

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

Office Use Only

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

12FE4M5

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

9700 WEST BRYN MAWR AVE.

Check if different  
than previously  
reported. (ACC)

ROSEMONT

IL

60018

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005660

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election  
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
11 29 2016

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2016

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

Canter, Harry, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Canter, Harry, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 31 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 29 / 2016 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">684564.42</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">571441.98</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">84721.26</span>	<span style="border: 1px solid black; padding: 2px;">293724.54</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">656163.24</span>	<span style="border: 1px solid black; padding: 2px;">978288.96</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">2120.29</span>	<span style="border: 1px solid black; padding: 2px;">324246.01</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">654042.95</span>	<span style="border: 1px solid black; padding: 2px;">654042.95</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">96.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">140.00</span>	

☒ 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. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	6

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).....	72491.00	255289.32
(ii) Unitemized .....	1120.00	4896.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	73611.00	260186.00
(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) .....	73611.00	260186.00
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).....	39.00	39.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	11000.00	33000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	71.26	499.54
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)) .....	84721.26	293724.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	84721.26	293724.54

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	81.29	6457.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	81.29	6457.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	316500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1250.00
(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	1250.00
29. Other Disbursements (Including Non-Federal Donations).....	39.00	39.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	2120.29	324246.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2120.29	324246.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	73611.00	260186.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	73611.00	258936.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	81.29	6457.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	39.00	39.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	42.29	6418.01

# **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 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Acord, Timothy, , ,

Mailing Address 6520 Glenridge Park Pl  
Ste 7

City  
Louisville

State  
KY

Zip Code  
40222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2016

Transaction ID : SA11AI.29504

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aguilera, Armando, , ,

Mailing Address 3203 Landview Dr

City

Murfreesboro

State

TN

Zip Code

37128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TNCOFIS

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29505

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Albright, Jimmy, , ,

Mailing Address 875 Union Ave.

City

Memphis

State

TN

Zip Code

38163

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Univ of Tennessee College of D

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29506

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bailey, R Brent, , ,**

Mailing Address 595 E Medical Center Blvd

City  
Webster

State  
TX

Zip Code  
77598

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral Surgery Associates

Occupation (for Individual)  
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  
12 / 05 / 2016

Transaction ID : SA11AI.29510

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bankston, Stephen, , ,**

Mailing Address 3037 Tuscany Park Dr

City  
Marietta

State  
GA

Zip Code  
30068

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Atlanta Oral & Facial Surgery

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.29512

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barbick, Michael, , ,**

Mailing Address 14005 N Dale Mabry Hwy

City  
Tampa

State  
FL

Zip Code  
33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tampa Bay Jaw and Facial Surge

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

Transaction ID : SA11AI.29513

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

875.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barefoot, Matthew, , ,

Mailing Address 1203 Two Island Ct

City

Mount Pleasant

State

SC

Zip Code

29466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barefoot Oral and Facial Surge

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2016

Transaction ID : SA11AI.29515

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barrett, G Clint, , ,

Mailing Address 7515 Quaker Ave  
Ste 200

City

Lubbock

State

TX

Zip Code

79424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

West Texas Oral Facial Surgery

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2016

Transaction ID : SA11AI.29516

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Benson, Gregory, , ,

Mailing Address 8807 W 400 N

City

Michigan City

State

IN

Zip Code

46360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benson Oral Surgery &amp; Dental I

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2016

Transaction ID : SA11AI.29468

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berrios, Rick, , ,**

Mailing Address 18800 Main St  
Suite 205

City  
Huntington Beach

State  
CA

Zip Code  
92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2016

Transaction ID : SA11AI.29517

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Biernacki, John, , ,**

Mailing Address 50 Sulyma St

City

Cumberland

State

RI

Zip Code

02864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Attleboro-Cumberland Oral Surg

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

Transaction ID : SA11AI.29518

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bitonti, David, , ,**

Mailing Address 133 Kent Oaks Way

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Will Surgical Arts

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2016

Transaction ID : SA11AI.29519

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 88

(check only one)

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blanchaert, Remy, , ,**

Mailing Address 1919 N Webb Rd

City  
Wichita

State  
KS

Zip Code  
67206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29469

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bocciarelli, Paul, , ,**

Mailing Address 506 Cromwell Ave  
Ste 203

City  
Rocky Hill

State  
CT

Zip Code  
06067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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  
12 / 29 / 2016

Transaction ID : SA11AI.29520

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bowman, Curtis, , ,**

Mailing Address 620 S Madison St  
Suite 302

City  
Enid

State  
OK

Zip Code  
73701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2016

Transaction ID : SA11AI.29521

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1875.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boyd, J Sidney, , ,**

Mailing Address 610 W 7th North St

City  
Morristown

State  
TN

Zip Code  
37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

Transaction ID : SA11AI.29522

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Branca, Glenn, , ,**

Mailing Address 31 Hornbeam Rd

City  
Duxbury

State  
MA

Zip Code  
02332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Branca Oral Surgery & Dental I

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2016

Transaction ID : SA11AI.29523

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brewer, Kevin, , ,**

Mailing Address 3159 Woodland Ln

City  
Alexandria

State  
VA

Zip Code  
22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alexandria Oral and Maxillofac

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2016

Transaction ID : SA11AI.29524

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Brandon, , ,**

Mailing Address 1009 Sumac Dr

City  
Keller

State  
TX

Zip Code  
76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northern Texas Facial & Oral S

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2016

Transaction ID : SA11AI.29526

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burchard, Mark, , ,**

Mailing Address 6300 Duranta Cove

City  
Austin

State  
TX

Zip Code  
78759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Round Rock Oral Surgery

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2016

Transaction ID : SA11AI.29527

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Burns, Christopher, , ,**

Mailing Address 8170 Oaklandon Rd  
Suite B

City  
Indianapolis

State  
IN

Zip Code  
46236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Geist Oral & Facial Surgery

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29528

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 14 OF 88

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burton, Jonathan, , ,**

Mailing Address 2250 Reed Station Parkway  
Office Place Ste 201

City State Zip Code  
Carbondale IL 62901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Shawnee Hills OMS

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

**Transaction ID : SA11AI.29529**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Butler, Ronald, , ,**

Mailing Address 7211 N Mesa  
Suite 1 S

City State Zip Code  
El Paso TX 79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Associates in Oral & Implant S

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2016

**Transaction ID : SA11AI.29530**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bycroft, Barton, , ,**

Mailing Address 1111 Parkwood Dr

City State Zip Code  
Salina KS 67401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

**Transaction ID : SA11AI.29470**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 15 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Campbell, William, , ,

Mailing Address 1818 Warm Springs Road

City  
ColumbusState  
GAZip Code  
31904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

William D Campbell

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2016

Transaction ID : SA11AI.29531

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carey, Vincent, , ,

Mailing Address 700 Professional Dr

City

Warner Robins

State

GA

Zip Code

31088

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OMS Center Inc

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2016

Transaction ID : SA11AI.29532

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carr, Brian, , ,

Mailing Address 12105 Carola Dr

City

Carmel Valley

State

CA

Zip Code

93924

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2016

Transaction ID : SA11AI.29533

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chacon, Guillermo, , ,

Mailing Address 11116 12th Avenue Ct NW

City

Gig Harbor

State

WA

Zip Code

98332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2016

Transaction ID : SA11AI.29535

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chaney, Patrick, , ,

Mailing Address 830 W High St  
Suite 301

City

Lima

State

OH

Zip Code

45801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral Surgery Associates

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2016

Transaction ID : SA11AI.29536

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cheifetz, Ira, , ,

Mailing Address 5 Baylor Place

City

Princeton Junction

State

NJ

Zip Code

08550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2016

Transaction ID : SA11AI.29537

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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



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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cherry, Brian, , ,**

Mailing Address 225 Halton Rd  
Ste B

City  
Greenville

State  
SC

Zip Code  
29607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cherry Orchard Oral & Implant

Occupation (for Individual)  
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  
12 / 21 / 2016

Transaction ID : SA11AI.29538

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chi, Howard, , ,**

Mailing Address 139 Centre St  
Ste 209

City  
New York

State  
NY

Zip Code  
10013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2016

Transaction ID : SA11AI.29539

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ciarallo, Robert, , ,**

Mailing Address 1180 Meridian Dr

City  
Presto

State  
PA

Zip Code  
15142

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29540

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cisler, Terry, , ,**

Mailing Address 104 Seminole Rd

City  
JanesvilleState  
WIZip Code  
53545FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2016

Transaction ID : SA11AI.29541

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clayman, Lewis, , ,**Mailing Address 2150 Appian Way  
Ste 201City  
PinoleState  
CAZip Code  
94564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2016

Transaction ID : SA11AI.29542

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cockrell, Rex, , ,**Mailing Address 20079 Stone Oak Pkwy  
Ste 1280City  
San AntonioState  
TXZip Code  
78258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2016

Transaction ID : SA11AI.29543

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cohen, Lisa, , ,

Mailing Address 1604 Upshur St NW

City  
Washington

State  
DC

Zip Code  
20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2016

Transaction ID : SA11AI.29544

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Corry, Kevin, , ,

Mailing Address 990 Rahway Ave

City  
Union

State  
NJ

Zip Code  
07083

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Union Oral & Maxillofacial Sur

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29545

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Covington, Lucia, , ,

Mailing Address 637 Bellamy Ave  
Unit A

City  
Murrells Inlet

State  
SC

Zip Code  
29576

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Waccamaw Oral & Maxillofacial

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29546

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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  
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(check only one)

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

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cox, H Mark, , ,**

Mailing Address 2945 Northwoods Way

City  
Redding

State  
CA

Zip Code  
96002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29547

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cross, Joshua, , ,**

Mailing Address 4334 E Shady Hollow Rd

City

Fayetteville

State

AR

Zip Code

72701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Northwest Arkansas Oral & Maxi

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2016

Transaction ID : SA11AI.29548

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Curry, William, , ,**

Mailing Address 2713 South 74th St  
Suite 201

City

Fort Smith

State

AR

Zip Code

72903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

William E. Curry DDS PA

Occupation (for Individual)

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  
12 / 05 / 2016

Transaction ID : SA11AI.29549

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

1375.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cyr, Jeffrey, , ,

Mailing Address P.O. Box 71930

City  
Richmond

State  
VA

Zip Code  
23255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwealth Oral & Facial Sur

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29550

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dash, Marvin, , ,

Mailing Address 6301 Forbes Ave  
Ste 230

City  
Pittsburgh

State  
PA

Zip Code  
15217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2016

Transaction ID : SA11AI.29551

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Delsol, Mary, , ,

Mailing Address 32241 Crown Valley Pkwy  
Suite 220

City  
Dana Point

State  
CA

Zip Code  
92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

Transaction ID : SA11AI.29552

Amount of Each Receipt this Period

500.00

☐ Memo Item

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: PAGE 22 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Diaz, Manuel, , ,

Mailing Address 12600 N Featherwood Dr  
Suite 220

City  
Houston

State  
TX

Zip Code  
77034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29471

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dierks, Eric, , ,

Mailing Address 1849 NW Kearney  
Suite 300

City  
Portland

State  
OR

Zip Code  
97209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Head &amp; Neck Surgical Assoc

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29553

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dillard, Frederick, , ,

Mailing Address 2270 Ashley Crossing Dr  
Ste 175

City  
Charleston

State  
SC

Zip Code  
29414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Matt Dillard DMD MS Oral &amp; Fac

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.29554

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dominger, Martin, , ,**

Mailing Address 5225 Nesconset Hwy  
Ste 57

City State Zip Code  
Port Jefferson Station NY 11776

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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  
12 / 13 / 2016

Transaction ID : SA11AI.29555

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Doran, Stephen, , ,**

Mailing Address 109 N Regency Dr

City State Zip Code  
Bloomington IL 61701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Doran Capocice Efav & Ocheltre

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

Transaction ID : SA11AI.29556

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dowd, Kieran, , ,**

Mailing Address 16 Indian Spring Rd

City State Zip Code  
Concord MA 01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2016

Transaction ID : SA11AI.29557

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1625.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 88  
(check only one)

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Draper, Thomas, , ,**

Mailing Address 215 South Fm 548

Ste C

City

Forney

State

TX

Zip Code

75126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Trinity Valley Oral Surgery an

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

Transaction ID : SA11AI.29558

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Drobny, Eliza, , ,**

Mailing Address 10 N Ridge Ave

City

Mount Prospect

State

IL

Zip Code

60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2016

Transaction ID : SA11AI.29560

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dunlap, Derek, , ,**

Mailing Address 700 Squire's Point Dr

Suite A

City

Duncan

State

SC

Zip Code

29334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

River Falls Oral Surgery

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : SA11AI.29562

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

875.00

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



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

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

FOR LINE NUMBER: PAGE 25 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duraini, Mazen, , ,**

Mailing Address 1850 Keller Pkwy  
Ste 102

City  
Keller

State  
TX

Zip Code  
76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Maxillofacial Surgery PL

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

Transaction ID : SA11AI.29563

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dusek, Joseph, , ,**

Mailing Address 15831 Sylvan Lake

City

Houston

State

TX

Zip Code

77062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
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  
12 / 16 / 2016

Transaction ID : SA11AI.29565

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dwight, Gary, , ,**

Mailing Address 818 W Lake Lansing Rd

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
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 / 30 / 2016

Transaction ID : SA11AI.29472

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

1000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eckstein, James, , ,

Mailing Address 306 Walnut St  
Suite 26City  
San DiegoState  
CAZip Code  
92103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center for Oral & Facial SurgeOccupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2016

Transaction ID : SA11AI.29568

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Edmonds, Gregory, , ,

Mailing Address 15215 S 48th St  
Suite 158City  
PhoenixState  
AZZip Code  
85044FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ahwatukee OMSOccupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29569

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Edwards, Jason, , ,

Mailing Address 449 S 12th St  
Ste 1201City  
TampaState  
FLZip Code  
33602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

Transaction ID : SA11AI.29570

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 27 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Egbert, Mark, , ,

Mailing Address 15527 61st Ave NE

City  
KenmoreState  
WAZip Code  
98028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Childrens Hospital & RegionalOccupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2016

Transaction ID : SA11AI.29473

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Elstein, Mark, , ,

Mailing Address 1402 W Broad St

City  
QuakertownState  
PAZip Code  
18951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2016

Transaction ID : SA11AI.29474

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eschenroeder, Thomas, , ,

Mailing Address P.O. Box 71930

City  
RichmondState  
VAZip Code  
23255FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwealth Oral & Facial SurOccupation (for Individual)  
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  
 12 / 29 / 2016

Transaction ID : SA11AI.29573

Amount of Each Receipt this Period

375.00

☐ Memo Item

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: PAGE 28 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Falender, Lawrence, , ,**

Mailing Address 1320 N Post Rd

City  
Indianapolis

State  
IN

Zip Code  
46219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Indianapolis Oral Surgery & De

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

Transaction ID : SA11AI.29574

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Farrell, Brian, , ,**

Mailing Address 411 Billingsley Rd  
Suite 105

City  
Charlotte

State  
NC

Zip Code  
28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2016

Transaction ID : SA11AI.29575

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ferguson, Andrew, , ,**

Mailing Address P.O. Box 71930

City  
Richmond

State  
VA

Zip Code  
23255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwealth Oral & Facial Sur

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29577

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ferguson, Brett, , ,

Mailing Address 2301 Holmes St

City  
Kansas City

State  
MO

Zip Code  
64108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Truman Medical Center

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2016

Transaction ID : SA11AI.29576

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fletcher, Steven, , ,

Mailing Address 200 Hawkins Dr

City  
Iowa City

State  
IA

Zip Code  
52242

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2016

Transaction ID : SA11AI.29578

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Foxson, Joshua, , ,

Mailing Address 605 W Washington St

City  
Naperville

State  
IL

Zip Code  
60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2016

Transaction ID : SA11AI.29579

Amount of Each Receipt this Period

250.00

☐ Memo Item

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: PAGE 30 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fried, Eric, , ,**

Mailing Address 5825 Landerbrook Dr  
Ste 125

City State Zip Code  
Mayfield Heights OH 44124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

**Transaction ID : SA11AI.29475**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Friedel, William, , ,**

Mailing Address 285 Sills Rd  
Bldg 2 Ste A

City State Zip Code  
East Patchogue NY 11772

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2016

**Transaction ID : SA11AI.29580**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garel, H James, , ,**

Mailing Address P.O. Box 4507

City State Zip Code  
Edwards CO 81632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

**Transaction ID : SA11AI.29581**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 31 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garrison, Brent, , ,**

Mailing Address 9860 Westpoint Dr  
Suite 100

City  
Indianapolis

State  
IN

Zip Code  
46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northeast OMS

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2016

Transaction ID : SA11AI.29582

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garvar, Lanny, , ,**

Mailing Address 7401 N University Dr  
Suite 102

City  
Tamarac

State  
FL

Zip Code  
33321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Garvar & Stewart DMD

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2016

Transaction ID : SA11AI.29583

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gear, Robert, , ,**

Mailing Address 26 Barkley Cir  
Ste 1

City  
Fort Myers

State  
FL

Zip Code  
33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2016

Transaction ID : SA11AI.29584

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 32 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. George, Ted, , ,**

Mailing Address 939 Emerald Ave  
Suite 501

City  
Knoxville

State  
TN

Zip Code  
37917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral & Maxillofacial Surgery A

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

**Transaction ID : SA11AI.29476**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gift, James, , ,**

Mailing Address 10702 Cape Hatteras Dr

City  
Tampa

State  
FL

Zip Code  
33615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Florida Facial Surgery Center

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

**Transaction ID : SA11AI.29585**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gordon-Maloney, Jennifer, , ,**

Mailing Address 300 Stonecrest Blvd  
Suite 385

City  
Smyrna

State  
TN

Zip Code  
37167

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stonecrest OMS

Occupation (for Individual)  
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  
12 / 13 / 2016

**Transaction ID : SA11AI.29586**

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

875.00



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gulley, R Bryan, , ,**

Mailing Address 6421 Saratogo Blvd  
Bldg 101

City  
Corpus Christi

State  
TX

Zip Code  
78414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

**Transaction ID : SA11AI.29588**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Haigney, Raymond, , ,**

Mailing Address 9727 Northcross Center Ct

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2016

**Transaction ID : SA11AI.29589**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Haltom, Katherine, , ,**

Mailing Address 223 Walnut St  
Suite 2

City

Framingham

State

MA

Zip Code

01701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

**Transaction ID : SA11AI.29590**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Haney, Harold, , ,**

Mailing Address 432 Rolling Ridge Dr  
Suite 2

City  
State College

State  
PA

Zip Code  
16801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral & Maxillofacial Surgery

Occupation (for Individual)  
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  
12 / 22 / 2016

**Transaction ID : SA11AI.29591**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hannon, Jeremy, , ,**

Mailing Address 45-1144 Kamehameha Hwy  
Ste 301

City  
Kaneohe

State  
HI

Zip Code  
96744

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oahu Oral and Maxillofacial Su

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2016

**Transaction ID : SA11AI.29592**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hayhurst, David, , ,**

Mailing Address 550 W Virginia St

City  
Evansville

State  
IN

Zip Code  
47710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Oral Surgery Group

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

**Transaction ID : SA11AI.29593**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

875.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Heggland, Karl, , ,**

Mailing Address 457 Marmot Cir

City  
Silverthorne

State  
CO

Zip Code  
80498

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwest OMS

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29594

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Heit, James, , ,**

Mailing Address 6138 S. 102nd Ave.

City  
Omaha

State  
NE

Zip Code  
68127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral Surgery Associates

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

Transaction ID : SA11AI.29595

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hochstadter, Bruce, , ,**

Mailing Address 444 N Northwest Hwy  
Suite 325

City  
Park Ridge

State  
IL

Zip Code  
60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29477

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hodapp, Paul, , ,**

Mailing Address 1000 E 1st St  
Suite 108

City  
Duluth

State  
MN

Zip Code  
55805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OMS Associates

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2016

Transaction ID : SA11AI.29596

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoffmann, William, , ,**

Mailing Address 15655 37th Ave N  
Ste 280

City  
Plymouth

State  
MN

Zip Code  
55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Minnesota Oral & Maxillofacial

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

Transaction ID : SA11AI.29597

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hopkin, Joel, , ,**

Mailing Address 2125 NW Professional Dr

City  
Corvallis

State  
OR

Zip Code  
97330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

Transaction ID : SA11AI.29598

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jeong, Daniel, , ,

Mailing Address 1201 Main St

Advanced Surgical Associates

City

Tewksbury

State

MA

Zip Code

01876

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2016

Transaction ID : SA11AI.29599

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jo, Chris, , ,

Mailing Address 2925 Premiere Parkway

Suite 185

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29600

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jordan, William, , ,

Mailing Address 3501 Town Center Blvd S

City

Sugar Land

State

TX

Zip Code

77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Oral &amp; Maxillofacial Surgeons

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2016

Transaction ID : SA11AI.29601

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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

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

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Joudeh, Samer, , ,**

Mailing Address 227 S Pendleton St

City  
Easley

State  
SC

Zip Code  
29640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29602

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kim, Peter, , ,**

Mailing Address 8406 Naketa Ln

City  
Mukilto

State  
WA

Zip Code  
98275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OM3 Oral Maxillofacial & Impl

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2016

Transaction ID : SA11AI.29604

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kincaid, Brent, , ,**

Mailing Address 1228 Somerset Field Dr

City  
Chesterfield

State  
MO

Zip Code  
63005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Louis County Oral Surgery

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.29605

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

875.00

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

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

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kleiman, Michael, , ,**

Mailing Address 1857 Oak Tree Rd.

City  
Edison

State  
NJ

Zip Code  
08820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Edison Clark Oral Surgery Asso

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29607

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Klene, Carrie, , ,**

Mailing Address 550 University Blvd  
Ste 3145

City  
Indianapolis

State  
IN

Zip Code  
46202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Indiana University

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29608

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kreitzer, Mary, , ,**

Mailing Address 123 Dwight Road  
Ste 203

City  
Longmeadow

State  
MA

Zip Code  
01106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.29609

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 40 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Krueger, Keith, , ,

Mailing Address 1475 SW Chandler Ave  
Suite 101

City  
Bend

State  
OR

Zip Code  
97702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Keith E Krueger DMD PC

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2016

Transaction ID : SA11AI.29610

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lapp, Thomas, , ,

Mailing Address 10972 Allisonville Rd  
Ste 100

City  
Fishers

State  
IN

Zip Code  
46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Indiana Oral & Maxillofacial S

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29478

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lassetter, Jeremy, , ,

Mailing Address 25 Timberwick Dr

City  
Clifton Park

State  
NY

Zip Code  
12065

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adirondack Oral & Maxillofacial

Occupation (for Individual)  
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  
12 / 03 / 2016

Transaction ID : SA11AI.29612

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 41 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Le, Anh, , ,**

Mailing Address 3400 Spruce St  
5 White

City  
Philadelphia

State  
PA

Zip Code  
19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hospital of the University of

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

**Transaction ID : SA11AI.29613**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ledoux, Andre, , ,**

Mailing Address 25125 SW 119th Ave

City

Homestead

State  
FL

Zip Code  
33032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

**Transaction ID : SA11AI.29614**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lepczyk, James, , ,**

Mailing Address 31100 Telegraph Rd.  
Suite 100

City

Bingham Farms

State  
MI

Zip Code  
48025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jamestowne Office Center

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2016

**Transaction ID : SA11AI.29479**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 42 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lessin, Michael, , ,**

Mailing Address 27005 76th Ave

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

Transaction ID : SA11AI.29616

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Levy, Robert, , ,**

Mailing Address 301 4th St  
Box 30137

City

Alexandria

State

LA

Zip Code

71301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2016

Transaction ID : SA11AI.29617

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewin, Roderick, , ,**

Mailing Address 100 Gibson Road

City

Ashburnham

State

MA

Zip Code

01430

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Dental Services Family Health

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2016

Transaction ID : SA11AI.29618

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 43 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Libunao, Allan, , ,**

Mailing Address 580 E Boughton Rd  
Ste B

City  
Bolingbrook

State  
IL

Zip Code  
60440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Suburban Oral Surgery & Implan

Occupation (for Individual)  
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  
12 / 29 / 2016

Transaction ID : SA11AI.29619

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lindquist, Clarence, , ,**

Mailing Address 2021 K St NW  
Suite 317

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clarence C Lindquist DDS PC

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29480

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lippman, Norman, , ,**

Mailing Address 20421 Jeb Dr  
Unit 50

City  
Rehoboth Beach

State  
DE

Zip Code  
19971

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
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  
12 / 16 / 2016

Transaction ID : SA11AI.29620

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 44 OF 88

(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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Liston, Todd, , ,</b></p> <p>Mailing Address 2297 N Hill Field Rd Ste 105</p> <p>City Layton State UT Zip Code 84041</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="375.00"/></p>		<p>Date of Receipt</p> <p><input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2016"/></p> <p>Transaction ID : SA11AI.29621</p> <p>Amount of Each Receipt this Period <input type="text" value="375.00"/></p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Loggi, Daniel, , ,</b></p> <p>Mailing Address 42 Roosevelt Blvd</p> <p>City Marmora State NJ Zip Code 08223</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer (for Individual) Cape Atlantic OMS Occupation (for Individual) Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="250.00"/></p>		<p>Date of Receipt</p> <p><input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2016"/></p> <p>Transaction ID : SA11AI.29622</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Mack, Harry, , ,</b></p> <p>Mailing Address 5802 Nolensville Pike Ste 103</p> <p>City Nashville State TN Zip Code 37211</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer (for Individual) Nashville Oral Surgery Occupation (for Individual) Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="250.00"/></p>		<p>Date of Receipt</p> <p><input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2016"/></p> <p>Transaction ID : SA11AI.29623</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p> <p><input type="checkbox"/> Memo Item</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p><input type="text" value="875.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p><input type="text" value=""/></p>

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Madion, Daniel, , ,**

Mailing Address 12776 S West Bay Shore Dr

City  
Traverse City

State  
MI

Zip Code  
49684

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grand Traverse Oral Surgery

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

Transaction ID : SA11AI.29624

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maranon, George, , ,**

Mailing Address 16311 Ventura Blvd  
Ste 820

City  
Encino

State  
CA

Zip Code  
91436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
George A Maranon DDS

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

Transaction ID : SA11AI.29625

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Matzkin, Michael, , ,**

Mailing Address 236 Beacon St  
Apt 5C

City  
Boston

State  
MA

Zip Code  
02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2016

Transaction ID : SA11AI.29626

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 46 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCallum, Charles, , ,**

Mailing Address 2328 Garland Drive

City  
Birmingham

State  
AL

Zip Code  
35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2016

Transaction ID : SA11AI.29627

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDonald, Gary, , ,**

Mailing Address 2300 Green Oak Dr.  
Suite 600

City  
Kingwood

State  
TX

Zip Code  
77339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kingwood Oral Surgery

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

Transaction ID : SA11AI.29628

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDonald, Thomas, , ,**

Mailing Address 2513 West Andover Rd

City  
Florence

State  
SC

Zip Code  
29501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
McDonald Oral and Maxillofacia

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.29629

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 47 OF 88

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McGhee, Robert, , ,**

Mailing Address 186 Grandmar Chase

City  
Canton

State  
GA

Zip Code  
30115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2016

**Transaction ID : SA11AI.29630**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McPhillips, John, , ,**

Mailing Address 6104 Burnham Cir

City  
Colleyville

State  
TX

Zip Code  
76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bedford Assoc in Oral and Maxi

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2016

**Transaction ID : SA11AI.29631**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meaders, Richard, , ,**

Mailing Address 4672 Blackwater Way

City  
Suwanee

State  
GA

Zip Code  
30024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Atlanta Oral & Facial Surgery

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2016

**Transaction ID : SA11AI.29632**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Merrill, Jill, , ,**

Mailing Address 1410 Madison Ave

City  
Mankato

State  
MN

Zip Code  
56001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SE Minnesota OMS

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29481

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meszaros, Edward, , ,**

Mailing Address 1736 E Edgewood Dr

City  
Lakeland

State  
FL

Zip Code  
33803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
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  
12 / 29 / 2016

Transaction ID : SA11AI.29633

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Michaels, Gregory, , ,**

Mailing Address 823 N Columbus St

City  
Lancaster

State  
OH

Zip Code  
43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northeast Oral & Maxillofacial

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2016

Transaction ID : SA11AI.29634

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

875.00



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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Denis, , ,**

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 (for Individual)  
Siouxland OMS

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

Transaction ID : SA11AI.29636

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Michael, , ,**

Mailing Address 316 Chappaqua Rd

City  
Briarcliff Manor

State  
NY

Zip Code  
10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2016

Transaction ID : SA11AI.29482

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Michael E., , ,**

Mailing Address P.O. Box 71930

City  
Richmond

State  
VA

Zip Code  
23255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwelath Oral & Facial Sur

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29635

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mongkollugsana, Jackrit, , ,

Mailing Address 154 W Schrock Rd  
Suite BCity  
WestervilleState  
OHZip Code  
43081FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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 / 30 / 2016

Transaction ID : SA11AI.29483

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morrison, J David, , ,

Mailing Address 221 Glen Lake Rd

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral & Facial Surgery Assoc

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2016

Transaction ID : SA11AI.29484

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Muller, G Jack, , ,

Mailing Address P.O. Box 5690

City

Rapid City

State

SD

Zip Code

57709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Black Hills OMS

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2016

Transaction ID : SA11AI.29637

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1125.00

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

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Murphy, Walter, , ,**

Mailing Address 7009 Lee Park Rd

City

Mechanicsville

State

VA

Zip Code

23111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2016

Transaction ID : SA11AI.29638

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Namiranian, Parshan, , ,**Mailing Address 1501 Secret Ravine Pkwy  
Unit 834

City

Roseville

State

CA

Zip Code

95661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Renton Modern Dentistry

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2016

Transaction ID : SA11AI.29639

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nannini, Victor, , ,**

Mailing Address 2131 Valentines Rd

City

Westbury

State

NY

Zip Code

11590

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nassau Univ Medical Center

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2016

Transaction ID : SA11AI.29641

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Naples, Robert, , ,**

Mailing Address 1950 Round Rock Ave

City

Round Rock

State

TX

Zip Code

78681

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2016

Transaction ID : SA11AI.29642

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ness, Gregory, , ,**

Mailing Address 6577 Plesenton Dr S

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ohio State Univ-Dept OMS Colle

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2016

Transaction ID : SA11AI.29643

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Neuner, Timothy, , ,**

Mailing Address 5110 Grove St

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Oral & Maxillofacial Surgical

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2016

Transaction ID : SA11AI.29485

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Neuwirth, Bryan, , ,**

Mailing Address 2753 Birdie Ln NE

City  
ConoverState  
NCZip Code  
28613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Brown &amp; Neuwirth Oral &amp; Cosmet

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29486

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Northrop, Ronald, , ,**Mailing Address 7055 N Fresno St  
Suite 202City  
FresnoState  
CAZip Code  
93720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Northrop Van Wagenen &amp; Noordma

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2016

Transaction ID : SA11AI.29644

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oleksy, Brian, , ,**Mailing Address 306 Walnut Ave  
Ste 26City  
San DiegoState  
CAZip Code  
92103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.29645

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Olsen, Andrew, , ,**

Mailing Address 12776 s West Bay Shore Dr

City

Traverse City

State

MI

Zip Code

49684

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grand Traverse Oral Surgery

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

Transaction ID : SA11AI.29646

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Orentlicher, Gary, , ,**

Mailing Address 495 Central Park Ave  
Suite 201

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Oral Maxillofacial &

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

Transaction ID : SA11AI.29648

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pape, Richard, , ,**

Mailing Address 2176 Park Boundary Rd

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Greater Louisville OMS Assoca

Occupation (for Individual)

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  
12 / 15 / 2016

Transaction ID : SA11AI.29649

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

875.00

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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Park, David, , ,**

Mailing Address 3610 N University Ave  
Suite 150

City  
Provo

State  
UT

Zip Code  
84604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

**Transaction ID : SA11AI.29487**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Paterson, Brian, , ,**

Mailing Address 245 Chicadee Ct

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

**Transaction ID : SA11AI.29650**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patterson, Kevin, , ,**

Mailing Address 180 Adams  
Suite 100

City

Denver

State

CO

Zip Code

80206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Denver Metro OMS

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

**Transaction ID : SA11AI.29652**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pausa, Sergio, , ,**

Mailing Address 4895 Windward Pkwy  
Suite 102

City  
Alpharetta

State  
GA

Zip Code  
30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
S Joseph Pausa DMD PC

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.29653

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pearson, Andrew, , ,**

Mailing Address 4397 Wilson St

City

Minnetonka

State

MN

Zip Code

55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2016

Transaction ID : SA11AI.29654

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pepper, Larry, , ,**

Mailing Address 4700 Union Deposit Road  
Suite 260

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OMS Innovations LLP

Occupation (for Individual)  
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  
12 / 05 / 2016

Transaction ID : SA11AI.29656

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

875.00



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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillips, William, , ,**

Mailing Address 8201 Preston Rd  
Ste 260

City  
Dallas

State  
TX

Zip Code  
75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Cities OMS

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

Transaction ID : SA11AI.29657

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pittman, Bradley, , ,**

Mailing Address 205 E Second St

City  
Defiance

State  
OH

Zip Code  
43512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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  
12 / 19 / 2016

Transaction ID : SA11AI.29658

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Podlesh, Scott, , ,**

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 (for Individual)

Self Employed

Occupation (for Individual)

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  
12 / 09 / 2016

Transaction ID : SA11AI.29660

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 58 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Press, Kenneth, , ,**

Mailing Address 95 Madison Ave  
Ste 108

City  
Morristown

State  
NJ

Zip Code  
07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29661

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prickett, Philip, , ,**

Mailing Address 1311 Chuck Dawley Blvd  
Suite 101

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Low County Oral Facial & Impla

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29662

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Proulx, Sarah, , ,**

Mailing Address 203 Holly Ave

City

Clemson

State

SC

Zip Code

29631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29663

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 59 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pulver, L Eric, , ,**

Mailing Address 2629 45th St

City  
Highland

State  
IN

Zip Code  
46322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

Transaction ID : SA11AI.29664

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Quitmeyer, Aaron, , ,**

Mailing Address 200 Craigmore Dr

City  
Rockingham

State  
VA

Zip Code  
22801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aaron Quitmeyer, DDS, PLC

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29665

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rachiele, Dominic, , ,**

Mailing Address 1521 8th Ave  
Ste 101

City  
Bethlehem

State  
PA

Zip Code  
18018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

Transaction ID : SA11AI.29666

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 60 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rahn, Andrew, , ,

Mailing Address 1313 E Herndon Ave  
Suite 104

City  
Fresno

State  
CA

Zip Code  
93720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2016

Transaction ID : SA11AI.29667

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reese, Reynaldo, , ,

Mailing Address 4020 Chapel Hill Rd  
Ste 101

City  
Douglasville

State  
GA

Zip Code  
30135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

R &amp; R Dental Specialists PC

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2016

Transaction ID : SA11AI.29668

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rentschler, Edward, , ,

Mailing Address 425 Roxbury Rd

City  
Rockford

State  
IL

Zip Code  
61107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rockford OMS

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

Transaction ID : SA11AI.29669

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roberts, S Bradford, , ,**

Mailing Address 5779 Getwell Rd  
Bldg C Ste 4

City  
Southaven

State  
MS

Zip Code  
38672

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North MS Oral & Maxillofacial

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

**Transaction ID : SA11AI.29670**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rollar, Thomas, , ,**

Mailing Address 630 Singleton Ridge Rd

City  
Conway

State  
SC

Zip Code  
29526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2016

**Transaction ID : SA11AI.29671**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rongione, Gregory, , ,**

Mailing Address 455 S Washington St  
Suite 21

City  
Gettysburg

State  
PA

Zip Code  
17325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
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  
12 / 30 / 2016

**Transaction ID : SA11AI.29672**

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

875.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rupperecht, Robert, , ,**

Mailing Address 939 Park Ave

City  
Mahtomedi

State  
MN

Zip Code  
55115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Partners

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29673

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Russell, Willard, , ,**

Mailing Address 38 Clarke Ln

City  
Falling Waters

State  
WV

Zip Code  
25419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

Transaction ID : SA11AI.29674

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ryan, Lawrence, , ,**

Mailing Address 11 S Main St

City  
Marlborough

State  
CT

Zip Code  
06447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lawrence Ryan

Occupation (for Individual)  
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  
12 / 29 / 2016

Transaction ID : SA11AI.29675

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

875.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 63 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sarraf, Ammar, , ,**

Mailing Address P.O. Box 71930

City  
Richmond

State  
VA

Zip Code  
23255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwealth Oral & Facial Sur

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29676

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sautter, Spencer, , ,**

Mailing Address 123 W Francis Ave

City  
Spokane

State  
WA

Zip Code  
99205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral Surgery Plus

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2016

Transaction ID : SA11AI.29678

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sawyer, Terry, , ,**

Mailing Address 5651 Frist Blvd  
Suite 301

City  
Hermitage

State  
TN

Zip Code  
37076

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
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  
12 / 29 / 2016

Transaction ID : SA11AI.29679

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

875.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 88  
(check only one)

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schalit, Curtis, , ,**

Mailing Address 549 Health Blvd

City

Daytona Beach

State

FL

Zip Code

32114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Florida Oral &amp; Facial Surgical

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2016			

Transaction ID : SA11AI.29680

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schirmer, James, , ,**

Mailing Address 4393 Village Ridge Dr

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

James M Schirmer DDS

Occupation (for Individual)

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
12			16			2016			

Transaction ID : SA11AI.29681

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schmidt, Brian, , ,**

Mailing Address 421 1st Ave

City

New York

State

NY

Zip Code

10010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York University College of

Occupation (for Individual)

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
12			20			2016			

Transaction ID : SA11AI.29682

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schultz, Jeffrey, , ,**

Mailing Address 182 Jefferson Pkwy  
Suite A

City  
Newnan

State  
GA

Zip Code  
30265

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.29683

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sedaros, Steven, , ,**

Mailing Address 2301 W Eau Gallie Blvd  
Ste 101

City

Melbourne

State  
FL

Zip Code  
32935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sedaros Oral Facial Surg & Den

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2016

Transaction ID : SA11AI.29684

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Seidel, John, , ,**

Mailing Address 1345 S Division St  
Suite 102

City

Salisbury

State  
MD

Zip Code  
21804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

Transaction ID : SA11AI.29685

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 66 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Silverman, Harvey, , ,**

Mailing Address 2135 Tee Dr

City  
Braselton

State  
GA

Zip Code  
30517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

**Transaction ID : SA11AI.29686**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singer, Richard, , ,**

Mailing Address 1463 Klondike Rd SW  
Suite C

City  
Conyers

State  
GA

Zip Code  
30094

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral & Maxillofacial Surgery A

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2016

**Transaction ID : SA11AI.29687**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Skinner, Daniel, , ,**

Mailing Address 12509 E Mission Ave  
Suite 101

City  
Spokane

State  
WA

Zip Code  
99216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Drs. Higuchi & Skinner PS

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2016

**Transaction ID : SA11AI.29688**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 67 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smart, Ryan, , ,**

Mailing Address 1901 Sheyenne St

Unit C

City

West Fargo

State

ND

Zip Code

58078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2016

**Transaction ID : SA11AI.29689**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sodeifi, Alireza, , ,**

Mailing Address 10393 Torre Ave

Ste L

City

Cupertino

State

CA

Zip Code

95014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Silicon Valley Surgical Arts

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2016

**Transaction ID : SA11AI.29690**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Spector, Coleman, , ,**

Mailing Address 1014 W Belmont Ave

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2016

**Transaction ID : SA11AI.29692**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 68 OF 88

(check only one)

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Spinazze, Mark, , ,**

Mailing Address 10 N Ridge Ave

City

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Assoc for Oral Maxillofacial &amp;

Occupation (for Individual)

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  
12 / 20 / 2016

Transaction ID : SA11AI.29694

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spinazze, Russell, , ,**

Mailing Address 10 N Ridge Ave

City

Mount Prospect

State

IL

Zip Code

60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Assoc for Oral Maxillofacial &amp;

Occupation (for Individual)

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  
12 / 20 / 2016

Transaction ID : SA11AI.29693

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stanchina, Richard, , ,**Mailing Address 1250 Wilson St  
Ste 101

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2016

Transaction ID : SA11AI.29695

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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  
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FOR LINE NUMBER: PAGE 69 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stephens, W Frederick, , ,**

Mailing Address 301 S. Fair Oaks Ave.  
Suite 107

City  
Pasadena

State  
CA

Zip Code  
91105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Pacific Coast Center for O

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

**Transaction ID : SA11AI.29488**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stich, Eric, , ,**

Mailing Address 5640 Kipling Ave

City

Minnetonka

State

MN

Zip Code

55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral & Maxillofacial Surgical

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

**Transaction ID : SA11AI.29696**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stigall, Larry, , ,**

Mailing Address 832 Forestridge Dr

City

Boone

State

NC

Zip Code

28607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

**Transaction ID : SA11AI.29697**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1125.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stone, Brian, , ,

Mailing Address 2550 Elkton Trl

City  
TylerState  
TXZip Code  
75703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southern Surgical ArtsOccupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2016

Transaction ID : SA11AI.29699

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stone, Charles, , ,

Mailing Address 2550 Elkton Trail

City  
TylerState  
TXZip Code  
75703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southern Surgical ArtsOccupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2016

Transaction ID : SA11AI.29698

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stroe, William, , ,

Mailing Address 3500 SW 2nd Ave  
Suite 2City  
GainesvilleState  
FLZip Code  
32607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
William C Stroe IV DDS PAOccupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2016

Transaction ID : SA11AI.29700

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 71 OF 88

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Strauss, Sorrell, , ,**

Mailing Address 821 SE Ocean Blvd  
Ste A

City  
Stuart

State  
FL

Zip Code  
34994

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral Facial Surgical Associate

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

Transaction ID : SA11AI.29702

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Straw, Jason, , ,**

Mailing Address 4420 Town Center Blvd  
Ste 250

City

El Dorado Hills

State  
CA

Zip Code  
95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2016

Transaction ID : SA11AI.29703

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stucki-McCormick, Suzanne, , ,**

Mailing Address 289 Hygeia Ct

City

Encinitas

State  
CA

Zip Code  
92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2016

Transaction ID : SA11AI.29705

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1750.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sullivan, Bruce, , ,

Mailing Address 145 Railroad Ave.

City

Norwood

State

MA

Zip Code

02062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2016

Transaction ID : SA11AI.29706

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sundick, Bradley, , ,

Mailing Address 5813 Fairfax Ave

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral and Maxillofacial Surgica

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2016

Transaction ID : SA11AI.29489

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swanson, Kimberly, , ,

Mailing Address 2765 Via Cipriani  
1214A

City

Clearwater

State

FL

Zip Code

33764

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2016

Transaction ID : SA11AI.29707

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

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  
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FOR LINE NUMBER: PAGE 73 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sweeney, Patrick, , ,

Mailing Address 9401 McKnight Rd  
Ste 201

City  
Pittsburgh

State  
PA

Zip Code  
15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2016

Transaction ID : SA11AI.29490

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tempel, Steven, , ,

Mailing Address 290 Springfield Dr  
Suite 190

City  
Bloomington

State  
IL

Zip Code  
60108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

Transaction ID : SA11AI.29708

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tew, Darrell, , ,

Mailing Address 5000 W Nob Hill Blvd

City  
Yakima

State  
WA

Zip Code  
98908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

Transaction ID : SA11AI.29709

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 74 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tomasetti, Boyd, , ,**

Mailing Address 7889 S Lincoln Ct  
Ste 201

City  
Littleton

State  
CO

Zip Code  
80122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tomasetti, McLain & Plevnia Or

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29491

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Trinh, Huy, , ,**

Mailing Address 4006 Ancient Oak Ct

City

Annandale

State  
VA

Zip Code  
22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2016

Transaction ID : SA11AI.29710

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Trowbridge, Thomas, , ,**

Mailing Address 109 Blueberry Hill Ln

City

North Andover

State  
MA

Zip Code  
01845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lowell Oral Surgery Associates

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29492

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 75 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Turner, Blake, , ,**

Mailing Address 105 Graylyn Dr

City  
Chapel Hill

State  
NC

Zip Code  
27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of North Carolina S

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2016

Transaction ID : SA11AI.29712

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Van Dam, Scott, , ,**

Mailing Address 3415 5th St

City  
Rapid City

State  
SD

Zip Code  
57701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Black Hills Oral and Maxillofa

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA11AI.29713

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Varland, Scott, , ,**

Mailing Address 1000 E 1st St  
Ste 108

City  
Duluth

State  
MN

Zip Code  
55805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OMS Associates

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2016

Transaction ID : SA11AI.29714

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 76 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vickers, Aaron, , ,

Mailing Address 651 Cross Timbers Rd  
Ste 103

City  
Flower Mound

State  
TX

Zip Code  
75028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aaron M Vickers DDS MD PLLC

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2016

Transaction ID : SA11AI.29715

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wade, Marshall, , ,

Mailing Address 1508 Arden View Dr.

City

Arden Hills

State

MN

Zip Code

55112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maplewood OMS

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2016

Transaction ID : SA11AI.29717

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Waite, Peter, , ,

Mailing Address 1530 3rd Ave S/SDB419  
Dept of OMS

City

Birmingham

State

AL

Zip Code

35294

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Alabama School o

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29718

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 77 OF 88

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wallace, John, , ,**

Mailing Address 8315 Walnut Hill Ln  
Ste 120

City  
Dallas

State  
TX

Zip Code  
75231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2016

**Transaction ID : SA11AI.29719**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wang, Kingsley, , ,**

Mailing Address 1211 Castec Dr

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

**Transaction ID : SA11AI.29720**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Warren, Erik, , ,**

Mailing Address 2693 Goldwood Dr

City

Rocky River

State

OH

Zip Code

44116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Amherst Oral Surgery

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

**Transaction ID : SA11AI.29721**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wat, Stephen, , ,**

Mailing Address 38149 Martha Ave

City  
Fremont

State  
CA

Zip Code  
94536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2016

Transaction ID : SA11AI.29722

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Whiston, David, , ,**

Mailing Address 3313 N Ohio St

City  
Arlington

State  
VA

Zip Code  
22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2016

Transaction ID : SA11AI.29723

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Russell, , ,**

Mailing Address 3007 Spring Mill Dr

City  
Springfield

State  
IL

Zip Code  
62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Springfield Associates in OMS

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

Transaction ID : SA11AI.29724

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wise, Edward, , ,**

Mailing Address 134 Thorncliff Dr

City  
Fayetteville

State  
NC

Zip Code  
28303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Womack Army Medical Center

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2016

**Transaction ID : SA11AI.29725**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Witkowski, Charles, , ,**

Mailing Address P.O. Box 5549

City  
Johnson City

State  
TN

Zip Code  
37602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

**Transaction ID : SA11AI.29727**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Womack, Ryan, , ,**

Mailing Address 400 Yauger Way SW  
Ste A

City  
Olympia

State  
WA

Zip Code  
98502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capital Oral & Maxillofacial S

Occupation (for Individual)  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

**Transaction ID : SA11AI.29728**

Amount of Each Receipt this Period

241.00

☐ Memo Item

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

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

741.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wright, Michael, , ,**

Mailing Address 1502 Forsyth St  
Ste A

City  
Macon

State  
GA

Zip Code  
31201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29494

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wright, Robert, , ,**

Mailing Address 1502 Forsyth St  
Ste A

City  
Macon

State  
GA

Zip Code  
31201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA11AI.29493

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yates, David, , ,**

Mailing Address 550 W Virginia St

City  
Evansville

State  
IN

Zip Code  
47710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Oral Surgery Group

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29729

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00



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

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zagursky, Peter, , ,**

Mailing Address 16 Oscars Ct

City  
PoquosonState  
VAZip Code  
23662FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2016

Transaction ID : SA11AI.29730

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zak, Michael, , ,**

Mailing Address 10 N Ridge Ave

City  
Mount ProspectState  
ILZip Code  
60056FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Assoc for Oral Maxillofacial &

Occupation (for Individual)

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  
12 / 20 / 2016

Transaction ID : SA11AI.29731

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zidron, Martin, , ,**Mailing Address 21660 W Field Pkwy  
Ste 220City  
Deer ParkState  
ILZip Code  
60010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral Facial & Implant Speciali

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

Transaction ID : SA11AI.29732

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1125.00

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

72491.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. MB Financial Bank**

Mailing Address 6111 North River Rd

City  
Rosemont

State  
IL

Zip Code  
60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

Transaction ID : SA17.29495

Amount of Each Receipt this Period

35.04

☐ Memo Item  
Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. MB Financial Bank**

Mailing Address 6111 North River Rd

City  
Rosemont

State  
IL

Zip Code  
60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2016

Transaction ID : SA17.29733

Amount of Each Receipt this Period

36.22

☐ Memo Item  
Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

71.26

71.26

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

Use separate schedule(s)  
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(check only one)

<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 checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CITIZENS TO ELECT PHIL ROE TO CONGRESS**

Mailing Address PO BOX 3218

City  
JOHNSON CITYState  
TNZip Code  
37602FEC ID number of contributing  
federal political committee.

C C00444471

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		20		2016

Transaction ID : SA16.29502

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Refund of Campaign Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEVIN FOR CONGRESS**

Mailing Address PO BOX 37

City  
ROSEVILLEState  
MIZip Code  
48066FEC ID number of contributing  
federal political committee.

C C00156612

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		31		2016

Transaction ID : SA16.29739

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Refund of Campaign Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. UPTON FOR ALL OF US**

Mailing Address PO BOX 490

City  
ST. JOSEPHState  
MIZip Code  
49085FEC ID number of contributing  
federal political committee.

C C00200584

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		28		2016

Transaction ID : SA16.29503

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Refund of Campaign Contribution

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

11000.00

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

11000.00

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MB Financial Bank**

Mailing Address 6111 North River Rd

City  
RosemontState  
ILZip Code  
60018Purpose of Disbursement  
credit card processing fees

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				05				2016					

FEC Identification Number

C

Transaction ID : SB21B.29734

Amount of Each Disbursement this Period

51.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MB Financial Bank**

Mailing Address 6111 North River Rd

City  
RosemontState  
ILZip Code  
60018Purpose of Disbursement  
Bounced deposit fee

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				30				2016					

FEC Identification Number

C

Transaction ID : SB21B.29735

Amount of Each Disbursement this Period

7.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 2211 N. First Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
Paypal Collection Fee

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				21				2016					

FEC Identification Number

C

Transaction ID : SB21B.29736

Amount of Each Disbursement this Period

14.80

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

73.74

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 JoseState  
CAZip Code  
95131Purpose of Disbursement  
Paypal collection fees

Candidate Name

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

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
12			28			2016					

FEC Identification Number

C

Transaction ID : SB21B.29737

Amount of Each Disbursement this Period

7.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

7.55

81.29

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. JOHN KENNEDY FOR US**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2016

Mailing Address 2900 CLEARVIEW PKWY  
SUITE 206City  
METAIRIEState  
LAZip Code  
70006Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Runoff

State: LA District: 00

FEC Identification Number

C C00608398

Transaction ID : SB23.29499

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROSEN FOR NEVADA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2016

Mailing Address 1000 N GREEN VALLEY PKWY  
#440-177City  
HENDERSONState  
NVZip Code  
89074Purpose of Disbursement  
Federal Campaign Contribution

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify)

State: NV District: 03

FEC Identification Number

C C00606939

Transaction ID : SB23.29501

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

2000.00

2000.00

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

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FOR LINE NUMBER:  
(check only one)
☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

Illinois Department of Revenue

Nature of Debt (Purpose):

State Tax Overpymt for 2008 carryover 09

Mailing Address PO Box 19008

City

Springfield

State

IL

Zip Code

62794-9008

Outstanding Balance Beginning This Period

135.00

Transaction ID : SD9.18338

Amount Incurred This Period

0.00

Payment This Period

39.00

Outstanding Balance at Close of This Period

96.00

B. 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

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)..... ►

96.00

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

96.00

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) ►

96.00

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

PAGE 88 OF 88

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

U. S. Treasury

Nature of Debt (Purpose):

Federal Tax Owed for 2016 activity

Mailing Address Attention Tax Department

City

Kansas City

State

MO

Zip Code

64999

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.29740

Amount Incurred This Period

140.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

140.00

B. 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

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)..... ►

140.00

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

140.00

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) ►

140.00