FEC FORM 3X	ANI	PORT OF I D DISBUR ther Than An Au	SEMENT	s	Office L	Jse Only
1. NAME OF COMMITTEE (in fi		EC MAILING LABEL PE OR PRINT 🕎	Example:If t over the line			
American Associat		xillofacial Surgeons P		mitt-		
Check if differ than previousl reported. (ACC 2. FEC IDENTIFICAT	ent	emont				
C00005660		3.	IS THIS REPORT X	NEW (N) OR	AMENDED (A))
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Iid-Year on-election	(c) 12-Day PRE-Election Report for the: (d) 30-Day POst -Election Report for the:	ab 20 (M2) ar 20 (M3) br 20 (M4) Primary Convent tion on General tion on	tion (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 General (12G) Special (12G) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer		gene D'Amico	-			4 2011
NOTE : Submission of f	alse, erroneous, c	r incomplete informati	on may subject the	person signing this	FEC	s of 2 U.S.C 437g. C FORM 3X lev. 12/2004)

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

,	Write or Type Committee Name American Association of Oral and Maxillofac ee	ial Surgeons Political Action Committ	-
	Report Covering the Period: From:		
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 ^{Y Y Y}		478965.18
	(b) Cash on Hand at Begining of Reporting Period	507201.01	
	(c) Total Receipts (from Line 19)	22826.29	73334.07
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	530027.30	552299.25
7.	Total Disbursements (from Line 31)	18929.13	41201.08
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	511098.17	511098.17
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	

X 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

FE6AN026

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 Committ-

F				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
1.	Contributions (other than loans) From: (a) Individuals/Persons Other			
	Than Political Committees (i) Itemized (use Schedule A)	8875.00	20243.00	
	(ii) Unitemized	4775.00	29775.00	
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	13650.00	50018.00	
	(b) Political Party Committees	0.00	0.00	
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00	
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ►	13650.00	50018.00	
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00	
13.	All Loans Received	0.00	0.00	
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00	
0.	to Federal candidates and Other Political Committees	4000.00	18000.00	
7.	Other Federal Receipts (Dividends, Interest, etc.)	5176.29	5316.07	
8.	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 Transfer (add 18(a) and 18(b)).	0.00	0.00	
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22826.29	73334.07	
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	22826.29	73334.07	

FE6AN026

DETAILED OUR MADY DAGE

Page 3

27. Loans Made..... Refunds of Contributions To:

Individuals/Persons Other

Total Contribution Refunds

29. Other Disbursements.....

(b) Political Party Committees (c) Other Political Committees

Than Political Committees

(such as PACs)

28.

(a)

(d)

DETAILED SUMMARY PAGE of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSE

	II. DISBURSEMENTS	COLUMN A Total This Period
21.	Operating Expenditures: (a) Shared Federal/Non-Federal	
	Activity (from Schedule H4) (i) Federal Share	0.00
	(ii) Non-Federal Share	0.00
	(b) Other Federal Operating Expenditures	5429.13
	 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	5429.13
22.	Transfers to Affiliated/Other Party	
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees	13500.00
24.	Independent Expenditure	
25.	(use Schedule E) Coordinated Expenditures Made by Party	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00
26.	Loan Repayments Made	0.00

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	0.00
	0.00
	0.00
	0.00
	0.00

Page 4

COLUMN B

30. Federal Election Activity (2 U.S.C 431(20))(a) Shared Federal Election Activity	
(from Schedule H6) (i) Federal Share	0.00
(ii) "Levin" Share	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00
(c) Total Federal Election Activity (add	0.00

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....

- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

		0.00
		0.00

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18929.13

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FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

	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)	13650.00	50018.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13650.00	50018.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5429.13	20201.08
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	5429.13	20201.08

FE6AN026

Ċ	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 20		
			Use separate schedule(s) for each category of the	(check only one)		
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
Г				13 14 15 16 17		
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)					
	American Association of Oral and Maxi ee	mitt-				
Α.	Full Name (Last, First, Middle Initial) Michael Broadbent	Date of Receipt				
	Mailing Address 3590 Harrison Blvd Ste 2	03 09 Y Y Y Y 03 10 1 1				
	City	State	Zip Code	Transaction ID: SA11AI.21460		
	Ogden	UT	84403-2023	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		375.00		
	Name of Employer Self Employed	Occupation Oral Sur				
	Urai		e Year-to-Date V	-1		
	Primary General			1		
	Other (specify) ▼	0 0	375.00			
в.	Full Name (Last, First, Middle Initial) Jason Chandler			Date of Receipt		
	Mailing Address 743 Pegasus Dr			M M / D D / Y Y Y Y 0 3 0 9 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.21462		
	Kaysville	UT	84037-6805	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		375.00		
	Name of Employer Self Employed	Occupatio Oral Sur				
	Receipt For:		e Year-to-Date 🔻			
	Primary General Other (specify) ▼		375.00]		
– c.	Full Name (Last, First, Middle Initial) Dr. Wendell Edgin			Date of Receipt		
•	Mailing Address 7703 Floyd Curl Drive MC7908	0 3 1 6 2 0 1 1				
	City	State	Zip Code	Transaction ID: SA11AI.21440		
	San Antonio	ТХ	78229	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		375.00		
	Name of Employer Self-Employed	Occupation Oral Sur				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify)		375.00			
Г						
	SUBTOTAL of Receipts This Page (optional)		••••••	1125.00		
	TOTAL This Period (last page this line number of	only)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 20 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17						
	Any information copied from such Reports and S	tatements may not be sold or used by any persor	n for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) American Association of Oral and Max	r for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofacial Surgeons Political Action Commi							
لا A.	 v ee Full Name (Last, First, Middle Initial) Dr. Martin Eichner 	Date of Receipt							
	Mailing Address 3347 Forbes Avenue	M M / D D / Y Y Y Y 03 30 2011							
	City	State Zip Code	Transaction ID: SA11AI.21418						
	Pittsburgh	PA 15213-3124	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	375.00						
	Name of Employer Associates in OMS	Occupation Oral Surgeon	-						
	Receipt For:	Aggregate Year-to-Date	_						
	Other (specify)	375.00							
— В.	Full Name (Last, First, Middle Initial) Dr. Michael Eklund		Date of Receipt						
	Mailing Address 24 Greenway Plaza Suite 1708		03 / D D / Y Y Y Y 08 / 2011						
	City	State Zip Code	Transaction ID: SA11AI.21417						
	Houston FEC ID number of contributing federal political committee.	TX 77046	Amount of Each Receipt this Period						
	Name of Employer Self-Employed	Occupation Oral Surgeon							
	Receipt For:	Aggregate Year-to-Date ▼	_						
	Primary General Other (specify)	500.00							
– C.	Full Name (Last, First, Middle Initial) Dr. Brent T. Garrison		Date of Receipt						
-	Mailing Address 8140 Knue Road Suite 200		M M / D D / Y Y Y Y 03 16 2011						
	City	State Zip Code	Transaction ID: SA11AI.21426						
	Indianapolis	IN 46250	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		375.00						
	Name of Employer Self-Employed	Occupation Oral Surgeon							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00							
Γ	SUBTOTAL of Receipts This Page (optional)	······	1250.00						
	TOTAL This Period (last page this line number								

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 20 (check only one)				
I	TEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c 12				
			Detailed Summary Page					
	Any information copied from such Reports and or for commercial purposes, other than using th	on for the purpose of soliciting contributions o solicit contributions from such committee.						
Γ	NAME OF COMMITTEE (In Full)							
	American Association of Oral and Ma	American Association of Oral and Maxillofacial Surgeons Political Action Commit						
Α.	Full Name (Last, First, Middle Initial) Dr. Leonard Goldman	Date of Receipt						
	Mailing Address 10230 New Hampshi	re Ave.		03 08 2011				
	City	State	Zip Code	Transaction ID: SA11AI.21436				
	Silver Springs	MD	20903	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		375.00				
	Name of Employer Self	Occupatio Oral Sur						
	Receipt For:		e Year-to-Date V	1				
	Primary General Other (specify) ▼		375.00]				
- В.	Full Name (Last, First, Middle Initial) Simons Hane	1		Date of Receipt				
	Mailing Address 14B Marshellen Dr	03 / D D / Y Y Y Y 30 2011						
	City	State	Zip Code	Transaction ID: SA11AI.21456				
	beaufort	SC	29902-6900	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		375.00				
	Name of Employer Port Royal Oral Surgery	Occupation Oral Sur						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	375.00]				
- C.	Full Name (Last, First, Middle Initial) Dr. Michael Hunter			Date of Receipt				
	Mailing Address 451 Andover St. Suite 125			M M / D D / Y				
	City	State	Zip Code	Transaction ID: SA11AI.21443				
	North Andover	MA	01845	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Northeast Oral & axillofa- cial Surgery	Occupatio Oral Sur						
	Receipt For:		e Year-to-Date 🔻					
	Primary General Other (specify) v		500.00]				
ſ	SUBTOTAL of Receipts This Page (optional)			1250.00				
┝			J					
	TOTAL This Period (last page this line number	er 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 / 20 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17					
	or for commercial purposes, other than using the r	Any information copied from such Reports and Statements may not be sold or used by any person f or for commercial purposes, other than using the name and address of any political committee to so							
	NAME OF COMMITTEE (In Full) American Association of Oral and Maxi	llofacial Su	rgeons Political Action Com	mitt-					
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas Keane			Date of Receipt					
	Mailing Address 6545 France Ave. S. Suite 270			M M / D D / Y Y Y Y 03 / 22 / 2011					
	City	State	Zip Code	Transaction ID: SA11AI.21442					
	Edina	MN	55435	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Thomas M. Keane, DDS, PA	Occupation Oral Surg							
	Receipt For:	Aggregate	e Year-to-Date 🔻	_					
	Other (specify)	0 0	500.00]					
В.	Full Name (Last, First, Middle Initial) Timothy Kelling			Date of Receipt					
	Mailing Address 1 Broad Street Piz Ste 2			M M / D D / Y Y Y Y 0 3 2 2 2 2 0 1 1					
	City Glens Falls	State NY	Zip Code	Transaction ID: SA11AI.21449					
	FEC ID number of contributing federal political committee.	C	12801-4390	Amount of Each Receipt this Period					
	Name of Employer Self Employed	Occupation Oral Surg							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Other (specify)	0 0	500.00]					
C.	Full Name (Last, First, Middle Initial) Dr. Roderick Lewin			Date of Receipt					
	Mailing Address 100 Gibson Road			03 / ^{D D} / <u>Y Y Y Y</u> 22 2011					
	City	State	Zip Code	Transaction ID: SA11AI.21423					
	Ashburnham	MA	01430	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Self-Employed	Occupation	geon						
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻						
	Other (specify) ▼	0.0	500.00						
	SUBTOTAL of Receipts This Page (optional)		••••••	1500.00					
	TOTAL This Period (last page this line number o	only)							

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 20 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) American Association of Oral and Max	mitt-		
∠ A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey McBride			Date of Receipt
	Mailing Address 117 South Nappanee S	03 / D D / Y Y Y Y 03 / 08 2011		
	City	State	Zip Code	Transaction ID: SA11AI.21416
	Elkhart	IN	46514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio Oral & N	ⁿ Iaxillofacial Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		500.00]
— В.	Full Name (Last, First, Middle Initial) Dr. Michael McGinnis			Date of Receipt
	Mailing Address 1210 Wilson Hall Rd.			03 / D D / Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: SA11AI.21446
	Sumter	SC	29150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sumter OMS PA	Occupatio Oral Sur		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	1
	Other (specify)			1
_ с.	Full Name (Last, First, Middle Initial) Dr. Jack Mrazik			Date of Receipt
	Mailing Address Sentara Careplex 3000 Coliseum Dr./Sui	te 204		M M / D D / Y Y Y Y 03 08 2011
	City Hampton	State VA	Zip Code 23666-0680	Transaction ID: SA11AI.21421
	FEC ID number of contributing federal political committee.	C	23000-0080	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupatio Oral Sur		
	Receipt For: Primary General Other (specify)		year-to-Date ▼ 500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I	h	1500.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 20 (check only one) 11a X 11a 13 14 15 16 17				
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Max	olicit contributions from such committee.						
Α.	 / ee Full Name (Last, First, Middle Initial) Dr. Bradley Porter Mailing Address 6808 E Brown Rd City Mesa FEC ID number of contributing federal political committee. Name of Employer Arizona Maxillofacial Sur- 	State AZ C	Zip Code 85207-3705	Date of Receipt				
	General Other (specify) ▼	Oral Sur Aggregate	geon e Year-to-Date V 375.00]				
- В.	Full Name (Last, First, Middle Initial) Robert Queale Mailing Address 31 N Maple Ave			Date of Receipt				
	City	State	Zip Code	Transaction ID: SA11AI.21447				
	<u>Greensburg</u> FEC ID number of contributing federal political committee.	PA C		Amount of Each Receipt this Period				
	Name of Employer Oral & Maxillofacial Surg- ery L Receipt For: Primary General Other (specify) ▼	Occupation Oral Sur Aggregate]				
- C.	Full Name (Last, First, Middle Initial) Dr. Edward Swain			Date of Receipt				
	Mailing Address 47 East 77th Street Suite 216			03 / ^D ^D / ^Y ^Y ^Y ^Y ^Y ^Y				
	City	State	Zip Code	Transaction ID: SA11AI.21427				
	New York FEC ID number of contributing federal political committee.	NY C	10021-1730	Amount of Each Receipt this Period 500.00				
	Name of Employer Self Employed	Occupatio Oral Sur						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]				
ſ	SUBTOTAL of Receipts This Page (optional)		······	1375.00				
	TOTAL This Period (last page this line number of	only)						

	•				
		HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 20 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any or fo	r information copied from such Reports and Stat or commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	$ \rangle$	NAME OF COMMITTEE (In Full) American Association of Oral and Maxill ee	ofacial Sur	rgeons Political Action Comr	nitt-
Α.		Full Name (Last, First, Middle Initial) Dr. Wayne Tipps			Date of Receipt
	I	Mailing Address 6015 Shallowford Road	M M / D D / Y		
	(City	State	Zip Code	Transaction ID: SA11AI.21429
		Chattanooga	TN	37421	Amount of Each Receipt this Period
		FEC ID number of contributing federal political committee.	C		500.00
	-	Name of Employer Associates in OMS	Occupation Oral Surg		_
	I	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
в.		Full Name (Last, First, Middle Initial) Dr. R. Triplett			Date of Receipt
	Ī	Mailing Address P.O. Box 660677			M M / D D / Y Y Y Y 03 11 2011
	(City	State	Zip Code	Transaction ID: SA11AI.21419
		Dallas	ТΧ	75266-0677	Amount of Each Receipt this Period
		FEC ID number of contributing federal political committee.	C		375.00
		Name of Employer Baylor College of Dentist- rv	Occupation Oral & Ma	n axillofacial Surgeon	-
		Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	►	875.00
TOTAL This Period (last page this line number only)	►	8875.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 20 (check only one) 11a 11a 11b 11c 12 13 14 15 X 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) American Association of Oral and Maxi	llofacial Su	urgeons Political Action Co	ommitt-
Α.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS Mailing Address 10537 ST. PAUL ST.			Date of Receipt
	City KENSINGTON	State MD	Zip Code 20895	Transaction ID: SA16.21489 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0366096	4000.00
	Name of Employer	Occupatio	n	Contribution refund
	Receipt For: 2012 X Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 4000.00	

SUBTOTAL of Receipts This Page (optional)	►	4000.00
TOTAL This Period (last page this line number only)	►	4000.00

Α.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/20 (check only one) 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to se	for the purpose of soliciting contributions olicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Association of Oral and Max	illofacial Surgeons Political Action Comm	itt-				
Full Name (Last, First, Middle Initial) Leading Authorities Inc		Date of Receipt				
Mailing Address 1990 M Street NW 8th Floor		M M / D D / Y Y Y Y 03 09 2011				
City	State Zip Code	Transaction ID: SA17.21488				
Washington	DC 20036	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	5125.00				
Name of Employer	Occupation	Feb check lost for speaker fee				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5125.00					

SUBTOTAL of Receipts This Page (optional)	►	5125.00
TOTAL This Period (last page this line number only)	►	5125.00

SCHEDULE B (FEC Form 3X)			Use separate schedule(s)			FOR LINE NUMBER: PAGE 15 / 20 (check only one)										
[]		SBURSEMENTS	for each o Detailed \$	category of the Summary Page		X	21b 27	22 28a			23 28b		24 28c		25 29	26
		ed from such Reports and State rposes, other than using the na														3
<u>,</u>	NAME OF COM															
\langle		ociation of Oral and Maxillo	ofacial Surge	eons Political A	Acti	on (Commi	tt-								
-	Full Name (Last, Leading Autho	First, Middle Initial) rities Inc									on ID: burs		SB21 nent	B.2 ⁻	1487	
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	Candidate Name					ateg Typ										
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	Full Name (Last, Paypal	First, Middle Initial)						Dat	e of		burs	em			_	
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	Candidate Name					ateg Typ	-									
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	Purpose of Disbu Paypal collection	fee													26.29)
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	Office Sought:	House Disbur Senate President	sement For: Primary Other (spe	General												
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ę	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 16 / 20
I	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	y one) 22 23 24 25 26 28a 28b 28c 29 30b
	Any Information copied from such Reports and Sta or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)			
	American Association of Oral and Maxi	llofacial Surgeons Political	Action Commi	tt-
A.	Full Name (Last, First, Middle Initial) Paypal			Transaction ID: SB21B.21475 Date of Disbursement
	Mailing Address 2211 N. First Street			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $ / $ \begin{bmatrix} D & D \\ 2 & 2 \end{bmatrix} $ / $ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $
	City San Jose	State Zip Code CA 95131	-	Amount of Each Disbursement this Period
	Purpose of Disbursement Paypal collection fee			29.60
	Candidate Name		Category/ Type	
	Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) Paypal			Transaction ID: SB21B.21476 Date of Disbursement
	Mailing Address 2211 N. First Street			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 3 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	City San Jose	State Zip Code CA 95131		Amount of Each Disbursement this Period
	Purpose of Disbursement Paypal collection fee			58.06
	Candidate Name		Category/ Type	
	Office Sought: House Disb Senate President	ursement For: Primary General Other (specify) ▼		
	State: District:			

	SUBTOTAL of Disbursements This Page (optional)	►	87.66
	TOTAL This Period (last page this line number only)	►	5274.53
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee American Association of Oral and Maxillofacial Surgeons Political Action Committee Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS Mailing Address PO BOX 250 City Purpose of Disbursement Federal Campaign Contribution Cardidae Name Collect Colocation ID: SB23.21480 Date of Disbursement Federal Campaign Contribution Cardidae Name Collect Colocation ID: SB23.21482 Disbursement this Period Category/ Type Office Sought: X House State: NJ District: 07 Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS Mailing Address PO BOX 225 City Collect Colocation ID: SB23.21482 Disbursement For: 2012 X Primary General Other (specify) ▼ Fuel Name (Last, First, Middle Initial) LANCE FOR CONGRESS Mailing Address PO BOX 225 City Collocation ID: SB23.21482 Date of Disbursement Federal Campaign Contribution Category/ Type Office Sought: X House State: NJ District: 07 Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS Mailing Address PO BOX 225 City Collocation ID: SB23.21482 Date of Disbursement Federal Campaign Contribution Category/ Type Office Sought: X House State: NJ District: 07 Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS Mailing Address P.O. BOX 640 City City City Office Sought: X House State: NJ District: 08 Mailing Address P.O. BOX 640 City	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 🗙 23 🗌 24 🗌 25 🔲
American Association of Oral and Maxillofacial Surgeons Political Action Committee Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS Mailing Address PO BOX 250 City State Zip Code NEWBURGH IN 47629 Purpose of Disbursement Edited Campaign Contribution Category/ Type Candidate Name Disbursement For: 2012 Candidate Name Disbursement For: 2012 Category/ Type Other (specify) ▼ Transaction ID: SB23.21482 Data of Disbursement Disbursement For: 2012 Transaction ID: SB23.21482 Category/ Type Other (specify) ▼ Transaction ID: SB23.21482 Data of Disbursement Other (specify) ▼ Transaction ID: SB23.21482 Data of Disbursement Other (specify) ▼ Transaction ID: SB23.21482 Data of Disbursement Other (specify) ▼ Transaction ID: SB23.21482 Data of Disbursement Disbursement For: 2012 2 0 1 1 Amount of Each Disbursement Colonia NJ 0767 Type 1000.00 1000.00 1000.00 <th></th> <th></th> <th></th> <th></th>				
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Mailing Address PO BOX 250 0.3 1.6 2.0.1.1 City NEWBURGH IN 47629 Amount of Each Disbursement this Period Fourpose of Disbursement Fordard Campaign Contribution Category/ Type 1500.00 Office Sought: X House Disbursement For: 2012 Office Sought: X House Disbursement For: 2012 Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS Transaction ID: SB23.21482 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.21492 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Period City State: NJ 07067 Purpose of Disbursement Fordard Campaign Contribution Category/ Type 1000.00 Cardidate Name Disbursement For: 2012 1000.00 Office Sought: X House Disbursement For: 2012 Full Name (Last, First, Middle Initial) President X Primary General President State: NJ District: 07 Other (specify) ▼ Transaction ID: SB23.21478 Date				
NEWBURGH IN 47629 Purpose of Disbursement	Mailing Address PO BOX 250			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 6 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \\ 1 \end{bmatrix}$
Produce Orbitabulisation. Category/ Type Office Sought: X House Senate Disbursement For: 2012 X Primary Office Sought: X House President Disbursement For: 2012 X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS Mailing Address PO BOX 225 City State Zip Code Colladate Name NJ 07067 Purpose of Disbursement Federal Campaign Contribution Category/ Type X Primary Office Sought: X House Disbursement For: 2012 X Primary General Other (specify) ▼ Transaction ID: SB23.21478 Date of Disbursement Federal Campaign Contribution Category/ Type 1000.00 Office Sought: X House Disbursement For: 2012 X Primary General Mailing Address P.O. BOX 640 Xit Y 2 0 1 1 City State Zip Code Mount of Each Disbursement this Period Purpose of Disbursement Senate Disbursement For: 2012 Grid Gardidate Name Disbursement For: 2012 Am				
Office Sought: X House Disbursement For: 2012 X President Other (specify) General Other (specify) Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS Transaction ID: SB23.21482 Malling Address PO BOX 225 Transaction ID: SB23.21482 City State: Zip Code Amount of Each Disbursement Pederal Campaign Contribution Category/ Type Office Sought: X House Disbursement For: 2012 Catidate Name Disbursement For: 2012 Amount of Each Disbursement this Period Cardidate Name Disbursement For: 2012 X Primary Office Sought: X House Disbursement For: 2012 Y President Other (specify) Transaction ID: SB23.21478 Date of Disbursement Senate President Mailing Address P.O. BOX 640 City Satate NJ 07511 Amount of Each Disbursement this Period Pederal Campaign Contribution Category/ Type Mailing Address P.O. BOX 640 M	Federal Campaign Contribution			1500.00
State: IN District: 03 Other (specify) ▼ Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS Transaction ID: SB23.21482 Date of Disbursement Mailing Address PO BOX 225 City State Zip Code COLONIA NJ 07067 Purpose of Disbursement Category/ Type 1000.00 Office Sought: X House Disbursement For: 2012 President Disbursement For: 2012 Y Primary General PASCRELL FOR CONGRESS Transaction ID: SB23.21478 Mailing Address P.O. BOX 640 City State Zip Code TOTOWA NJ 07511 Purpose of Disbursement General Mailing Address Mailing Address P.O. BOX 640 Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Mailing Address P.O. BOX 640 Mailing Address Office Sought: House Disbursement For: 2012 Office Sought: House Disbursement For: 2012	Office Sought: X House Disburse			
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CÓLONIA NJ 07067 Purpose of Disbursement Federal Campaign Contribution Category/ Type Office Sought: X House Disbursement For: 2012 General Other (specify) ✓ Transaction ID: SB23.21478 State: NJ District: 07 Other (specify) ✓ Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Transaction ID: SB23.21478 Mailing Address P.O. BOX 640 Ø Ø City State Zip Code Mawn of Each Disbursement this Period TOTOWA NJ 07511 Amount of Each Disbursement this Period Purpose of Disbursement Category/ Type 1000.00 1000.00 Office Sought: X House Disbursement For: 2012 Senate Primary General 1000.00 1000.00 Office Sought: X House Disbursement For: 2012 Senate Primary General Other (specify) State: NJ District: 08 Other (specify)	Mailing Address PO BOX 225			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} P & D \\ 2 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
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Senate President State: NJ District: 07 Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS Mailing Address P.O. BOX 640 City State Zip Code TOTOWA NJ 07511 Purpose of Disbursement Category/ Type Amount of Each Disbursement this Perior Candidate Name Disbursement For: 2012 Office Sought: X House Disbursement For: 2012 Y President Other (specify) Image: Contribution Image: Contribution Category/ Type Disbursement For: 2012 Image: Contribution Image: Contribution State: NJ District: 08 Disbursement For: 2012 Image: Contribution Image: Contribution State: NJ District: 08 Disbursement For: 2012 Image: Contribution Image: Contribution State: NJ District: 08 Disbursement For: 2012 Image: Contribution Image: Contribution Category/ Type Other (specify) Image: Contribution Image: Contribution Image: Contribution Cont				
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Mailing Address P.O. BOX 640 City State Zip Code TOTOWA NJ 07511 Purpose of Disbursement Category/ Type Office Sought: X House Disbursement For: 2012 Office Sought: X House Disbursement For: 2012 Y	Full Name (Last, First, Middle Initial)			
TOTOWA NJ 07511 Purpose of Disbursement 1000.00 Federal Campaign Contribution Category/ Type Candidate Name Category/ Type Office Sought: X X House Disbursement For: 2012 X Primary General Other (specify) State: NJ District: 08				
Federal Campaign Contribution Category/ Type Candidate Name Category/ Type Office Sought: X House Senate X Primary President Other (specify) ▼				Amount of Each Disbursement this Perio
Office Sought: X House Disbursement For: 2012 Senate X Primary General President Other (specify) ▼				1000.00
State: NJ District: 08 X Primary General Other (specify) ▼	Candidate Name			
	Senate X President	Primary General		
SUBTOTAL of Disbursements This Page (optional) 3500.00	State: NJ District: 08			· · · · · · · · · · · · · · · · · · ·
	SUBTOTAL of Disbursements This Page (optional)		>	3500.00

ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page POR LINE NUMBER: (check only one) 21b 22 X 23 24 28b 28c	ımittee
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such 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) PAUL BROUN COMMITTEE Image: Comm	483
NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofacial Surgeons Political Action Committ- Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE	483
American Association of Oral and Maxillofacial Surgeons Political Action Committ- ee Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE Transaction ID: SB23.21 Date of Disbursement	
PAUL BROUN COMMITTEE Date of Disbursement	
Mailing Address P.O. BOX 1512	2011 [°]
CityStateZip CodeAmount of Each DisbursemeATHENSGA30601	
Federal Campaign Contribution	000.00
Candidate Name Category/ Type	
Office Sought: X House Disbursement For: 2012 Senate X Primary General President Other (specify) ▼	
State: GA District: 10	
Full Name (Last, First, Middle Initial)Transaction ID:SB23.21REHBERG FOR CONGRESSDate of Disbursement	
Mailing Address PO BOX 1597	Ž011
City State Zip Code Amount of Each Disburseme HELENA MT 59624	
Federal Campaign Contribution	000.00
Candidate Name Category/ Type	
Office Sought: X House Disbursement For: 2012 Senate X Primary General President Other (specify) V	
State: MT District: 00	
Full Name (Last, First, Middle Initial) Transaction ID: SB23.21 SCHOCK FOR CONGRESS Date of Disbursement	479
Mailing Address PO BOX 10555	2011 [°]
City State Zip Code Amount of Each Disburseme PEORIA IL 61612	
Federal Campaign Contribution	000.00
Candidate Name Category/ Type	
Office Sought: X House Disbursement For: 2012 Senate X Primary General President Other (specify) ▼	
State: IL District: 18	
SUBTOTAL of Disbursements This Page (optional)	00.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X)	B (FEC Form 3X) Use separate schedule(s) FOR LINE (check only													
ITEMIZED DISBURSEMENTS	for each ca Detailed S	ategory of the ummary Page		È	21b 27	22 28a	X	23 28b			Bc		25 29	
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name														5
NAME OF COMMITTEE (In Full)										2 21				
American Association of Oral and Maxillofa	icial Surge	ons Political /	Actio	on C	Commi	it-								
Full Name (Last, First, Middle Initial) STEVE ROTHMAN FOR NEW JERSEY, IN	IC.					Trans Date	of D	sbur	ser	ment	23.2			
Mailing Address P.O. BOX 714						0 ^M 3	М	/ D	1	6	Y	ž	0 1 ·	ľ
,	State NJ	Zip Code 07602				Amou	int o	f Eac	h [Disbu	rser	-		Period
Purpose of Disbursement Federal Campaign Contribution						L.						10	00.00)
Candidate Name				ateg Type										
President	nent For: Primary Other (spec	2012 General iify) ▼												
State: NJ District: 09														
Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS						Trans Date	of D	sbur	ser	ment	23.2			
Mailing Address 99 W 1ST STREET						0 ^M 3	М	/ D	2	4	Y	ž	0 Ì -	1 Y
	State NY	Zip Code 14830				Amou	int o	f Eac	ch [Disbu	rser	-		Period
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Candidate Name				ateg Type	-									
Office Sought: X House Disburser Senate X President	ment For: Primary Other (spec	2012 General												
State: NY District: 29	\- <u>I</u>	-/ •												
Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS						Trans Date		sbur	ser	ment	23.2	214	86	
Mailing Address 10537 ST. PAUL ST.						0 ^M 3	М	/ D	2	4	Y	ž	0 Ì ·	Ĭ
,	State MD	Zip Code 20895				Amou	int o	f Eac	h [Disbu	rser	-		Period
Purpose of Disbursement Federal Campaign Contribution						L.						40	00.00)
Candidate Name				ateg Type	-									
President	ment For: Primary Other (spec	2012 General ify) ▼												
State: MD District: 08									-		-	<u> </u>		
SUBTOTAL of Disbursements This Page (optional)					<u> </u>					-		60(0.00	,
TOTAL This Period (last page this line number only)					•					÷	1	350	0.00)

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 20 / 20					
DEBTS AND OBLIGATIONS	S AND OBLIGATIONS		FOR LINE NUMBER: (check only one) X 9					
Excluding Loans								
NAME OF COMMITTEE (In Full) American Association of Oral and Maxillofacial	Surgeone Political Action Con	nmitt						
ee	Surgeons Political Action Con							
A. Full Name (Last, First, Middle Initial) of Debtor o Illinois Department of Revenue	Nature of D State Tax 08 carryo	Nature of Debt (Purpose): State Tax Overpymt for 20- 08 carryover 09						
Mailing Address PO Box 19008								
City State Springfield IL	ZIP Code 62794-9008							
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD9.18338					
251.00								
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period					
0.00	0.00		251.00					
B. Full Name (Last, First, Middle Initial) of Debtor o Illinois Department of Revenue	r Creditor	State Tax	Nature of Debt (Purpose): State Tax Overpymt for 20- 09 carryover 2010					
Mailing Address PO Box 19008								
City State Springfield IL	ZIP Code 62794-9008							
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD9.19670					
7.00								
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period					
0.00	0.00		7.00					
1) SUBTOTALS This Period This Page (optional)			258.00					
2) TOTALS This Period (last page this line number on	ly)	•	258.00					
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•	0.00					
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)		258.00					