

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

Check if different than previously reported. (ACC)

ROSEMONT IL 60018

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

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

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

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input checked="" type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> 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 11 / 01 / 2011 through M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011

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 Eugene D'Amico

Signature of Treasurer Eugene D'Amico *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2011

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		478965.18
(b) Cash on Hand at Beginning of Reporting Period.....	462837.35	
(c) Total Receipts (from Line 19)	56245.73	224944.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	519083.08	703909.98
7. Total Disbursements (from Line 31).....	3585.55	188412.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	515497.53	515497.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	258.00	
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)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21945.00	80843.00
(ii) Unitemized	34285.00	118526.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	56230.00	199369.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	56230.00	199369.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	20000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	15.73	5575.80
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))..... ▶	56245.73	224944.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	56245.73	224944.80

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	85.55	97037.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85.55	97037.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	91000.00
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	375.00
(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	375.00
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)) ..	3585.55	188412.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3585.55	188412.45

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)	56230.00	199369.00
34. Total Contribution Refunds (from Line 28(d))	0.00	375.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56230.00	198994.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	85.55	97037.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	85.55	97037.45

**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 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Dr. Todd Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 8 Health Services Drive
Suite 4

City DeKalb State IL Zip Code 60115

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

Name of Employer OMS for Northern Illinois Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
11 / 01 / 2011
Transaction ID : SA11AI.22032

Amount of Each Receipt this Period
200.00

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

Mailing Address 707 N Michigan St
Suite 300

City South Bend State IN Zip Code 46601-1070

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

Name of Employer Michiana OMS LLC Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
11 / 09 / 2011
Transaction ID : SA11AI.22034

Amount of Each Receipt this Period
375.00

C. Dr. Kenneth Baldwin
Full Name (Last, First, Middle Initial)

Mailing Address 4046 South Highland Drive
Suite 112

City Salt Lake City State UT Zip Code 84124

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
11 / 29 / 2011
Transaction ID : SA11AI.22035

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. G. Barrett
Full Name (Last, First, Middle Initial)

Mailing Address 2420 Quaker Avenue

City Lubbock State TX Zip Code 79410

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

Name of Employer Self-Employed Occupation Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 10 / 2011
Transaction ID : SA11AI.22036

Amount of Each Receipt this Period 200.00

B. Dr. John Bassett
Full Name (Last, First, Middle Initial)

Mailing Address 32 Stiles Road Suite 210

City Salem State NH Zip Code 03079

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

Name of Employer John B. Bassett DMD PC Occupation Oral & Maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2011
Transaction ID : SA11AI.22038

Amount of Each Receipt this Period 250.00

C. Dr. Colin Bell
Full Name (Last, First, Middle Initial)

Mailing Address 4015 Worth Street

City Dallas State TX Zip Code 75246-1606

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

Name of Employer Self-Employed Occupation Oral & maxillofacial Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2011
Transaction ID : SA11AI.22041

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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 8 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael Broadbent
Full Name (Last, First, Middle Initial)

Mailing Address 3590 Harrison Blvd
Ste 2

City Ogden State UT Zip Code 84403-2023

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 ▼
575.00

Date of Receipt
11 / 29 / 2011
Transaction ID : SA11AI.22055

Amount of Each Receipt this Period
200.00

B. Dr. Jim Burk
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 781111

City San Antonio State TX Zip Code 78278

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

Name of Employer Occupation
Oral & Maxillofacial Surgery Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
11 / 01 / 2011
Transaction ID : SA11AI.22058

Amount of Each Receipt this Period
200.00

C. Dr. Lawrence J. Busino
Full Name (Last, First, Middle Initial)

Mailing Address 2 Executive Park Drive

City Albany State NY Zip Code 12203

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

Name of Employer Occupation
Albany OMS Group Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 01 / 2011
Transaction ID : SA11AI.22063

Amount of Each Receipt this Period
195.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 595.00

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 9 OF 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Lawrence J. Busino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Executive Park Drive
 City Albany State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany OMS Group Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 09 / 2011
Transaction ID : SA11AI.22064
 Amount of Each Receipt this Period 500.00

B. Dr. Robert Chames
 Full Name (Last, First, Middle Initial)
 Mailing Address 32572 Woodbrook
 City Wayne State MI Zip Code 48184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 29 / 2011
Transaction ID : SA11AI.22072
 Amount of Each Receipt this Period 200.00

C. Jason Chandler
 Full Name (Last, First, Middle Initial)
 Mailing Address 743 Pegasus Dr
 City Kaysville State UT Zip Code 84037-6805
 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 ▼ 575.00

Date of Receipt 11 / 29 / 2011
Transaction ID : SA11AI.22076
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
<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

A. Dr. Andrew Chang
Full Name (Last, First, Middle Initial)

Mailing Address 9855 Erma Road
Suite 100

City San Diego State CA Zip Code 92131

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
11 / 03 / 2011
Transaction ID : SA11AI.22077

Amount of Each Receipt this Period
500.00

B. Dr. Steven Cho
Full Name (Last, First, Middle Initial)

Mailing Address 121 E 60th Street

City New York State NY Zip Code 10022

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

Name of Employer Goldsmith & Cho LLP Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 22 / 2011
Transaction ID : SA11AI.22079

Amount of Each Receipt this Period
300.00

C. Dr. Terry Cisler
Full Name (Last, First, Middle Initial)

Mailing Address 1602 N. Randall Ave.

City Janesville State WI Zip Code 53545

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

Name of Employer Southern Wisconsin OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 30 / 2011
Transaction ID : SA11AI.22080

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<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

A. Dr. Paul Cullum
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Berrywood Dr.
 City Columbia State TN Zip Code 38401-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Oral Surgon
 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
 11 / 10 / 2011
Transaction ID : SA11AI.22085
 Amount of Each Receipt this Period
 375.00

B. Dr. Paul Danielson
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Timber Lane
 City South Burlington State VT Zip Code 05403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vermont OMS Occupation Oral & maxillofacial 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 Y
 11 / 09 / 2011
Transaction ID : SA11AI.22087
 Amount of Each Receipt this Period
 200.00

C. Dr. Rex Dolan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6238 Yellowstone
 City Cheyenne State WY Zip Code 82009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cheyenne Oral & Maxillofacial 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 Y
 11 / 21 / 2011
Transaction ID : SA11AI.22093
 Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<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

A. Dr. Daniel Dugan
Full Name (Last, First, Middle Initial)

Mailing Address 613 Harwood Road W

City State Zip Code
Hurst TX 76054

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

Name of Employer Occupation
Self-Employed Oral & Maxillofacial 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
11 / 22 / 2011

Transaction ID : SA11AI.22096

Amount of Each Receipt this Period
400.00

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

Mailing Address 300 W R D Mize Rd
Suite 100

City State Zip Code
Blue Springs MO 64014-2528

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

Name of Employer Occupation
Flack & Stone DDS 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
11 / 29 / 2011

Transaction ID : SA11AI.22110

Amount of Each Receipt this Period
250.00

C. Dr. Jonathan Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 290 Madison Avenue

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
Morristown OMS Associates 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
11 / 28 / 2011

Transaction ID : SA11AI.22116

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<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

A. Dr. Jess Gardner
Full Name (Last, First, Middle Initial)
Mailing Address 31 Meeting House Lane
City Bradford Woods State PA Zip Code 15015
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 11 / 29 / 2011
Transaction ID : SA11AI.22118
Amount of Each Receipt this Period 250.00

B. Dr. Robert Gear
Full Name (Last, First, Middle Initial)
Mailing Address 33 Barkley Circle Suite B
City Fort Myers State FL Zip Code 33907
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.00

Date of Receipt 11 / 28 / 2011
Transaction ID : SA11AI.22120
Amount of Each Receipt this Period 375.00

C. Dr. Eric Geist
Full Name (Last, First, Middle Initial)
Mailing Address 2916 West Deborah
City Monroe State LA Zip Code 71201
FEC ID number of contributing federal political committee. **C**
Name of Employer Oral Surgery Associates Occupation Oral & Maxillofacial Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 11 / 09 / 2011
Transaction ID : SA11AI.22121
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Stephen Glawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1403 Holmes Avenue
 City Toms River State NJ Zip Code 08753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oral Surgeon Associates Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 24 / 2011**
Transaction ID : SA11AI.22123
 Amount of Each Receipt this Period **500.00**

B. Dr. Elliot H. Goldman
 Full Name (Last, First, Middle Initial)
 Mailing Address 970 Clifton Ave
 City Clifton State NJ Zip Code 07013-1802
 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 **11 / 08 / 2011**
Transaction ID : SA11AI.22129
 Amount of Each Receipt this Period **500.00**

C. Dr. Donald Gossett
 Full Name (Last, First, Middle Initial)
 Mailing Address 3109 Frederick Suite A
 City St. Joseph State MO Zip Code 64506-2911
 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 **11 / 10 / 2011**
Transaction ID : SA11AI.22130
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<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. Dr. Earl A. Hasegawa		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2011 Transaction ID : SA11AI.22138
Mailing Address 135 S. Wakea Avenue Suite 103		Amount of Each Receipt this Period 375.00
City Kahului State HI Zip Code 96732	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Steven Hinze		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2011 Transaction ID : SA11AI.22142
Mailing Address 921 S Willow		Amount of Each Receipt this Period 250.00
City North Platte State NE Zip Code 69101-6079	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. John-Wallace Hudson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2011 Transaction ID : SA11AI.22148
Mailing Address 1930 Alcoa Hwy Suite 335		Amount of Each Receipt this Period 100.00
City Knoxville State TN Zip Code 37920-1514	FEC ID number of contributing federal political committee. C	
Name of Employer U. of TN Medical Center	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
<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. Dr. Walter James		Date of Receipt
Mailing Address 915 Shreveport Barksdale Hwy		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
Shreveport	LA	71105
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22153
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William Jordan		Date of Receipt
Mailing Address 3501 Town Center Blvd S		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Sugar Land	TX	77479
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22157
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Oral & Maxillofacial Surgeons	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard W. Joseph		Date of Receipt
Mailing Address 820 Prudential Drive Suite 312		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code
Jacksonville	FL	32207-8205
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22158
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Edwin Joy
Full Name (Last, First, Middle Initial)

Mailing Address 6312 Keg Creek Drive

City State Zip Code
Appling GA 30802

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

Name of Employer Occupation
Aiken/Augusta Oral & Facial Surgery Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.22160

Amount of Each Receipt this Period
200.00

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

Mailing Address 2106 Sims Place

City State Zip Code
LaCrosse WI 54601

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 ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2011

Transaction ID : SA11AI.22165

Amount of Each Receipt this Period
200.00

C. Dr. Brian Kloberdanz
Full Name (Last, First, Middle Initial)

Mailing Address 2580 Foxfield Road
Suite 100

City State Zip Code
St. Charles IL 60174

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

Name of Employer Occupation
Kruzan & Kloberdanz DDS Ltd Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : SA11AI.22168

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<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. Dr. Robert Levy		Date of Receipt 11 / 21 / 2011 Transaction ID : SA11AI.22174
Mailing Address 301 4th Street		Amount of Each Receipt this Period 200.00
City Alexandria	State LA	Zip Code 71301-8423
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) B. Dr. Roderick Lewin		Date of Receipt 11 / 10 / 2011 Transaction ID : SA11AI.22175
Mailing Address 100 Gibson Road		Amount of Each Receipt this Period 200.00
City Ashburnham	State MA	Zip Code 01430
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Oral Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Dr. Clarence Lindquist		Date of Receipt 11 / 09 / 2011 Transaction ID : SA11AI.22176
Mailing Address 2021 K Street NW Suite 317		Amount of Each Receipt this Period 200.00
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Oral Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Todd Liston
 Full Name (Last, First, Middle Initial)
 Mailing Address 469 E. Medical Dr.
 Suite 202
 City Bountiful State UT Zip Code 84010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2011
Transaction ID : SA11AI.22179
 Amount of Each Receipt this Period
 200.00
 Aggregate Year-to-Date
 400.00

B. Daniel Mahar
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 Chrismill Ln
 City Holly Springs State NC Zip Code 27540-8290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011
Transaction ID : SA11AI.22187
 Amount of Each Receipt this Period
 200.00
 Aggregate Year-to-Date
 400.00

c. Dr. Charles McCallum
 Full Name (Last, First, Middle Initial)
 Mailing Address 2328 Garland Drive
 City Birmingham State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Alabama Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2011
Transaction ID : SA11AI.22192
 Amount of Each Receipt this Period
 200.00
 Aggregate Year-to-Date
 350.00

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<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

A. Dr. Larry McCray
Full Name (Last, First, Middle Initial)

Mailing Address 835 3rd Ave, SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer Self-Employed Occupation Oral Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **11 / 15 / 2011**

Transaction ID : SA11AI.22194

Amount of Each Receipt this Period **375.00**

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

Mailing Address 6401 S Minnesota Ave

City Sioux Falls State SD Zip Code 57108

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

Name of Employer Siouxland OMS Occupation Oral Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 03 / 2011**

Transaction ID : SA11AI.22199

Amount of Each Receipt this Period **500.00**

C. Dr. Michael E. Miller
Full Name (Last, First, Middle Initial)

Mailing Address 3811 Westerre Pkwy Ste A

City Henrico State VA Zip Code 23233-1329

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

Name of Employer Commonwelath Oral & Facial Sur Occupation Oral Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 09 / 2011**

Transaction ID : SA11AI.22200

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<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

A. Dr. Max Neill
Full Name (Last, First, Middle Initial)

Mailing Address 4421 Oak Park Lane
Suite 101

City Fort Worth State TX Zip Code 76109

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

Name of Employer Max G. Neill DDS PC Occupation Oral & Maxillofacial Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
11 / 10 / 2011
Transaction ID : SA11AI.22207

Amount of Each Receipt this Period
375.00

B. Dr. William J. Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 704 S. Webster Avenue

City Green Bay State WI Zip Code 54301-3528

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

Name of Employer Oral & Max. Surgery Assoc. of Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 23 / 2011
Transaction ID : SA11AI.22210

Amount of Each Receipt this Period
500.00

C. Felice O'Ryan
Full Name (Last, First, Middle Initial)

Mailing Address 3026 Fairview Ave

City Alameda State CA Zip Code 94501-1742

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

Name of Employer Kaiser Permanente Hospital Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
11 / 29 / 2011
Transaction ID : SA11AI.22218

Amount of Each Receipt this Period
375.00

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
<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

A. Albert Ouellette
 Full Name (Last, First, Middle Initial)
 Mailing Address 11107 Sadler Grv
 City San Antonio State TX Zip Code 78249-5021
 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 ▼
 400.00

Date of Receipt
 11 / 08 / 2011
Transaction ID : SA11AI.22219
 Amount of Each Receipt this Period
 200.00

B. Dr. Anthony Pitrowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Taft Street
 City Pismo Beach State CA Zip Code 93449-2452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Oral & Maxillofacial Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 11 / 22 / 2011
Transaction ID : SA11AI.22258
 Amount of Each Receipt this Period
 400.00

C. Dr. Scott Podlesh
 Full Name (Last, First, Middle Initial)
 Mailing Address 885 Scott Blvd Suite 1
 City Santa Clara State CA Zip Code 95050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scott W. Podlesh DDS Oral & Maxillofacial Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 11 / 02 / 2011
Transaction ID : SA11AI.22260
 Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
	<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

A. Christopher Price
Full Name (Last, First, Middle Initial)

Mailing Address 3610 N University Ave
Ste 150

City Provo State UT Zip Code 84604-4444

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

Name of Employer Utah Surgical Arts Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
11 / 15 / 2011
Transaction ID : SA11AI.22264

Amount of Each Receipt this Period
200.00

B. Dr. Charles Repa
Full Name (Last, First, Middle Initial)

Mailing Address 10333 Kuykendahl Rd
Suite A

City The Woodland State TX Zip Code 77382

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

Name of Employer Northwest OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
11 / 23 / 2011
Transaction ID : SA11AI.22266

Amount of Each Receipt this Period
375.00

C. Dr. Steven Roser
Full Name (Last, First, Middle Initial)

Mailing Address 1365-B Clifton Road, NE
Suite 2300-B

City Atlanta State GA Zip Code 30322

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

Name of Employer Emory School of Medicine Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
11 / 30 / 2011
Transaction ID : SA11AI.22272

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Ted Rosner
Full Name (Last, First, Middle Initial)
Mailing Address 693 Main Street

City Lumberton	State NJ	Zip Code 08048-0098
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2011

Transaction ID : SA11AI.22273

Amount of Each Receipt this Period
375.00

B. Ramon Ruiz
Full Name (Last, First, Middle Initial)
Mailing Address 1814 Lucerne Ter

City Orlando	State FL	Zip Code 32806
-----------------	-------------	-------------------

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

Name of Employer Self	Occupation Oral & Maxillofacial Surgeon
--------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2011

Transaction ID : SA11AI.22277

Amount of Each Receipt this Period
400.00

C. Dr. Jeffrey Sacks
Full Name (Last, First, Middle Initial)
Mailing Address 25 Boylston Street Suite L02

City Chestnut Hill	State MA	Zip Code 02467
-----------------------	-------------	-------------------

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

Name of Employer OMS Associates	Occupation Oral Surgeon
------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2011

Transaction ID : SA11AI.22280

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1075.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<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. Kirk Scott		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2011 Transaction ID : SA11AI.22284
Mailing Address 5575 Warren Pkwy Suite 206		Amount of Each Receipt this Period 500.00
City Frisco	State TX	Zip Code 75034
FEC ID number of contributing federal political committee. C		
Name of Employer Stonebrair Facial & Oral Surge	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Frederick Smith		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2011 Transaction ID : SA11AI.22292
Mailing Address 7 Timberpark Court		Amount of Each Receipt this Period 200.00
City Lutherville	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Oral & Maxillofacial Surgeons	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Dr. Boyd Tomasetti		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2011 Transaction ID : SA11AI.22304
Mailing Address 7889 South Lincoln Court Suite 201		Amount of Each Receipt this Period 500.00
City Littleton	State CO	Zip Code 80122
FEC ID number of contributing federal political committee. C		
Name of Employer Rocky Mtn. Oral & Maxillo Surgery	Occupation Oral & Maxillofacial Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 31
	<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

A. Todd Tucker
Full Name (Last, First, Middle Initial)
Mailing Address 1515 Oak St
City Eugene State OR Zip Code 97401
FEC ID number of contributing federal political committee. **C**
Name of Employer Oral Maxillofacial Surgeons P Occupation Oral Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 23 / 2011
Transaction ID : SA11AI.22306
Amount of Each Receipt this Period 200.00

B. W Mark Tucker
Full Name (Last, First, Middle Initial)
Mailing Address 724 Druid Hills Rd.
City Tampa State FL Zip Code 33617-3810
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 11 / 21 / 2011
Transaction ID : SA11AI.22305
Amount of Each Receipt this Period 500.00

C. Matthew Welch
Full Name (Last, First, Middle Initial)
Mailing Address 1700 E Bogard Rd Ste 202 Bldg B
City Wasilla State AK Zip Code 99654-6563
FEC ID number of contributing federal political committee. **C**
Name of Employer Oral & Maxillofacial Surgery S Occupation Oral Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 22 / 2011
Transaction ID : SA11AI.22225
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 31
	<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

A. Dr. Thomas Yingling
Full Name (Last, First, Middle Initial)

Mailing Address 190 Good Drive

City Lancaster State PA Zip Code 17603

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

Name of Employer: Self-Employed Occupation: Oral surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **11 / 01 / 2011**

Transaction ID : SA11AI.22234

Amount of Each Receipt this Period: **500.00**

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

Mailing Address 2859 Loma Vista Rd Suite A

City Ventura State CA Zip Code 93003

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: **11 / 22 / 2011**

Transaction ID : SA11AI.22236

Amount of Each Receipt this Period: **500.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	21945.00

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)	PAGE 28 OF 31
<input 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 checked="" 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. The Northern Trust Company		Date of Receipt
Mailing Address 1501 Woodfield Road		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Schaumburg	IL	60173
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.22240
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="14.88"/>
Receipt For:	Aggregate Year-to-Date ▼	CD Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="431.17"/>	

Full Name (Last, First, Middle Initial) B. The Northern Trust Company		Date of Receipt
Mailing Address 1501 Woodfield Road		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Schaumburg	IL	60173
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.22241
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="4.80"/>
Receipt For:	Aggregate Year-to-Date ▼	Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="435.97"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="14.88"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="14.88"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal collection fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2011

Transaction ID : SB21B.22243

Amount of Each Disbursement this Period

6.10

Full Name (Last, First, Middle Initial)

B. The Northern Trust Company

Mailing Address 1501 Woodfield Road

City Schaumburg State IL Zip Code 60173

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2011

Transaction ID : SB21B.22242

Amount of Each Disbursement this Period

79.45

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

85.55

85.55

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		29		2011

Transaction ID : SB23.22246

Amount of Each Disbursement this Period

3,000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2011

Transaction ID : SB23.22244

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: IN District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2011

Transaction ID : SB23.22245

Amount of Each Disbursement this Period

500.00

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

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

3500.00

3500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 31
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 251.00	Transaction ID : SD9.18338	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 251.00

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)..... ▶	258.00
2) TOTALS This Period (last page this line number only)..... ▶	258.00
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) ▶	258.00