

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

9700 WEST BRYN MAWR AVE.

☐ Check if different than previously reported. (ACC)

ROSEMONT

IL

60018

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00005660

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
04 30 2014

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

Type or Print Name of Treasurer Thomas Keane

Signature of Treasurer

Thomas Keane

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 20 2014

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		625526.50
(b) Cash on Hand at Beginning of Reporting Period.....	639685.44	
(c) Total Receipts (from Line 19)	28089.00	84525.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	667774.44	710052.35
7. Total Disbursements (from Line 31)	83538.73	125816.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	584235.71	584235.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	182.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 04 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

26400.00

81650.00

(ii) Unitemized

1672.51

2812.51

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

28072.51

84462.51

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

28072.51

84462.51

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

16.49

63.34

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

28089.00

84525.85

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

28089.00

84525.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	38.73	5666.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	38.73	5666.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	83500.00	119900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83538.73	125816.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	28072.51	84462.51
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28072.51	84212.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	38.73	5666.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	38.73	5666.64

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

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

FOR LINE NUMBER: PAGE 6 OF 42
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dominick Adornato

Mailing Address 1129 E Aurora
Suite 101

City State Zip Code
Macedonia OH 44056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Maxillofacial Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.25964

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Randolph Alexander

Mailing Address 2708 A Aster St

City State Zip Code
Lake Charles LA 70601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.25965

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Fernando Alvarado

Mailing Address 3205 Wildwood Plantation Dr

City State Zip Code
Valdosta GA 31605

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Valdosta OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.25966

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. J Greg Anderson

Mailing Address 2130 N Charles G Seivers Blvd
Ste 1

City State Zip Code
Clinton TN 37716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anderson Oral and Maxillofacia

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SA11AI.25969

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Bergman

Mailing Address 2350 Northpark Dr

City State Zip Code
Columbus IN 47203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SA11AI.25974

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gordon Brady

Mailing Address 1463 Klondike Road SW
Suite C

City State Zip Code
Conyers GA 30094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SA11AI.25975

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Amy Bryan

Mailing Address 387 High Street

City State Zip Code
 Lockport NY 14094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Buffalo Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.25977

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. David Bullard

Mailing Address 201 N Plaza Blvd

City State Zip Code
 Chillicothe OH 45601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Maxillofacial Surgery C

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.25978

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Butler

Mailing Address 505 Cragmont

City State Zip Code
 Madison IN 47250

FEC ID number of contributing
federal political committee.

C

Name of Employer

David F Butler DDS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.25979

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

875.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Joshua Campbell

Mailing Address 140 E Division Rd
Ste A1

City State Zip Code
Oak Ridge TN 37830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral Surgery Specialists of TN

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.25980

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William Campbell

Mailing Address 1818 Warm Springs Road

City State Zip Code
Columbus GA 31904

FEC ID number of contributing
federal political committee.

C

Name of Employer

William D Campbell

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.25982

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andre Cardoso

Mailing Address 4322 Kelsey Dr

City State Zip Code
Syracuse NY 13215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vitkus Scutari and Cardoso Ora

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.25983

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Donald Case

Mailing Address 27 Bridge St

City State Zip Code
 Stamford CT 06905

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Stamford OMS Associates PC

Occupation
 Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.25984

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Evan Chafitz

Mailing Address 1075 Central Park Ave
 Suite 207

City State Zip Code
 Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.25985

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Coles

Mailing Address 15-B Winchester Court

City State Zip Code
 Mauldin SC 29662

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Robert L Coles DMD

Occupation
 Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.25986

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

900.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Timothy Conley

Mailing Address 5188 Winton Rd

City State Zip Code
 Fairfield OH 45014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Affiliates in OMS

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.25987

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Donald Cox

Mailing Address 5651 Frist Blvd
 Suite 300

City State Zip Code
 Hermitage TN 37076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Donelson Oral Surgery PC

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.25988

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Crooks

Mailing Address 1901 Blanding St
 Suite A

City State Zip Code
 Columbia SC 29201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.25989

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

875.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. William Davenport

Mailing Address 3201 Chesapeake Ave

City

Hampton

State

VA

Zip Code

23661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hampton Roads Oral & Maxillofa

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2014

Transaction ID : SA11AI.25991

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael DeGould

Mailing Address 2835 McFarland Rd
Ste C

City

Rockford

State

IL

Zip Code

61107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 03 / 2014

Transaction ID : SA11AI.25992

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph Fantuzzo

Mailing Address 601 Elmwood Ave

City

Rochester

State

NY

Zip Code

14642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strong Memorial Hospital

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 04 / 2014

Transaction ID : SA11AI.25997

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Feinerman

Mailing Address 3695 Boynton Beach Blvd
Suite 1

City State Zip Code
Boynton Beach FL 33436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boynton OMS & Implant Center P

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.25998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gabriel Fritz

Mailing Address 2081 Shepherds Vineyard Dr
Ste 100

City State Zip Code
Apex NC 27502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.25999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Grau

Mailing Address 3805 Edwards Rd
Ste 160

City State Zip Code
Cincinnati OH 45209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael J Grau DMD PSC

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.26001

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mark Hardison

Mailing Address 1725 Medical Center Pkwy
Sutie 100

City State Zip Code
Murfreesboro TN 37129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middle Tennessee Oral & Implan

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel Harris

Mailing Address 4224 Houma Blvd
Ste 670

City State Zip Code
Metairie LA 70006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.26006

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Glenn Harrison

Mailing Address 6719 Governor Gc Peery Hwy
Ste 3800

City State Zip Code
Richlands VA 24641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glenn A Harrison DDS PC

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26008

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 42
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Hayhurst

Mailing Address 550 W Virginia St

City State Zip Code
 Evansville IN 47710

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Oral Surgery Group

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.26009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Helmkamp

Mailing Address 2500 W Strub Rd

City State Zip Code
 Sandusky OH 44870

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Coast Oral & Maxillofaci

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.26010

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Roland Hernandez

Mailing Address 1625 SE 3rd Ave
 Ste 802

City State Zip Code
 Fort Lauderdale FL 33316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Lauderdale OMS PA

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11AI.26011

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. J Hockema

Mailing Address 3021 E 98th St
Suite 250

City State Zip Code
Indianapolis IN 46280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Oral & Maxillofacial

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.26013

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. C William Hoekstra

Mailing Address 12350 Riley St

City State Zip Code
Holland MI 49424

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Michigan Oral & Maxillofa

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lawrence Joyce

Mailing Address 689 Fellsway

City State Zip Code
Medford MA 02155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medford Oral Surgery Assoc

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26015

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1625.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Solon Kao

Mailing Address 3522 Granite Way

City State Zip Code
Martinez GA 30907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Health Sciences Univer

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.26016

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Kessler

Mailing Address 183 North Sixth St

City State Zip Code
Brooklyn NY 11211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.26017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard Kinsey

Mailing Address 6043 Prestley Mill Rd.
Suite A

City State Zip Code
Douglasville GA 30134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.26018

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Edward Laga

Mailing Address 175 Academy St
Suite 1

City State Zip Code
Presque Isle ME 04769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.26019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Langston

Mailing Address 114 Waterhouse Rd
Ste A

City State Zip Code
Bourne MA 02532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bravman Langston & Associates

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Fabian LaTocha

Mailing Address 202 S Greenleaf St
Ste A

City State Zip Code
Gurnee IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OMS of Lake County

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.26023

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Craig Little

Mailing Address 403 A West 4th North St
Unit A

City State Zip Code
Summerville SC 29483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.26029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cedric Loud

Mailing Address 8440 E Montello Rd

City State Zip Code
Scottsdale AZ 85266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.26030

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Chadwick Marshall

Mailing Address 123 2nd St SE

City State Zip Code
Fort Walton Beach FL 32548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gulf Coast Facial & Oral Surge

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.26032

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Mascaro

Mailing Address 4230 State Route 306
Suite 350

City State Zip Code
Willoughby OH 44094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Lakes Jaw & Implant Surg

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.26034

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. G Benjamin Massey

Mailing Address 26 Edsel Dr

City State Zip Code
Richmond Hill GA 31324

FEC ID number of contributing
federal political committee.

C

Name of Employer

G Benjamin Massey DMD PC

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.26035

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kerry McEntee

Mailing Address 77 Quaker Ridge Rd
Ste 212

City State Zip Code
New Rochelle NY 10804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.26037

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael McGinnis

Mailing Address 1210 Wilson Hall Rd.

City State Zip Code
Sumter SC 29150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26038

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Marc Mulholland

Mailing Address 916 Washington Ave.
Suite 914

City State Zip Code
Bay City MI 48708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26042

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory Ness

Mailing Address 6577 Plesenton Dr S

City State Zip Code
Worthington OH 43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26043

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1125.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Suketu Patel

Mailing Address 613 E Grady St

City	State	Zip Code
Statesboro	GA	30458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	14	/	2014

Transaction ID : SA11AI.26046

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ramon Peleaux

Mailing Address 809 Linda Ln

City	State	Zip Code
Charlotte	NC	28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	02	/	2014

Transaction ID : SA11AI.26047

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anh Pham

Mailing Address 2920 Oak Shadow Dr

City	State	Zip Code
Oak Hill	VA	20171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	04	/	2014

Transaction ID : SA11AI.26048

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steven Pollack

Mailing Address 1463 Klondike Rd
Suite C

City State Zip Code
Conyers GA 30094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.26049

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Terrence Riesch

Mailing Address N89 W16785 Appleton Ave
Stop 1

City State Zip Code
Menomonee Falls WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.26052

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Misty Roberts

Mailing Address 4741 W Cheryl Dr

City State Zip Code
Jackson MS 39211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.26053

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 42
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Fred Rodems

Mailing Address 22 S Buffalo St

City State Zip Code
 Springville NY 14141

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMS Associates of West New Yor

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.26055

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Scheiber

Mailing Address 2000 E Market St
 Ste 4

City State Zip Code
 Warren OH 44483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert E Scheiber DDS Inc

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.26060

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. E Karl Schneider

Mailing Address 6780 Rockport Lane

City State Zip Code
 Mentor OH 44060

FEC ID number of contributing
federal political committee.

C

Name of Employer
E Karl Schneider, DDS Inc

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.26063

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 42
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Patrick Scioscia

Mailing Address 230 Saluda Springs Rd

City Lexington State SC Zip Code 29072

FEC ID number of contributing federal political committee.

C

Name of Employer
Lexington Facial & Oral Surge

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 02 / 2014

Transaction ID : SA11AI.26064

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Scura

Mailing Address 6 Rum Hill Rd.

City Concord State NH Zip Code 03301

FEC ID number of contributing federal political committee.

C

Name of Employer
Concord Oral Surgery

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 02 / 2014

Transaction ID : SA11AI.26065

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brady Semmel

Mailing Address 1422 Commonwealth Dr

City Wilmington State NC Zip Code 28403

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 02 / 2014

Transaction ID : SA11AI.26066

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 42
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Boris Sidow

Mailing Address 40 Eagle Pointe Dr

City State Zip Code
Augusta GA 30909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26068

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Douglas Smail

Mailing Address 500 Federal Street
Suite 202

City State Zip Code
Troy NY 12180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

East Hudson Oral Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.26070

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Douglas Smail

Mailing Address 500 Federal Street
Suite 202

City State Zip Code
Troy NY 12180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

East Hudson Oral Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11AI.26069

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

875.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cecil Stancil

Mailing Address 2634 Weigelia Rd

City State Zip Code
 Atlanta GA 30345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.26071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Martin Steed

Mailing Address 173 Ashley Ave
 BSB Rm 249

City State Zip Code
 Charleston SC 29425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MUSC College of Dental Medicin

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.26073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory Strull

Mailing Address 4122 Shelbyville Road
 Suite A

City State Zip Code
 Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Drs. Strull & Strull PSC

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.26074

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 28 OF 42
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steven Tempel

Mailing Address 290 Springfield Dr
Suite 190

City State Zip Code
Bloomington IL 60108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26076

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Louis Theodos

Mailing Address 52 Federal Road
Suite 2A

City State Zip Code
Danbury CT 06810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Louis V Theodos

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.26078

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jonathan Tomlinson

Mailing Address 112 Timothy Park Ln

City State Zip Code
Athens GA 30606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.26079

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steven Tucker

Mailing Address 909 Scherm Rd

City State Zip Code
Owensboro KY 42301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.26081

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Wallen

Mailing Address 1200 48th Ave N
Suite 101

City State Zip Code
Myrtle Beach SC 29577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Atlantic Oral Surgery & Implan

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.26083

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Watts

Mailing Address 1760 Medical Park Dr

City State Zip Code
Biloxi MS 39532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gulf Coast Oral & Facial Surge

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.26086

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Terry Whatley

Mailing Address 1919 7th Ave S
SBD 419

City Birmingham State AL Zip Code 35233

FEC ID number of contributing federal political committee.

C

Name of Employer
UAB Department of OMS

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 14 / 2014

Transaction ID : SA11AI.26087

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Whitney

Mailing Address 2071 Pro Pointe Ln

City Harrisonburg State VA Zip Code 22801

FEC ID number of contributing federal political committee.

C

Name of Employer
Whitney & Ramsey Oral & Facial

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SA11AI.26089

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Wright

Mailing Address 1502 Forsyth St
Ste A

City Macon State GA Zip Code 31201

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SA11AI.26090

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

26400.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 42

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Paypal

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	4		0	7		2	0	1	4		

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Transaction ID : SB21B.26096Purpose of Disbursement
Paypal collection fee

Amount of Each Disbursement this Period

Candidate Name

2.20

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

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

2.20

2.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 42

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26102

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CANTOR FOR CONGRESS

Mailing Address PO BOX 17813

City	State	Zip Code
RICHMOND	VA	23226

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: VA	District: 07

Disbursement For: 5000
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26103

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CANTOR FOR CONGRESS

Mailing Address PO BOX 17813

City	State	Zip Code
RICHMOND	VA	23226

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: VA	District: 07

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26104

Amount of Each Disbursement this Period

5000.00

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)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 42

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address PO BOX 80126

City	State	Zip Code
LAFAYETTE	LA	70598

Transaction ID : SB23.26105Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

B. CHRIS COONS FOR DELAWARE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address PO BOX 9900

City	State	Zip Code
NEWARK	DE	19714

Transaction ID : SB23.26107Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 00

Full Name (Last, First, Middle Initial)

C. DOYLE FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address 205 HAWTHORNE COURT

City	State	Zip Code
PITTSBURGH	PA	15221

Transaction ID : SB23.26108Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 14

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)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 42

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WY	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26109

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE REICHERT

Mailing Address PO BOX 2032

City	State	Zip Code
ISSAQUAH	WA	98027

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WA	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26113

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City	State	Zip Code
CHESHIRE	CT	06410

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CT	District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26110

Amount of Each Disbursement this Period

1500.00

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

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

5500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. FRIENDS OF JOE PITTS

Category/
Type

5000.00

State: PA District: 16

B. FRIENDS OF JOE PITTS

MM / DD / YYYY

Category/
Type

2000.00

State: PA District: 16

C. FRIENDS OF MICHELLE

Category/
Type

State: NM District: 01

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 42

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City	State	Zip Code
KANSAS CITY	MO	64108

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26114

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City	State	Zip Code
LA CROSSE	WI	54601

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26117

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City	State	Zip Code
LA CROSSE	WI	54601

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26118

Amount of Each Disbursement this Period

2500.00

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

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

9000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Category/
Type

4000.00

MM / DD / YYYY

Category/
Type

5000.00

Category/
Type

3000.00

12000.00

[illegible]

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. PEOPLE FOR BEN

Category/
Type

1000.00

State: NM District: 03

B. RYAN COSTELLO FOR CONGRESS

MM / DD / YYYY

Category/
Type

1500.00

State: PA District: 06

C. RYAN FOR CONGRESS, INC.

Category/
Type

5000.00

State: WI District: 01

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 42

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City	State	Zip Code
EAST LANSING	MI	48826

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 00

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26125

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. STEVE CHABOT FOR CONGRESS

Mailing Address 3030 HARRISON AVE.

City	State	Zip Code
CINCINNATI	OH	45211

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26126

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. TED LIEU FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD #1612

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 33

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB23.26119

Amount of Each Disbursement this Period

1500.00

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

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

5500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address PO BOX 24551

City	State	Zip Code
PTTSBURGH	PA	15234

Transaction ID : SB23.26127Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement 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

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address P.O. BOX 490

City	State	Zip Code
ST. JOSEPH	MI	49085

Transaction ID : SB23.26128Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address P.O. BOX 490

City	State	Zip Code
ST. JOSEPH	MI	49085

Transaction ID : SB23.26129Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

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

11000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 42

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WHITFIELD FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Transaction ID : SB23.26130Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

2000.00

83500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 42 OF 42

FOR LINE NUMBER:
(check only one)☒ 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 Debtor or Creditor

Illinois Department of Revenue

Nature of Debt (Purpose):

State Tax Overpymt for 2008 carryover 09

Mailing Address PO Box 19008

City State

Zip Code

Springfield

IL

62794-9008

Outstanding Balance Beginning This Period

175.00

Transaction ID : SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

175.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Illinois Department of Revenue

Nature of Debt (Purpose):

State Tax Overpymt for 2009 carryover 2010

Mailing Address PO Box 19008

City State

Zip Code

Springfield

IL

62794-9008

Outstanding Balance Beginning This Period

7.00

Transaction ID : SD9.19670

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

182.00

2) TOTALS This Period (last page this line number only)..... ►

182.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

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

182.00