Image# 14961180426 PAGE 1 / 42

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				Office Us	se Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typin over the lines.	g, type 121	FE4M5	
AMERICAN ASSOCIATION	OF ORAL AND MA	XILLOFACIAL SUR	GEONS POLIT	TICAL ACTION	COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MAW	R AVE.			
Check if different					
than previously reported. (ACC)	ROSEMONT		IL IL	60018	
2. FEC IDENTIFICATION NUM	//BER ▼	CITY A	STATI	E	ZIP CODE 🛦
C C00005660	3.		EW N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2) X M	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			un 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4) J	ul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	PRE-Election	Primary (12P		General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the	: Convention (120)	Special (12S)	
January 31 Year-End Report (YE		ction on	D D / Y Y	YYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the	0.01.01.01. (0.0.0)	Runoff (30R)	Special (30S)
Termination Report (TER)	·	ction on	D = D / Y = Y	YYY	in the State of
5. Covering Period 04	01 201	through		30 / Y Y 201	4
I certify that I have examined this	Report and to the best	of my knowledge and b	elief it is true, co	rrect and complet	te.
Type or Print Name of Treasurer	Thomas Keane				
Signature of Treasurer Thomas	s Keane	[Electronically	Filed] Date	05 / 20	2014
NOTE: Submission of false, erroneo	ous, or incomplete informa	tion may subject the pers	on signing this Re	port to the penaltic	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 04 30 2014 Report Covering the Period: 04 2014 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 625526.50 January 1, 2014 (b) Cash on Hand at 639685.44 Beginning of Reporting Period..... 84525.85 28089.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 667774.44 710052.35 6(a) and 6(c) for Column B)..... 83538.73 125816.64 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 584235.71 584235.71 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 182.00 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	26400.00	81650.00
(i) Itemized (use Schedule A)	20400.00	01030.00
(ii) Unitemized	1672.51	2812.51
(iii) TOTAL (add	, , , , , , , , , , , , , , , , , , , ,	
Lines 11(a)(i) and (ii)▶	28072.51	84462.51
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	28072.51	84462.51
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All I and Booking I	0.00	0.00
All Loans Received	0.00	0.00
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	16.49	63.34
3. 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
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(6) 15141 114115151 (4444 15(4) 4114 15(5)).	7	7.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	28089.00	84525.85
Total Fadaral Dagginta		
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	28089.00	84525.85
(Subtract Line 10(c) Holl Line 13)	20003.00	04323.83

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. Ope	erating Expenditures: Allocated Federal/Non-Federal		Jaionaa Tour to Date
(ω)	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
	Expenditures	38.73	5666.64
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	38.73	5666.64
Trar	nsfers to Affiliated/Other Party		
Con	nmittees	0.00	0.00
Fed	ntributions to Jeral Candidates/Committees I Other Political Committees	83500.00	119900.00
	ependent Expenditures	0.00	0.00
Coc	e Schedule E) ordinated Party Expenditures	0.00	0.00
(2 L (use	U.S.C. §441a(d)) e Schedule F)	0.00	0.00
Loa	an Repayments Made	0.00	0.00
Loa	ans Made	0.00	0.00
	Individuals/Persons Other Than Political Committees	0.00	250.00
(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	250.00
Oth	er Disbursements	0.00	0.00
End	Horal Election Activity (2.11.5.C. \$431/20)		
	deral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
			0.00
(b)	(ii) "Levin" Share Federal Election Activity Paid Entirely	0.00	0.00
(b)	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
	2 Journal of the section of the		5.00
	al Disbursements (add Lines 21(c), 22,		
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	83538.73	125816.64
	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
tron	n Line 31)▶	83538.73	125816.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	28072.51	84462.51
4. Total Contribution Refunds (from Line 28(d))	0.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28072.51	84212.51
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	38.73	5666.64
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	38.73	5666.64

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

FOR L	INE NU	IMBER	:	PAGE	6	OF	42
(check	only or	ne)					
X 11	а	11b		11c	12		
13	3	14		15	16		17

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	AL AND MAXILLOFACIAL SURGEONS	5 POLITICAL ACTION COMMITTEE
Dominick Adornato		Date of Receipt
Mailing Address 1129 E Aurora Suite 101		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.25964
Macedonia	OH 44056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Randolph Alexander		Date of Receipt
Mailing Address 2708 A Aster St		M = M / D = D / Y = Y = Y
City	State Zip Code	04 03 2014
City Lake Charles	State Zip Code LA 70601	Transaction ID : SA11AI.25965
		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	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Fernando Alvarado		Date of Receipt
Mailing Address 3205 Wildwood Plantation Dr		04 03 2014
City Valdosta	State Zip Code GA 31605	Transaction ID : SA11AI.25966 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
North Valdosta OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	<u> </u>	

FOR LINE NUMBER:				PAGE	7	OF	42	
(check only one)								
[×	1 1a		11b		11c	12	2	
	13		14		15	16	6	17

or for commercial purposes, other than using the	e name and address of any political committee to	o Solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) J Greg Anderson		Date of Receipt
Mailing Address 2130 N Charles G Seivers Blv Ste 1		04 03 2014
City	State Zip Code	Transaction ID : SA11AI.25969
Clinton	TN 37716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Anderson Oral and Maxillofacia	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Robert Bergman		Date of Receipt
Mailing Address 2350 Northpark Dr		04 04 2014
City	State Zip Code	Transaction ID : SA11AI.25974
Columbus	IN 47203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Columbus OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Gordon Brady		Date of Receipt
Mailing Address 1463 Klondike Road SW Suite C		04 04 2014
City	State Zip Code	Transaction ID : SA11AI.25975
Conyers	GA 30094	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)	k	2000.00
TOTAL This Period (last page this line number	<u> </u>	

FOR L	INE NU	JMBER	:	PAGE	8	OF	42
(check	only or	ne)					
X 11	1a	11b		11c	12		
13	3	14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Amy Bryan		Date of Receipt
Mailing Address 387 High Street		04 03 _ 2014
City	State Zip Code	Transaction ID : SA11AI.25977
Lockport	NY 14094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Buffalo Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) 3. David Bullard		Date of Receipt
Mailing Address 201 N Plaza Blvd		M = M / D = D / Y = Y = Y
City	State Zip Code	04 03 2014 Transaction ID : \$444A1 25078
Chillicothe	OH 45601	Transaction ID : SA11AI.25978 Amount of Each Receipt this Period
		Amount of Lacif neceipt this Feriod
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgery C	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) David Butler		Date of Receipt
Mailing Address 505 Cragmont		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.25979
Madison	IN 47250	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
David F Butler DDS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	l)	875.00
TOTAL This Period (last page this line num	ber only)	

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

	FOR LINE	_	ER: PA	GE 9	OF 42
(check only one)					
	X 11a	11b	11c	12	
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Full Name (Last, First, Middle Initial) Joshua Campbell Mailing Address 140 E Division Rd Size A1 City Coak Ridge TN 37830 FEC ID number of contributing federal political committee. Name of Employer Primary General Oral Surgeon Receipt For: Primary General Oral Surgeon Receipt For: Primary Cocupation Oral Surgeon Receipt For: Primary General Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Transaction ID: SA11AL25983 Amount of Each Receipt this Period Transaction ID: SA11AL25983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: SA11AL25983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Oral Surgeon Receipt For: Primary Aggregate Year-to-Date ▼ Primary General Oral Surgeon Receipt For: Primary Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL25983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL25983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL25983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL25983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt this Period Aggr	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	o solicit contributions from such committee.
Milliam Campbell Mailing Address 1818 Warm Springs Road City Columbus GA 31904 FEC ID number of contributing federal political committee. Name of Employer William D Campbell Receipt For: Primary General Other (specify) ▼ City State Zip Code GA 31904 Transaction ID: SA11Al.25982 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code NY 13215 FEC ID number of contributing federal political committee. City Syracuse NY 13215 FEC ID number of contributing federal political committee. Name of Employer Vitkus Scutari and Cardoso Ora Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Sou.00	Full Name (Last, First, Middle Initial) Joshua Campbell Mailing Address 140 E Division Rd Ste A1 City Oak Ridge FEC ID number of contributing federal political committee. Name of Employer Oral Surgery Specialists of TN Receipt For: Primary General	State Zip Code TN 37830 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	Date of Receipt 04 03 2014 Transaction ID: SA11AI.25980
Mailing Address 4322 Kelsey Dr City State Zip Code Syracuse NY 13215 FEC ID number of contributing federal political committee. Name of Employer Vitkus Scutari and Cardoso Ora Receipt For: Primary Other (specify) ▼ Date of Receipt Mailing Address 4322 Kelsey Dr Other (specify) ▼ Date of Receipt Transaction ID: SA11Al.25983 Amount of Each Receipt this Period C 250.00	Mailing Address 1818 Warm Springs Road City Columbus FEC ID number of contributing federal political committee. Name of Employer William D Campbell Receipt For: Primary General	GA 31904 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	04 04 2014 Transaction ID : SA11Al.25982
	City Syracuse FEC ID number of contributing federal political committee. Name of Employer Vitkus Scutari and Cardoso Ora Receipt For: Primary General	NY 13215 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	04 02 2014 Transaction ID : SA11Al.25983
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	>	750.00

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

FOR LINE NUMBER:					PAGE	1	10	OF	42
(check only one)									
X	11a		11b		11c		12		
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	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Donald Case		Date of Receipt
Mailing Address 27 Bridge St		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.25984
Stamford	CT 06905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	
Stamford OMS Associates PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 10 111 111 111	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Evan Chafitz		Date of Receipt
Mailing Address 1075 Central Park Ave		M = M / D = D / Y = Y = Y
Suite 207	01-11	04 04 2014
City	State Zip Code	Transaction ID : SA11AI.25985
Scarsdale	NY 10583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Robert Coles		Data of Receipt
		Date of Receipt
Mailing Address 15-B Winchester Court		04 03 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25986
Mauldin	SC 29662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Robert L Coles DMD	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-bate ▼	
Other (specify)	250.00	
		900.00

FOR LINE NUMBER:				PAGE	1	11	OF	42	
(che	(check only one)								
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NAME OF COMMITTEE (In Full)	g the name and address of any political committee ORAL AND MAXILLOFACIAL SURGEON	
Full Name (Last, First, Middle Initial) A. Timothy Conley		Date of Receipt
Mailing Address 5188 Winton Rd		04 04 2014
City	State Zip Code	Transaction ID : SA11AI.25987
Fairfield	OH 45014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Affiliates in OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) 3. Donald Cox		Date of Receipt
Mailing Address 5651 Frist Blvd	M = M / D = D / Y = Y = Y	
Suite 300	04 14 2014	
City	State Zip Code	Transaction ID : SA11AI.25988
Hermitage	TN 37076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Donelson Oral Surgery PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1901 Blanding St Suite A		04 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Columbia	State Zip Code SC 29201	Transaction ID : SA11AI.25989
Columbia	SC 29201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	al)	875.00
TOTAL This Period (last page this line nun	nber only)	

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

FOR	PAGE	1	12	OF	42			
(check only one)								
×	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 t	he name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) William Davenport		Date of Receipt					
Mailing Address 3201 Chesapeake Ave		04					
City	State Zip Code	Transaction ID : SA11AI.25991					
Hampton	VA 23661	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation						
Hampton Roads Oral & Maxillofa	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	500.00						
Full Name (Last, First, Middle Initial) Michael DeGould		Date of Receipt					
Mailing Address 2835 McFarland Rd		04 03 2014					
Ste C	Ste C State Zip Code						
City Rockford	IL 61107	Transaction ID : SA11AI.25992					
_		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Self Employed	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) C. Joseph Fantuzzo		Date of Receipt					
Mailing Address 601 Elmwood Ave		04 04 2014					
City	State Zip Code	Transaction ID : SA11AI.25997					
Rochester	NY 14642	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Strong Memorial Hospital	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	250.00						
SUBTOTAL of Receipts This Page (optional)	>	1000.00					
TOTAL This Period (last page this line number	er only)						

FOR LINE NUMBER:					PAGE	. ′	13 OF	=	42
(check only one)									
	>	11a	11b		11c		12		
		13	14		15		16		17

		name and address of any political committee to	
	E OF COMMITTEE (In Full) ERICAN ASSOCIATION OF ORA	L AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
	Name (Last, First, Middle Initial) vid Feinerman		Date of Receipt
	ng Address 3695 Boynton Beach Blvd Suite 1		04
City	oten Decek	State Zip Code	Transaction ID : SA11AI.25998
Boyr	nton Beach	FL 33436	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	250.00
Name	e of Employer	Occupation	
Boyn	nton OMS & Implant Center P	Oral Surgeon	
Rece	eipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	250.00	
3. <u>G</u> al	Name (Last, First, Middle Initial) briel Fritz		Date of Receipt
Mailir	ng Address 2081 Shepherds Vineyard Dr	M = M / D = D / Y = Y = Y	
<u>C:</u>	Ste 100	State 7in Cod-	04 25 2014
City		State Zip Code NC 27502	Transaction ID : SA11AI.25999
Apex		NC 27502	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	250.00
	e of Employer	Occupation	
Self E	Employed	Oral Surgeon	
Rece	eipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Name (Last, First, Middle Initial) Chael Grau		Date of Receipt
	ng Address 3805 Edwards Rd Ste 160		04 02 2014
City		State Zip Code	Transaction ID : SA11AI.26001
Cinc	cinnati	OH 45209	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	500.00
Name	e of Employer	Occupation	
	ael J Grau DMD PSC	Oral Surgeon	
	eipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	500.00	
SUBTO	OTAL of Receipts This Page (optional)		1000.00
TOTAL	. This Period (last page this line number o	nly)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Mark Hardison Mailing Address 1775 Medical Caster Plant		Date of Receipt
Mailing Address 1725 Medical Center Pkwy Sutie 100		04 03 2014
City	State Zip Code	Transaction ID : SA11AI.26004
Murfreesboro	TN 37129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Middle Tennessee Oral & Implan	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Daniel Harris		Date of Receipt
Mailing Address 4224 Houma Blvd		M = M / D = D / Y = Y = Y
Ste 670	State Zip Code	04 25 2014
Metairie	LA 70006	Transaction ID : SA11AI.26006
	2 7000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Glenn Harrison		Date of Receipt
Mailing Address 6719 Governor Gc Peery Hwy Ste 3800		04 03 2014
City Richlands	State Zip Code VA 24641	Transaction ID : SA11AI.26008
	24041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Glenn A Harrison DDS PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. David Hayhurst		Date of Receipt
Mailing Address 550 W Virginia St		04 04 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.26009
Evansville	IN 47710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
The Oral Surgery Group	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) John Helmkamp	•	Date of Receipt
Mailing Address 2500 W Strub Rd	M = M / D = D / Y = Y = Y	
City	State Zip Code	04 03 2014 Transaction ID - SA44AL 20040
Sandusky	OH 44870	Transaction ID : SA11AI.26010 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif Heceipt this Fellou
federal political committee.	C	500.00
Name of Employer	Occupation	
North Coast Oral & Maxillofaci	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Roland Hernandez		Date of Receipt
Mailing Address 1625 SE 3rd Ave Ste 802		04 25 2014
City Fort Lauderdale	State Zip Code FL 33316	Transaction ID : SA11Al.26011 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Fort Lauderdale OMS PA	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line num	per only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) J Hockema Mailing Address 3021 E 98th St Suite 250 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Indiana Oral & Maxillofacial Receipt For: Primary Other (specify) General Other (specify) Full Name (Last, First, Middle Initial)	Date of Receipt M M O4
Mailing Address 12350 Riley St City State Zip Code	Date of Receipt 04 03 2014 Transaction ID: SA11Al.26014
Holland MI 49424 FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 250.00
Name of Employer West Michigan Oral & Maxillofa Receipt For: Primary Other (specify) ▼ Occupation Oral Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lawrence Joyce Mailing Address 689 Fellsway City Medford State MA 02155 FEC ID number of contributing federal political committee. Name of Employer Medford Oral Surgery Assoc Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.00	Date of Receipt M M M / D D / Y J Y J Y J Y J Y J Y J Y J Y J Y J Y
SUBTOTAL of Receipts This Page (optional)	1625.00

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

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	ORAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Solon Kao	Date of Receipt	
Mailing Address 3522 Granite Way		04 04 2014
City	State Zip Code	Transaction ID : SA11AI.26016
Martinez	GA 30907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Georgia Health Sciences Univer	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) David Kessler		Date of Receipt
Mailing Address 183 North Sixth St		M = M / D = D / Y = Y = Y
City	04 02 2014	
Brooklyn	State Zip Code NY 11211	Transaction ID : SA11AI.26017 Amount of Each Receipt this Period
		Amount of Each neceipt 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	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Richard Kinsey	1	Date of Receipt
Mailing Address 6043 Prestley Mill Rd. Suite A		04 02 7 2014
City Douglasville	State Zip Code GA 30134	Transaction ID : SA11AI.26018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

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

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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) A. Edward Laga		Date of Receipt
Mailing Address 175 Academy St Suite 1		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26019
Presque Isle	ME 04769	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. John Langston	•	Date of Receipt
Mailing Address 114 Waterhouse Rd		M = M / D = D / Y = Y = Y
Ste A		04 03 2014
City	State Zip Code	Transaction ID : SA11AI.26021
Bourne	MA 02532	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Bravman Langston & Associates	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Fabian LaTocha	·	Date of Receipt
Mailing Address 202 S Greenleaf St Ste A		04 04 2014
City	State Zip Code	Transaction ID : SA11AI.26023
Gurnee	IL 60031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
OMS of Lake County	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) A. Craig Little		Date of Receipt					
Mailing Address 403 A West 4th North St Unit A	State Zip Code	04 02 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
City	Transaction ID : SA11AI.26029						
Summerville	SC 29483	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Self Employed	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) Cedric Loud		Date of Receipt					
Mailing Address 8440 E Montello Rd	04 02 2014						
City	State Zip Code	Transaction ID : SA11AI.26030					
Scottsdale	AZ 85266	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00					
Name of Employer							
Self Employed	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) C. Chadwick Marshall		Data of Pagaint					
Mailing Address 123 2nd St SE		Date of Receipt					
City	State Zin Code	04 14 2014					
City Fort Walton Beach	State Zip Code FL 32548	Transaction ID : SA11AI.26032 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	375.00					
Name of Employer	Name of Employer Occupation						
Gulf Coast Facial & Oral Surge	Gulf Coast Facial & Oral Surge Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	275.00						
Other (specify) ▼	375.00						
SUBTOTAL of Receipts This Page (optional)	875.00					
TOTAL This Period (last page this line num	ber only)						

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF (ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) John Mascaro	Date of Receipt						
Mailing Address 4230 State Route 306 Suite 350							
City	04 14 2014 Transaction ID : SA11AI.26034						
Willoughby	OH 44094	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Great Lakes Jaw & Implant Surg	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) G Benjamin Massey		Date of Receipt					
Mailing Address 26 Edsel Dr	04 14 _2014						
City	Transaction ID : SA11AI.26035						
Richmond Hill	GA 31324	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer							
G Benjamin Massey DMD PC	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) C. Kerry McEntee	ı	Date of Receipt					
Mailing Address 77 Quaker Ridge Rd Ste 212		04 04 _ 2014 _					
City	State Zip Code	Transaction ID : SA11AI.26037					
New Rochelle	NY 10804	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Name of Employer Occupation						
Self Employed							
Receipt For:	Aggregate rear-to-bate \						
Primary General Other (specify) ▼	250.00						
SUBTOTAL of Receipts This Page (optional	I)	750.00					
TOTAL This Period (last page this line num	`						

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Michael McGinnis	Date of Receipt	
Mailing Address 1210 Wilson Hall Rd.		04 03 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.26038
Sumter	SC 29150	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) Marc Mulholland		Date of Receipt
Mailing Address 916 Washington Ave.	M = M / D = D / Y = Y = Y	
Suite 914 City	State Zip Code	04 03 2014
Bay City	MI 48708	Transaction ID : SA11AI.26042 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif necespt this relied
federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) . Gregory Ness		Date of Receipt
Mailing Address 6577 Plesenton Dr S		04 03 2014
City Worthington	State Zip Code OH 43085	Transaction ID: SA11AI.26043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1125.00
TOTAL This Period (last page this line numbe	<u>-</u>	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Suketu Patel		Date of Receipt
Mailing Address 613 E Grady St		04 14 2014
City	State Zip Code	Transaction ID : SA11AI.26046
Statesboro	GA 30458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ramon Peleaux		Date of Receipt
Mailing Address 809 Linda Ln		M = M / D = D / Y = Y = Y
City	Oher T. C.	04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26047
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Anh Pham	•	Date of Receipt
Mailing Address 2920 Oak Shadow Dr		04 04 2014
City	State Zip Code	Transaction ID : SA11AI.26048
Oak Hill	VA 20171	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggrogate Tear-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional))	750.00
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TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Steven Pollack		Date of Receipt
Mailing Address 1463 Klondike Rd Suite C		04
Copyers	State Zip Code GA 30094	Transaction ID : SA11AI.26049
Conyers	OA 30094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Terrence Riesch		Date of Receipt
Mailing Address N89 W16785 Appleton Ave		M = M / D = D / Y = Y = Y
Stop 1 City	State Zip Code	04 25 2014 Transportion ID - SA44A1 20052
Menomonee Falls	WI 53051	Transaction ID : SA11AI.26052 Amount of Each Receipt this Period
_	0000	Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Misty Roberts		Date of Receipt
Mailing Address 4741 W Cheryl Dr		04 25 2014
City	State Zip Code	Transaction ID : SA11AI.26053
Jackson	MS 39211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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		S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Fred Rodems		Date of Receipt
Mailing Address 22 S Buffalo St		04 03 2014
City	State Zip Code	Transaction ID : SA11AI.26055
Springville	NY 14141	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS Associates of West New Yor	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Robert Scheiber		Date of Receipt
Mailing Address 2000 E Market St		M = M / D = D / Y = Y = Y
City Ste 4	State Zip Code	04 03 2014
Warren	OH 44483	Transaction ID : SA11AI.26060 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif neceipt this Period
federal political committee.	C	250.00
Name of Employer	Occupation	
Robert E Scheiber DDS Inc	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) E Karl Schneider	1	Date of Receipt
Mailing Address 6780 Rockport Lane		04 14 2014
City Mentor	State Zip Code OH 44060	Transaction ID : SA11AI.26063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
E Karl Schneider, DDS Inc	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Patrick Scioscia		Date of Receipt
Mailing Address 230 Saluda Springs Rd		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26064
Lexington	SC 29072	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Lexington Facial & Oral Surger	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Mark Scura		Date of Receipt
Mailing Address 6 Rum Hill Rd.		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26065
Concord	NH 03301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Concord Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Brady Semmel	•	Date of Receipt
Mailing Address 1422 Commonwealth Dr		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26066
Wilmington	NC 28403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Boris Sidow	Date of Receipt	
Mailing Address 40 Eagle Pointe Dr	04 03 2014	
City	State Zip Code	Transaction ID : SA11AI.26068
Augusta	GA 30909	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) 3. Douglas Smail		Date of Receipt
Mailing Address 500 Federal Street		M = M / D = D / Y = Y = Y
Suite 202	01:4:	04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26070
Troy	NY 12180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
East Hudson Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Douglas Smail		Date of Receipt
Mailing Address 500 Federal Street Suite 202		04 18 2014
City	State Zip Code	Transaction ID : SA11AI.26069
Troy	NY 12180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer		
East Hudson Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	1)	875.00
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE	NUMBER:	PAGE	27 OF	42			
(check only one)							
X 11a	11b	11c	12				
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Full Name (Last, First, Middle Initial) Cecil Stancil Mailing Address 2634 Weigelia Rd City State Zip Code Atlanta GA 30345 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) City Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date End Name (Last, First, Middle Initial) Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249 City State Zip Code	Date of Receipt 04 14 2014 Transaction ID: SA11Al.26071 Amount of Each Receipt this Period 250.00
City Atlanta GA 30345 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ C Occupation Oral Surgeon Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249	Transaction ID : SA11Al.26071 Amount of Each Receipt this Period
Atlanta GA 30345 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249	Transaction ID : SA11AI.26071 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249	
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249	250.00
Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249	
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249	
Other (specify) Full Name (Last, First, Middle Initial) Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249	
Martin Steed Mailing Address 173 Ashley Ave BSB Rm 249	
BSB Rm 249	Date of Receipt
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Oity State Zip Code	04 04 2014
Charleston SC 29425	Transaction ID : SA11AI.26073
FFO ID remark out of contribution	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation	
MUSC College of Dental Medicin Oral Surgeon	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify) ▼ 250.00	
Full Name (Last, First, Middle Initial) Gregory Strull	Date of Receipt
Mailing Address 4122 Shelbyville Road Suite A	04
CityStateZip CodeLouisvilleKY40207	Transaction ID : SA11AI.26074 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation	
Drs. Strull & Strull PSC Oral Surgeon	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 250.00	
Saloi (opeoliy) ¥	
SUBTOTAL of Receipts This Page (optional)	<u> </u>

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Steven Tempel		Date of Receipt
Mailing Address 290 Springfield Dr Suite 190		04 03 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.26076
Bloomingdale	IL 60108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Louis Theodos		Date of Receipt
Mailing Address 52 Federal Road		M = M / D = D / Y = Y = Y
Suite 2A	State 7in Code	04 03 2014
City	State Zip Code CT 06810	Transaction ID : SA11AI.26078
Danbury	CT 06810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Louis V Theodos	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 2. Jonathan Tomlinson		Date of Receipt
Mailing Address 112 Timothy Park Ln		04 14 2014
City	State Zip Code	Transaction ID : SA11AI.26079
Athens	GA 30606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line numb	er only)	

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

FOR	LINE	NU	MBER	:	PAGE	2	29 OF	=	42
(che	ck only	or	ne)						
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	13		14		15		16		17

Steven Tucker Mailing Address 909 Scherm Rd		Date of Receipt
		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26081
Owensboro	KY 42301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Jeffrey Wallen	<u> </u>	Date of Receipt
Mailing Address 1200 48th Ave N		M = M / D = D / Y = Y = Y
Suite 101 City	State Zip Code	04 04 2014
Myrtle Beach	SC 29577	Transaction ID : SA11AI.26083
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Atlantic Oral Surgery & Implan	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) John Watts		Date of Receipt
Mailing Address 1760 Medical Park Dr		04 04 2014
City Biloxi	State Zip Code MS 39532	Transaction ID : SA11AI.26086
	35332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Gulf Coast Oral & Facial Surge	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	300.00	

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

FOF	LINE	NU	MBER	:	PAGE	3	30	OF	42
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X	11a		11b		11c		12		
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Full Name (Last, First, Middle Initial) Terry Whatley Mailing Address 1919 7th Ave S SBD 419 City Birmingham FEC ID number of contributing federal political committee. Name of Employer UAB Department of OMS Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Occupation Oral Surgeon Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) City Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Occupation	Date of Receipt M
City State Zip Code Birmingham AL 35233 FEC ID number of contributing federal political committee. Name of Employer UAB Department of OMS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City State Zip Code Harrisonburg VA 22801 FEC ID number of contributing federal political committee.	Date of Receipt M M M / 03 2014 Transaction ID : SA11AI.26087 Amount of Each Receipt this Period
City State Zip Code Birmingham AL 35233 FEC ID number of contributing federal political committee. Name of Employer UAB Department of OMS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City State Zip Code Harrisonburg VA 22801 FEC ID number of contributing federal political committee. City Code VA 22801 C	Transaction ID : SA11AI.26087 Amount of Each Receipt this Period 250.00 Date of Receipt M M M O O O O O O O O O O O O O O O O
FEC ID number of contributing federal political committee. Name of Employer UAB Department of OMS Receipt For: Primary Other (specify) Other (specify) Aggregate Year-to-Date Eull Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City Harrisonburg FEC ID number of contributing federal political committee. City City City City City City City Cit	Date of Receipt 04 03 2014 Transaction ID: SA11AI.26089
Name of Employer UAB Department of OMS Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City Harrisonburg FEC ID number of contributing federal political committee.	Date of Receipt O4 O3 2014 Transaction ID: SA11AI.26089
UAB Department of OMS Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City Harrisonburg FEC ID number of contributing federal political committee. Oral Surgeon Aggregate Year-to-Date ▼ 250.00 State Zip Code VA 22801 C	04 03 2014 Transaction ID : SA11AI.26089
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City Harrisonburg FEC ID number of contributing federal political committee. City Cit	04 03 2014 Transaction ID : SA11AI.26089
Primary General Other (specify) Other (specify) Other (specify) Full Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City State Zip Code Harrisonburg VA 22801 FEC ID number of contributing federal political committee.	04 03 2014 Transaction ID : SA11AI.26089
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City State Zip Code Harrisonburg VA 22801 FEC ID number of contributing federal political committee.	04 03 2014 Transaction ID : SA11AI.26089
Full Name (Last, First, Middle Initial) James Whitney Mailing Address 2071 Pro Pointe Ln City State Zip Code Harrisonburg VA 22801 FEC ID number of contributing federal political committee.	04 03 2014 Transaction ID : SA11AI.26089
Mailing Address 2071 Pro Pointe Ln City State Zip Code Harrisonburg VA 22801 FEC ID number of contributing federal political committee.	04 03 2014 Transaction ID : SA11AI.26089
City State Zip Code Harrisonburg VA 22801 FEC ID number of contributing federal political committee.	04 03 2014
Harrisonburg VA 22801 FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.26089
Harrisonburg VA 22801 FEC ID number of contributing federal political committee.	
FEC ID number of contributing federal political committee.	/ intount of Edon Hoodipt this i chou
federal political committee.	
Name of Employer Occupation	250.00
Whitney & Ramsey Oral & Facial Oral Surgeon	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 250.00	
Full Name (Last, First, Middle Initial) Robert Wright	Data of Pagaint
	Date of Receipt
Mailing Address 1502 Forsyth St Ste A	04 04 2014
City State Zip Code	Transaction ID : SA11AI.26090
Macon GA 31201	Amount of Each Receipt this Period
FEC ID number of contributing	
federal political committee.	250.00
Name of Employer Occupation	
Self Employed Oral Surgeon	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 250.00	
SURTOTAL of Possints This Page (antional)	750.00
SUBTOTAL of Receipts This Page (optional)	

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SCHEDULE B (FEC Form 3X)	Lico concrete achadula(=)		INE NUN			L	PAGE	31	OF	42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		only one		- -			-	_	
	Detailed Summary Page	$ X ^2$		22	23	24		25		26
	, ,	2	27	28a	28b	28	3c	29		30b
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL	SURGEO	ONS P	OLITIC	AL A	CTIO	A CO	MMI	TTE	E
Full Name (Last, First, Middle Initial)										
A. Paypal				Date of D	isburse		Y	Y	Y	
Mailing Address 2211 N. First Street				04	C)7	_ 2	014	Ш	
City	State Zip Code			Transac	tion ID	. CD24	D 260	06		
San Jose	CA 95131			rransa0	uon ID	, SB21	₽.∠00	30		
Purpose of Disbursement Paypal collection fee			A	mount o	f Each	Disbur	semen	t this	Perio	d
Candidate Name		Category			-		_			
		Type			,		,		2.20	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)									
State: District:	·									
Full Name (Last, First, Middle Initial)										
B.				Date of D	isburse	ement				
				M M	/ D	D /	Y	Y	Υ	
Mailing Address					L		L.		Ш	
City	State Zip Code									
Purpose of Disbursement			7							
		L	A	Amount of Each Disbursement this Period				Perio	d	
Candidate Name		Category	/					-		П
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	ment For:									
Senate	Primary General									
State: District:	Other (specify) ▼									
Full Name (Last, First, Middle Initial)				Note of F	liob	amari				
C.				Date of D	uspurse	ement				
Mailing Address				M = M	/ D	D /	Y	Y	Y	
City	State Zip Code		+							
Purpose of Disbursement										
			A	mount o	f Each	Disbur	semen	t this	Perio	d
Candidate Name		Category	/		-					٦
Office Sought: House Bishing	mont For:	Туре	L		7		7			_
Office Sought: House Disburse Senate	ment For:									
President	Primary General Other (specify)									
State: District:	Carlot (Specify)									
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SUPTOTAL of Disburgamenta This Boss (antional)								2	2.20	
SUBTOTAL of Disbursements This Page (optional).			<u> </u>		7				Ĭ	
TOTAL This Period (last nage this line number only	1							2	2.20	

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 32 OF 42
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 State or for commercial purposes, other than using the na			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. BRADY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 8277			04 30 2014
City THE WOODLANDS Purpose of Disbursement	State Zip Code TX 77387		Transaction ID : SB23.26102
Federal Campaign Contribution Candidate Name			Amount of Each Disbursement this Period
	ement For: 2014	Category/ Type	5000.00
Senate President	Primary		
State: TX District: 08 Full Name (Last, First, Middle Initial) B. CANTOR FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 17813			04 30 7 2014
City RICHMOND	State Zip Code VA 23226		Transaction ID : SB23.26103
Purpose of Disbursement Federal Campaign Contribution Candidate Name			Amount of Each Disbursement this Period
	ement For: 5000	Category/ Type	5000.00
	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. CANTOR FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 17813			04 30 2014
City RICHMOND	State Zip Code VA 23226		Transaction ID : SB23.26104
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period 5000.00
Office Sought: House Disburse	ement For: 2014 Primary		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only			15000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE N	UMBER: PAGE 33 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only of 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any persor	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL S	SURGEONS	POLITICAL ACTION COMMITTEE
A. CHARLES BOUSTANY JR. MD FC	OR CONGRESS, INC	> .	Date of Disbursement
Mailing Address PO BOX 80126			04 30 2014
LAFAYETTE	tate Zip Code LA 70598		Transaction ID : SB23.26105
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3000.00
Senate President	nent For: 2014 Primary General Other (specify)		
State: LA District: 07 Full Name (Last, First, Middle Initial)			
B. CHRIS COONS FOR DELAWARE			Date of Disbursement
Mailing Address PO BOX 9900			04 30 2014
NEWARK	state Zip Code DE 19714		Transaction ID : SB23.26107
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2000.00
X Senate	nent For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. DOYLE FOR CONGRESS COMMI	TTEE		Date of Disbursement
Mailing Address 205 HAWTHORNE COURT			04 30 2014
,	itate Zip Code PA 15221		Transaction ID : SB23.26108
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2000.00
Senate	nent For: 2014 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			7000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 34 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one) 22 X 23 24 25 26
[27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or use me and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. ENZI FOR US SENATE			Date of Disbursement
Mailing Address PO BOX 2775			04 30 2014
City	State Zip Code		Transaction ID : SB23,26109
CODY Purpose of Disbursement	WY 82414		
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Senate President Disburse	ement For: 2014 Primary General Other (specify)		
State: WY District: 00	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF DAVE REICHERT			Date of Disbursement
Mailing Address PO BOX 2032			04 30 2014
City ISSAQUAH	State Zip Code WA 98027		Transaction ID : SB23.26113
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3000.00
	ement For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. FRIENDS OF ELIZABETH ESTY			Date of Disbursement
Mailing Address PO BOX 61			04 30 7 2014
City CHESHIRE	State Zip Code CT 06410		Transaction ID : SB23.26110
Purpose of Disbursement Federal Campaign Contribution			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 1500.00
Senate President	ement For: 2014 Primary General Other (specify)	.,,,,,	
State: CT District: 05			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	5500.00
TOTAL This Period (last page this line number only	v)		1

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS			FOR LINE NUMBER: PAGE 36 OF 42		
		Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b		
Any informat	tion conied from such Benorts and States	ments may not be sold or u		on for the purpose of soliciting contributions	
				solicit contributions from such committee.	
I \	F COMMITTEE (In Full) CAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL	. SURGEONS	POLITICAL ACTION COMMITTEE	
	e (Last, First, Middle Initial)			B (B)	
A. GRAVES FOR CONGRESS				Date of Disbursement	
Mailing A	ddress 2345 GRAND, SUITE 2400		04 30 2014		
City	CITY	State Zip Code MO 64108		Transaction ID : SB23.26114	
	of Disbursement Campaign Contribution			Amount of Each Disbursement this Period	
Candidate	e Name		Category/ Type	5000.00	
Office So	ught: House Disburser Senate President	nent For: 2014 Primary General Other (specify)	,,		
	MO District: 06				
	e (Last, First, Middle Initial) FOR CONGRESS COMMIT	TEE		Date of Disbursement	
Mailing A	ddress 205 5TH AVENUE SOUTH		04 30 2014		
City LA CROS	SSE	State Zip Code WI 54601		Transaction ID : SB23.26117	
Purpose of Disbursement Federal Campaign Contribution				Amount of Each Disbursement this Period	
Candidate	e Name		Category/ Type	1500.00	
Office So		ment For: 2014 Primary ☐ General Other (specify) ▼			
	e (Last, First, Middle Initial) FOR CONGRESS COMMIT	TEE		Date of Disbursement	
	TON CONCINEDO COMIMIT		M = M / D = D / Y = Y = Y		
Mailing A	ddress 205 5TH AVENUE SOUTH			04 30 2014	
City LA CROS	SSE	State Zip Code WI 54601		Transaction ID : SB23.26118	
	of Disbursement Campaign Contribution				
Candidate Name Category/ Type				Amount of Each Disbursement this Period 2500.00	
Office So	ught: House Disburser Senate President WI District: 03	ment For: 2014 Primary	,,		
Jiaio.	VII DIGITION 03				
	of Disbursements This Page (optional)			9000.00	
I TOTAL INS	s Period (last page this line number only)	1			

SCHEDULE			FOR LINE I	NUMBER:	PAGE 37 OF 42	
ITEMIZED DISBURSEMENTS		for each	parate schedule(s) n category of the I Summary Page	(check only 21b	one) 22 X 23	24 25 26
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I \	MITTEE (In Full) ASSOCIATION OF ORAL A	AND MA	XILLOFACIAL	SURGEONS	S POLITICAL A	CTION COMMITTEE
_ `	t, First, Middle Initial)				5 . (5)	
A. PALLONE FOR CONGRESS				Date of Disburse	D / Y Y Y Y	
Mailing Address					04 3	2014
City LONG BRANCH	ł	State NJ	Zip Code 07740		Transaction ID) : SB23.26120
Purpose of Disk Federal Campa	oursement aign Contribution				Amount of Each	Disbursement this Period
Candidate Nam	е			Category/ Type		4000.00
Office Sought:	House Disburser Senate President	nent For: Primary Other (sp	General			
State: NJ	District: 06					
_ '	t, First, Middle Initial) FOR CONGRESS				Date of Disburse	ement
Mailing Address	PO BOX 3176				04 / D	2014
City LONG BRANCH	1	State NJ	Zip Code 07740		Transaction IE) : SB23.26121
Purpose of Disbursement Federal Campaign Contribution					Amount of Each	Disbursement this Period
Candidate Name	Candidate Name			Category/ Type		5000.00
Office Sought: State: NJ	House Disburser Senate President District: 06	nent For: Primary Other (spe	X General			
,	t, First, Middle Initial) ERTS FOR US SENATE	INC			Date of Disburse	ement
Mailing Address PO BOX 433					04 / D	2014
City GREAT BEND		State KS	Zip Code 67530		Transaction IE) : SB23.26122
Purpose of Disbursement Federal Campaign Contribution					Amount of Foob	Disbursement this Period
				Category/ Type	Amount of Lacin	3000.00
Office Sought:	Senate President	nent For: Primary Other (sp	General	71		
State: KS	District: 00					
	sbursements This Page (optional)					12000.00
TOTAL This Perio	od (last page this line number only)			·····		7

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 38 OF 42		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b		
A information and information Boundary				
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SU	JRGEONS POLITICAL ACTION COMMITTEE		
Full Name (Last, First, Middle Initial)				
A. PEOPLE FOR BEN	Date of Disbursement			
	M M / D D / Y Y Y Y			
Mailing Address PO BOX 31129		04 30 2014		
City	State Zip Code			
SANTA FE	NM 87594	Transaction ID : SB23.26123		
Purpose of Disbursement Federal Campaign Contribution		Assessed of Fresh Birthon consent this Buried		
Candidate Name		Amount of Each Disbursement this Period		
	C	category/ Type 1000.00		
Office Sought: House Disbu	irsement For: 2014			
Senate	Primary General			
State: NM District: 03	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. RYAN COSTELLO FOR CONG	RESS	Date of Disbursement		
		M M / D D / Y Y Y Y		
Mailing Address PO BOX 3154		04 22 2014		
City	State Zip Code	Transaction ID : SB23.26101		
WEST CHESTER Purpose of Disbursement	PA 19381			
Federal Campaign Contribution		Amount of Each Disbursement this Period		
Candidate Name	C	Category/ 1500.00		
Office Sought: A House Dish	waamant Fav. 2011	Type		
Office Sought: House Disbu	rsement For: 2014 Primary General			
President	Other (specify)			
State: PA District: 06				
Full Name (Last, First, Middle Initial)		8. (8:4		
c. RYAN FOR CONGRESS, INC.	Date of Disbursement			
Mailing Address PO BOX 1488	04 30 2014			
Maling Address 1 O BOX 1400				
City	State Zip Code WI 53547	Transaction ID : SB23.26124		
City JANESVILLE Purpose of Disbursement		Transaction ID : SB23.26124		
City JANESVILLE Purpose of Disbursement Federal Campaign Contribution		Transaction ID : SB23.26124 Amount of Each Disbursement this Period		
City JANESVILLE Purpose of Disbursement	WI 53547	Amount of Each Disbursement this Period		
City JANESVILLE Purpose of Disbursement Federal Campaign Contribution Candidate Name	WI 53547	Amount of Each Disbursement this Period		
City JANESVILLE Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Senate	WI 53547 Coursement For: 2014 Primary General	Amount of Each Disbursement this Period		
City JANESVILLE Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Senate President	WI 53547 Coursement For: 2014	Amount of Each Disbursement this Period		
City JANESVILLE Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Senate	WI 53547 Coursement For: 2014 Primary General	Amount of Each Disbursement this Period		
City JANESVILLE Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Senate President State: WI District: 01	WI 53547 Coursement For: 2014 Primary General Other (specify)	Amount of Each Disbursement this Period 5000.00		
City JANESVILLE Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Senate President	WI 53547 Coursement For: 2014 Primary General Other (specify)	Amount of Each Disbursement this Period 5000.00		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 39 OF 42		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		ed by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL	SURGEONS	POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. STABENOW FOR US SENATE			Date of Disbursement	
Mailing Address P.O. BOX 4945	04 30 / 2014			
City S	State Zip Code MI 48826		Transaction ID : SB23.26125	
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	2500.00	
	nent For: 2018 Primary General Other (specify)	.,,,,,		
State: MI District: 00				
Full Name (Last, First, Middle Initial) B. STEVE CHABOT FOR CONGRES	S		Date of Disbursement	
Mailing Address 3030 HARRISON AVE.		04 30 2014		
CINCINNATI	State Zip Code OH 45211		Transaction ID : SB23.26126	
Purpose of Disbursement Federal Campaign Contribution		Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1500.00	
	nent For: 2014 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. TED LIEU FOR CONGRESS		Date of Disbursement		
Mailing Address 6380 WILSHIRE BLVD #1612		04 30 / Y Y Y Y Y Y		
City S LOS ANGELES	State Zip Code CA 90048		Transaction ID : SB23.26119	
Purpose of Disbursement Federal Campaign Contribution Candidate Name	Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser	nent For: 2014 Primary General Other (specify)	71		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			5500.00	

SCHEDULE B (FEC Form 3X)	Llos conorete cabadala/a	FOR LINE NUMBER: PAGE 40 OF 42		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A				
Full Name (Last, First, Middle Initial) A. TIM MURPHY FOR CONGRESS		Date of Disbursement		
Mailing Address PO BOX 24551			04 30 2014	
PTTSBURGH	State Zip Code PA 15234		Transaction ID: SB23.26127	
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	3500.00	
Senate President	nent For: 2014 Primary General Other (specify)			
State: PA District: 18 Full Name (Last, First, Middle Initial)				
B. UPTON FOR ALL OF US			Date of Disbursement	
Mailing Address P.O. BOX 490			04 30 2014	
ST. JOSEPH	State Zip Code MI 49085		Transaction ID : SB23.26128	
Purpose of Disbursement Federal Campaign Contribution		Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	5000.00	
	nent For: 2014 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C. UPTON FOR ALL OF US			Date of Disbursement	
Mailing Address P.O. BOX 490			04 30 2014	
ST. JOSEPH	State Zip Code MI 49085		Transaction ID : SB23.26129	
Purpose of Disbursement Federal Campaign Contribution Candidate Name	Category/	Amount of Each Disbursement this Period		
Office Sought:	ment For: 2014	Type	2500.00	
Senate President State: MI District: 06	Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)			11000.00	
, , , , , , , , , , , , , , , , , , ,				
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		EOR LINE	FOR LINE NUMBER: PAGE 41 OF 42		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page				
		21b	22 🗙 23 24 25 26		
	, ,	27	28a 28b 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)	io and address of any politi	oar oomminitee to	constructions from such committee.		
AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE		
/					
Full Name (Last, First, Middle Initial)					
A. WHITFIELD FOR CONGRESS CC	Date of Disbursement				
Mailing Address P.O. BOX 391		04 30 2014			
•	State Zip Code		Transaction ID : SB23.26130		
HOPKINSVILLE Purpose of Disbursement	KY 42241				
Federal Campaign Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type	2000.00		
	nent For: 2014				
Senate President	Primary General Other (specify)				
State: KY District: 01	onici (specity)				
Full Name (Last, First, Middle Initial)					
В.			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			Amount of Each Dispursement this Period		
		Category/ Type			
Office Sought: House Disburser	nent For:	71			
Senate	Primary General				
President State: District:	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	Т				
ו מוףטפר טו ביופטמופרוופוונ	Amount of Each Dichuragement this Davied				
Candidate Name Category/			Amount of Each Disbursement this Period		
		Type			
Office Sought: House Disburser					
Senate President	Other (appoint) — General				
State: District:	Other (specify) ▼				
2.2.0.					
SUBTOTAL of Disbursements This Page (optional)			2000.00		
3 (1 /					
TOTAL This Period (last page this line number only)			83500.00		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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X 9 10

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

A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):
Illinois Department of Revenue	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			Transaction ID : SD9.18338
175.00			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
0.00		0.00	175.00
B. Full Name (Last, First, Middle Initial) of Debtor	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	Outstanding Balance at Close of This Period		
0.00		0.00	7.00
C. Full Name (Last, First, Middle Initial) of Debte	Nature of Debt (Purpose):		
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
, , , , , , , , , , , , , , , , , , , ,	,		
SUBTOTALS This Period This Page (optional))	182.00
TOTALS This Period (last page this line number	182.00		
TOTAL OUTSTANDING LOANS from Schedule	0.00		
ADD 2) and 3) and carry forward to appropriate	182.00		