PAGE 1 / 23

Image# 14941618439

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼	Example: over the li	If typing, type nes.	12FE4M5	
AMERICAN ASSOCIATION	OF ORAL AND M	MAXILLOFACIAL	SURGEONS F	POLITICAL A	ACTION COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MA	WR AVE.			
Check if different					
than previously reported. (ACC)	ROSEMONT				60018
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		STATE 🛦	ZIP CODE ▲
C C00005660		3. IS THIS REPORT	NEW (N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	X Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	PRE-Electio	n	y (12P)	General	
October 15	Report for the	ne: Conve	ntion (12C)	Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	_	Election on	M / D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electi		al (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	·	Election on	M / D = D /	Y I Y I Y I Y	in the State of
5. Covering Period 05	01 20	014 thro	ough 05	/ 31 /	2014
I certify that I have examined this	Report and to the be	est of my knowledge	and belief it is tr	ue, correct and	d complete.
Type or Print Name of Treasurer	Thomas Keane				
Signature of Treasurer Thomas	Keane	[Electr	onically Filed]	Date 06	20 / 2014
NOTE: Submission of false, erroneo	us, or incomplete inform	mation may subject t	ne person signing	this Report to the	ne 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)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

01 05 2014 Report Covering the Period: 05 2014 31 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 584235.71 Beginning of Reporting Period..... 93547.15 9021.30 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 593257.01 719073.65 6(a) and 6(c) for Column B)..... 73689.22 199505.86 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 519567.79 519567.79 (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		0000000
(i) Itemized (use Schedule A)	7250.00	88900.00
(ii) Unitemized	1755.00	4567.51
(iii) TOTAL (add	, 1733.00	
Lines 11(a)(i) and (ii)▶	9005.00	93467.51
(h) Delitical Barty Committee	0.00	0.00
(b) Political Party Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		00.407.54
Totals to Line 33, page 5)▶	9005.00	93467.51
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
=		
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
(Refunds, Rebates, etc.)	200	
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts	40.20	70.64
(Dividends, Interest, etc.)	16.30	79.64
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i uiius (iioiii Scheuule 113)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	7	
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	9021.30	93547.15
		7
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	9021.30	93547.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tino I criou	Calcilda Teal-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) N 5 1 1 0	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
(b) Other Federal Operating Expenditures	689.22	6355.86		
(c) Total Operating Expenditures	7			
(add 21(a)(i), (a)(ii), and (b)) ▶	689.22	6355.86		
Transfers to Affiliated/Other Party				
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	73000.00	192900.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	3.55	7		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
F				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
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	3.55			
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	250.00		
=				
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)		0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(ii) Levill Share(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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	73689.22	199505.86		
		7 7		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	73689.22	199505.86		

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)	9005.00	93467.51
4. Total Contribution Refunds (from Line 28(d))	0.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9005.00	93217.51
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	689.22	6355.86
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	689.22	6355.86

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

					PAGE	:	6	OF	23	
ı	(check only one)									
ı	X	11a		11b		11c		12		
		13		14		15		16	;	17

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

or for commercial purposes, other than usin	g the name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON:	S POLITICAL ACTION COMMITTEE		
Full Name (Last, First, Middle Initial) A. A Omar Abubaker		Date of Receipt		
Mailing Address P O Box 980566	illing Address P O Box 980566			
City	State Zip Code	05 16 2014 Transaction ID : SA11AI.26132		
Richmond	VA 23298	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer	Occupation			
Virginia Commonwealth Universi	Oral Surgeon			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	500.00			
Full Name (Last, First, Middle Initial) Anthony Bennett	·	Date of Receipt		
Mailing Address 1425 N McLean Blvd		M = M / D = D / Y = Y = Y		
Suite 200	Ctoto 7: On-In-	05 29 2014		
City	State Zip Code IL 60123	Transaction ID : SA11AI.26136		
Elgin	IL 00123	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation			
Elgin Oral & Maxillofacial Sur	Oral Surgeon			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	250.00			
Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) Joel Berger		Date of Receipt		
Mailing Address 8008 Frost St. Suite 311		05 02 2014		
City	State Zip Code	Transaction ID : SA11AI.26137		
San Diego	CA 92123	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	, lr	1000.00		
TOTAL This Period (last page this line num	nber only)			

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

I CIT LINE HOMBLIN					PAGE	7	OF	23	
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or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Michael Cusatis		Date of Receipt	
Mailing Address 1507 S Otsego Ave Suite B	Chata 7in Cada	05 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Gayloard	State Zip Code MI 49735	Transaction ID : SA11AI.26139 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer	Occupation		
Oral Surgery Sprecialists of N	Oral Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Robert Ellis Mailing Address 745 OLINAMAR Port		Date of Receipt	
waining Address 745 Old Norcross Road	Mailing Address 745 Old Norcross Road		
City	State Zip Code	05 30 2014 Transaction ID : SA11AI.26140	
Lawrenceville	GA 30046	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer	Occupation		
Oral & Facial Surgery Assoc PC	Oral Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Wendell Gardner		Date of Receipt	
Mailing Address 11413 Snow Drop Ct		05 29 2014	
City Upper Marlboro	State Zip Code MD 20774	Transaction ID : SA11AI.26145 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation		
Southern Maryland OMS	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
SUBTOTAL of Receipts This Page (optional).	•	1500.00	
TOTAL This Period (last page this line number	er only)		

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

FOR LINE	NUMBER	: P	AGE 8	OF	23	
(check only one)						
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13	14	15	10	6	17	

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Jeremiah Glosenger		Date of Receipt
Mailing Address 1732 Dakota Dr SW		05 02 2014
City	State Zip Code	Transaction ID : SA11AI.26147
Minot	ND 58701	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) Bradley Gregory		Date of Receipt
Mailing Address 1816 Chapel Dr		M = M / D = D / Y = Y = Y
Ste H	State Zin Code	05 16 2014
City	State Zip Code OH 45840	Transaction ID : SA11AI.26149
Findlay	OH 45840	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Center for Oral & Maxillofacia	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1.55.05010 100.10 2010 7	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mark Kortebein		Date of Receipt
Mailing Address 10535 N Port Washington R Ste 150		05 16 2014
City	State Zip Code	Transaction ID : SA11AI.26150
Mequon	WI 53092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Oral Surgery Associates	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1.55.05010 100.10 2010 7	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE	NUMBER	R: PAG	E 9 OF	23			
(check only one)							
X 11a	11b	11c	12				
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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. David Krigbaum		Date of Receipt
Mailing Address 2620 Stewart Ave Suite 218		05 16 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.26151
Wausau	WI 54401	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. Charles McCallum	'	Date of Receipt
Mailing Address 2328 Garland Drive		05 02 2014
City	State Zip Code	Transaction ID : SA11AI.26154
Birmingham	AL 35216	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		
Mailing Address 4731 Via Santa Lucia		Date of Receipt
C:t.	Charles 7: Condo	05 16 2014
City Bonita Springs	State Zip Code FL 34134	Transaction ID : SA11AI.26155 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)	1125.00
TOTAL This Period (last page this line num	ber only)	

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

FO	PAGE	. ′	10	OF	23			
(check only one)								
>	1 1a	11b		11c		12		
	13	14		15		16		17

Full Name (Last, First, Middle Initial) William Mills	al. Da	Date of Receipt
Mailing Address 280 N Grove Medical Pa	rk Dr	05 30 2014
City	State Zip Code	Transaction ID : SA11AI.26156
Spartanburg	SC 29303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Upstate OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) D Jason Mohorn	<u>'</u>	Date of Receipt
Mailing Address 2105 Braxton Ln		M = M / D = D / Y = Y = Y
Ste 102 City	State Zip Code	05 15 2014
Greensboro	NC 27408	Transaction ID : SA11AI.26159
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Piedmont Oral & Maxillofacial	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Joel Nichols	1	Date of Receipt
Mailing Address IACH Bldg 600, Room 1 Caisson Hill Rd		05 / 23 / Y = Y = Y = Y
City Fort Riley	State Zip Code KS 66442	Transaction ID : SA11AI.26160 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

FOR	LINE	NU	MBER	:	PAGE	. 1	11	OF	23
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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ong the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Curtis Schalit Mailing Address 549 Health Blvd		Date of Receipt
City	Stata 7in Coda	05 16 2014
Daytona Beach	State Zip Code FL 32114	Transaction ID : SA11AI.26164
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 375.00
Name of Employer	Occupation	_
Florida Oral & Facial Surgical	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Maikel Segui	·	Date of Receipt
Mailing Address 6165 NW 99th Way		M = M / D = D / Y = Y = Y
City Parkland	State Zip Code FL 33076	Transaction ID : SA11AI.26166 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		
Brian Simpson		Date of Receipt
Mailing Address 113 N Middletown Rd City	State Zip Code	05 30 2014
Nanuet	NY 10854	Transaction ID : SA11AI.26168 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Simpson Oral & Maxillofacial S	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	875.00
OTAL This Period (last page this line nu	mber only)	

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

					PAGE	 12 O	F 23
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		13	14		15	16	17

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or for commercial purposes, other than using	ng the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) 1. James Sunwoo		Date of Receipt
Mailing Address 837 Jersey Ave Ste 19H		05 29 2014
City	State Zip Code	Transaction ID : SA11AI.26170
Jersey City	NJ 07310	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) 3. Kenneth Tankersley	'	Date of Receipt
Mailing Address 716 Denbigh Blvd		M = M / D = D / Y = Y = Y
Ste C1	7.0.1	05 02 2014
City	State Zip Code VA 23608	Transaction ID : SA11AI.26172
Newport News	VA 23608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Hampton Roads Oral & Maxillofa	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		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	.555	
Other (specify) ▼		
SUBTOTAL of Receipts This Page (option	al)	500.00
	<u> </u>	
TOTAL This Period (last page this line nu	mber only)	7250.00

S 17

SC	CHEDULE B (FEC Form 3X)			FOR LIN	NE NII	IMRED				PAGE	13	OF 23
ITEMIZED DISBURSEMENTS			arate schedule(s)	(check o							0	J. 20
• • •			category of the Summary Page) X 2		22	2	23		24	25	26
		Detailed		2	7	28a	2	28b		28c	29	30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam											
Or.		ie and addi	ess of any politi	cai committee	e io s	UIICIT CO	minbut	ions	HOIT	Sucii	COMMIN	uee.
$ \rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAX	(ILLOFACIAL	. SURGEO)NS I	POLIT	TCAL	_ A(CTIC	ON CO	IMMC	TTEE
_	Full Name (Last, First, Middle Initial)											
Α.	Paypal					Date o		urse			Y I Y	V
	Mailing Address 2211 N. First Street					05] [02			2014	
	City	State	Zip Code			Tronc	antini	י וט	. CD	21B.26	100	
	San Jose	CA	95131			ITAIIS	actioi	טו וו	. 30	210.20	102	
	Purpose of Disbursement Paypal collection fees				1	Amoun	t of Ea	ach	Disbı	urseme	ent this	Period
	Candidate Name			Category/			-	-	-		_	
				Type			- 7			7		8.58
	Office Sought: House Disbursen											
		Primary	General									
	President State: District:	Other (spe	city) 🔻									
_	Full Name (Last, First, Middle Initial)											
В.	Paypal					Date o	f Disb	urse	ment			
	ι αγραι					M = M	/	D I	D /	/ Y	Y Y	Y
	Mailing Address 2211 N. First Street					05	11	2	9	L.	2014	
	,	State	Zip Code			Trans	sactio	n ID	: SB	21B.26	6183	
	San Jose Purpose of Disbursement	CA	95131									
	Paypal collection fees				11	Amoun	t of Ea	ach	Disbu	urseme	ent this	Period
	Candidate Name			Category/			-	-	-		-	
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	Office Sought: House Disbursen	nent For:										
		Primary	General									
		Other (spec	cify) 🔻									
_	State: District:				_							
C.	Full Name (Last, First, Middle Initial) The Northern Trust Company					Date o	f Disb	urse	ment			
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	Mailing Address P.O. Box 92000					05	_	Ō;	5		2014	
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	Purpose of Disbursement Bank Fees				1							
	Candidate Name					Amoun	t of E	ach	Disbu	ırseme	nt this	Period
	Candidate Name			Category/ Type	'	Г.					65	7.99
	Office Sought: House Disbursen	nent For:		. , , p c				_		7		
	Senate	Primary	General									
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 14 OF 23
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL	SURGEONS	POLITICAL ACTION COMMITTEE
A. ANNA ESHOO FOR CONGRESS			Date of Disbursement
Mailing Address 555 CAPITOL MALL, SUITE 1425			05 08 2014
City SACRAMENTO Purpose of Disbursement	State Zip Code CA 95814		Transaction ID : SB23.26186
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate President	ment For: 2014 Primary General Other (specify)		
State: CA District: 18 Full Name (Last, First, Middle Initial) B. BUCSHON FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 250			05 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWBURGH	State Zip Code IN 47629		Transaction ID : SB23.26187
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3000.00
Office Sought: House Disburse	ment For: 2014 Primary		
Full Name (Last, First, Middle Initial) C. COFFMAN FOR CONGRESS			Date of Disbursement
Mailing Address 4950 S YOSEMITE STREET F2 #	511		05 23 7 2014
City GREENWOOD VILLAGE	State Zip Code CO 80111		Transaction ID : SB23.26205
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2000.00
Office Sought: House Disburse	ment For: 2014 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only			6000.00

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NAME OF COMMITTEE (In Full)		
AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL SURG	EONS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)		
A. COMMITTEE TO RE-ELECT NYDIA M.	VELAZQUEZ TO CONGRES	Date of Disbursement
-		M M / D D / Y Y Y Y
Mailing Address 315 INSPIRATION LANE		05 08 2014
City	State Zip Code	Turney diam ID ODGG 00400
G,	MD 20878	Transaction ID : SB23.26188
Purpose of Disbursement Federal Campaign Contribution		Amount of Each Disbursement this Period
Candidate Name	Categ	
	Тур	
	nent For: 2014	
Senate X	Primary General Other (specify) ▼	
State: NY District: 07	Outor (opcomy)	
Full Name (Last, First, Middle Initial)		
B. DENNY HECK FOR CONGRESS		Date of Disbursement
Mailing Address PO BOX 235		05 23 2014
		20 20 1
,	State Zip Code WA 98507	Transaction ID : SB23.26207
OLYMPIA Purpose of Disbursement	WA 98507	
Federal Campaign Contribution		Amount of Each Disbursement this Period
Candidate Name	Catego	
Office Sought:	Typenent For: 2014	e
	Primary General	
President	Other (specify)	
State: WA District: 10		
Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS		Date of Disbursement
DIANE BLACK FOR CONGRESS		M M / D D / Y Y Y Y
Mailing Address PO BOX 1437		05 08 2014
City	State Zip Code	
GALLATIN	TN 37066	Transaction ID : SB23.26189
Purpose of Disbursement Federal Campaign Contribution		-
Candidate Name		Amount of Each Disbursement this Period
	Catego	
	Тур	e
	nent For: 2014	e
Senate	nent For: 2014 Primary General	e , , , , , , , , , , , , , , , , , , ,
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Senate President	nent For: 2014 Primary General	e
Senate President	nent For: 2014 Primary General Other (specify) ▼	7000.00
Senate President State: TN District: 06	nent For: 2014 Primary General Other (specify)	> 7000.00

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	AMERICAN ASSOCIATION OF ORAL A	ND MAXILL	OFACIAL	SURGEONS	POLITICAL AC	CTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial)	20			Date of Disburse	ment
Λ.	DR BRIAN BABIN FOR CONGRES	55			M M / D	
	Mailing Address PO BOX 159				05 15	
	City S WOODVILLE		p Code 5979		Transaction ID	: SB23.26203
	Purpose of Disbursement	1/ /;	5979			
	Federal Campaign Contribution				Amount of Each	Disbursement this Period
	Candidate Name			Category/		1500.00
	Office Sought: House Disbursen	nent For: 2014	1	Туре		
	Senate	Primary	General			
		Other (specify)				
_	State: TX District: 36 Full Name (Last, First, Middle Initial)		Runoff			
В.	FRIENDS OF ERIK PAULSEN				Date of Disburse	
	Mailing Address P.O. BOX 44369 250 PRAIRIE CENTER DRIVE				05 08	
	EDEN PRAIRIE		p Code 5344		Transaction ID	: SB23.26190
	Purpose of Disbursement Federal Campaign Contribution				Amount of Each	Disbursement this Period
	Candidate Name			Category/		5000.00
	Office Sought: Y House Disbursen	nent For: 2014		Туре		3000.00
		Primary	General			
		Other (specify)	\			
_	State: MN District: 03					
C.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS				Date of Disburse	ment
-					M M / D	D / Y Y Y Y Y
	Mailing Address P.O. BOX 23940				05 08	2014
	,		p Code		Transaction ID	: SB23.26191
	SANTA BARBARA Purpose of Disbursement	CA 9:	3121			
	Federal Campaign Contribution				Amount of Each	Disbursement this Period
	Candidate Name			Category/ Type		3500.00
	Office Sought: House Disbursen	nent For: 2014	1	71		7
	Senate	Primary	General			
	State: CA District: 24	Other (specify)	▼			
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. FRIENDS OF LOIS CAPPS			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 23940			05 08 2014
SANTA BARBARA	State Zip Code CA 93121		Transaction ID: SB23.26192
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Senate	nent For: 2014 Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) B. HATCH ELECTION COMMITTEE I	INC		Date of Disbursement
Mailing Address PO BOX 3986			05 08 2014
WASHINGTON	State Zip Code DC 20027		Transaction ID : SB23.26193
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
X Senate	nent For: 2018 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. JEFF MILLER FOR CONGRESS			Date of Disbursement
Mailing Address P. O. BOX 126			05 23 2014
PENSACOLA	State Zip Code FL 32591		Transaction ID : SB23.26208
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
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Purpose of Disbursement Federal Campaign Contribution Candidate Name Category/ Type Office Sought: House Senate President State: AR District: 00 SUBTOTAL of Disbursements This Page (optional)			· ·		Transaction ID : SB23.26196
Federal Campaign Contribution Candidate Name Category/ Type Office Sought: House Senate President State: AR District: 00 SUBTOTAL of Disbursements This Page (optional)			AK 72203		
Office Sought: House Disbursement For: 2014 Senate President Other (specify) State: AR District: 00 SUBTOTAL of Disbursements This Page (optional)					Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify) State: AR District: 00 SUBTOTAL of Disbursements This Page (optional)		Candidate Name			3000.00
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State: AR District: 00 SUBTOTAL of Disbursements This Page (optional)					
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL S	SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. MULVANEY FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 1975			05 23 2014
LANCASTER	State Zip Code SC 29721		Transaction ID : SB23.26209
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate President	nent For: 2014 Primary General Other (specify) ▼		
State: SC District: 05 Full Name (Last, First, Middle Initial)			
B. PASCRELL FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 100			05 08 2014
TEANECK	State Zip Code NJ 07666		Transaction ID : SB23.26197
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) PASCRELL FOR CONGRESS		Date of Disbursement	
Mailing Address PO BOX 100			05 08 2014
TEANECK	State Zip Code NJ 07666		Transaction ID : SB23.26198
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period 4000.00
Office Sought: House Disburser	nent For: 2014 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			10000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF 23
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	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			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. PAUL GOSAR FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 2967			05 08 2014
City PRESCOTT	State Zip Code AZ 86302		Transaction ID : SB23.26199
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disburse	ement For: 2014 Primary General Other (specify)		
State: AZ District: 04] .		
Full Name (Last, First, Middle Initial) B. PAUL GOSAR FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 2967			05 08 2014
City PRESCOTT	State Zip Code AZ 86302		Transaction ID : SB23.26200
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disburse	ement For: 2014 Primary		
Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY		Date of Disbursement	
Mailing Address PO BOX 3662			05 08 7 2014
City SEATTLE	State Zip Code WA 98124		Transaction ID : SB23.26201
Purpose of Disbursement Federal Campaign Contribution			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2000.00
Office Sought: House Senate President State: WA District: 00	ement For: 2016 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	12000.00
TOTAL This Period (last page this line number only	/)		

			FOR LINE	NUMBER: PAGE 21 OF 23
		Use separate schedule(s)	(check only	NOMBER:
11	LIVIIZED DISBURSEIVIEN IS	for each category of the	21b	22 🔀 23 24 25 26
		Detailed Summary Page	27	28a 28b 28c 29 30b
Ar	ny information copied from such Reports and Statem	nents may not be sold or us	sed by any perso	on for the purpose of soliciting contributions
	for commercial purposes, other than using the name			
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL	SURGEONS	POLITICAL ACTION COMMITTEE
_	Full Name (Last, First, Middle Initial)			
Α.	SIMPSON FOR CONGRESS			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 1487 PARKWAY DRIVE			05 15 2014
	City	State Zin Codo		
	City S BLACKFOOT	State Zip Code ID 83221		Transaction ID : SB23.26204
	Purpose of Disbursement	00221		
	Federal Campaign Contribution			Amount of Each Disbursement this Period
	Candidate Name		Catagory	
			Category/ Type	3000.00
	Office Sought:	nent For: 2014	71	, ,
		Primary General		
	President	Other (specify) ▼		
_	State: ID District: 02			
	Full Name (Last, First, Middle Initial)			
В.	STIVERS FOR CONGRESS			Date of Disbursement
				M = M / D = D / Y = Y = Y
	Mailing Address 4679 WINTERSET DRIVE			05 23 2014
	-			
	•	State Zip Code OH 43220		Transaction ID : SB23.26211
	COLUMBUS Purpose of Disbursement	43220		
	Federal Campaign Contribution			Amount of Each Disbursement this Period
	Candidate Name		Cotogorii	
			Category/ Type	2000.00
	Office Sought:	nent For: 2014		
		Primary General		
	President	Other (specify) ▼		
	State: OH District: 15			
	Full Name (Last, First, Middle Initial)			
C.	STRICKLAND FOR CONGRESS			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address PO BOX 630446			05 23 2014
	011			
	•	State Zip Code CA 93063		Transaction ID : SB23.26212
	SIMI VALLEY Purpose of Disbursement	CA 93063		
	Federal Campaign Contribution			Amount of Each Disbursement this Period
	Candidate Name		Catagramit	Amount of Each Dispursement this Period
			Category/ Type	1000.00
	Office Sought:	nent For: 2014	.,,,,,	7
		Primary General		
		Other (specify) ▼		
	State: CA District: 25	· · · ·		
Г	'		·	
s	UBTOTAL of Disbursements This Page (optional)			6000.00
\vdash	<u> </u>			
Ī	OTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 23
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the nar	me and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL	SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. TOM RICE FOR CONGRESS			Date of Disbursement
Mailing Address 1107 48TH AVE., N. SUITE 310-A City	State Zip Code		05 23 2014
MYRTLE BEACH	SC 29577		Transaction ID : SB23.26210
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2000.00
Office Sought: House Disburse Senate President	ment For: 2014 Primary General Other (specify)		
State: SC District: 07			
Full Name (Last, First, Middle Initial) B. TREY GOWDY FOR CONGRESS	;		Date of Disbursement
Mailing Address PO BOX 3324			05 23 2014
City SPARTANBURG	State Zip Code SC 29304		Transaction ID : SB23.26206
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	ment For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. YARMUTH FOR CONGRESS			Date of Disbursement
Mailing Address 1815 BROWNSBORO ROAD		05 08 7 2014	
City LOUISVILLE	State Zip Code KY 40202		Transaction ID : SB23.26202
Purpose of Disbursement Federal Campaign Contribution			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2000.00
Office Sought: House Disburse	ment For: 2014 Primary General Other (specify)	71.	
N. Districti			
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00
TOTAL This Period (last page this line number only)		73000.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

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X 9 10

23

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

A. Full Name (Last, First, Middle Initial) of Debte	Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09	
Illinois Department of Revenue	State Tax Overpythic for 2000 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	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	175.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
Illinois Department of Revenue		State Tax Overpymt for 2009 carryover 2010
Mailing Address PO Box 19008		
City State	Zip Code	-
Springfield	IL 62794-9008	
Outstanding Balance Beginning This Period		Transaction ID : SD9.19670
7.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	7.00
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	-
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional)		182.00
TOTALS This Period (last page this line number	r only)	182.00
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	0.00
ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only) ▶	182.00