose of Disbursement	IL 61612		
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
	oursement For: 2012		
Senate President	Primary General		
State: IL District: 18	Other (specify) ▼		
2,00,00, 10			
SUBTOTAL of Disbursements This Page (option	nal)		4500.00
TOTAL This Period (last page this line number	only)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 17
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NOMBELL:
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	ne and address of any politic	ai committee to	solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. STEVE OELRICH FOR CONGRES	SS		Date of Disbursement
Mailing Address 5200 NW 43RD ST SUITE 102 PM			02
GAINESVILLE	State Zip Code FL 32606		Transaction ID : SB23.22863
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Senate President	nent For: 2012 Primary General Other (specify)		
State: FL District: 03  Full Name (Last, First, Middle Initial)  B.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
•	State Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
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)	ZE -	
SUBTOTAL of Disbursements This Page (optional)			2500.00
			12500.00
TOTAL This Period (last page this line number only)			

## 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

16 OF

**X** 9 10

17

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

A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09	
Illinois Department of Revenue	State Tax Overpythic for 2006 carryover 09	
Mailing Address PO Box 19008		
City State	Zip Code	-
Springfield	IL 62794-9008	
Outstanding Balance Beginning This Period		Transaction ID : SD9.18338
206.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	206.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
Illinois Department of Revenue		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		Transaction ID : SD9.19670
7.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	7.00
C. Full Name (Last, First, Middle Initial) of Debte	or 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
SUBTOTALS This Period This Page (optional)	_	213.00
TOTALS This Period (last page this line number	213.00	
TOTAL OUTSTANDING LOANS from Schedule	0.00	
ADD 2) and 3) and carry forward to appropriate	213.00	

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 17 OF
FOR LINE NUMBER:
(check only one)

_		
		9
5	X	10

17

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

A. Full Name (Last, First, Middle Initial) of Deb	Nature of Debt (Purpose): Federal Tx Owed for 2011 activity	
Mailing Address Attention Tax Department		-
City State	Zip Code	_
City State Kansas City	MO 64999	
Outstanding Balance Beginning This Period		Transaction ID : SD10.22611
128.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	128.00	0.00
B. Full Name (Last, First, Middle Initial) of Debt	or 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 Deb	otor or Creditor	Nature of Debt (Purpose):
Mailing Address		-
Ott	7. 0. 4.	_
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	0.00
) TOTALS This Period (last page this line numb		0.00
) TOTAL OUTSTANDING LOANS from Schedul		0.00
		0.00
) ADD 2) and 3) and carry forward to appropriate	te line of Summary Page (last page only)	