

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

Office Use Only

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

9700 WEST BRYN MAWR AVE.

☐ Check if different than previously reported. (ACC)

ROSEMONT

IL

60018

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

C C00005660

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y 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 Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Dr. Jeffrey McBride

Signature of Treasurer

Dr. Jeffrey McBride

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: MM / DD / YYYY 08 / 01 / 2013 To: MM / DD / YYYY 08 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY 2013		410899.37
(b) Cash on Hand at Beginning of Reporting Period.....	440140.05	
(c) Total Receipts (from Line 19)	29486.97	162529.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	469627.02	573428.59
7. Total Disbursements (from Line 31)	14190.85	117992.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	455436.17	455436.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	197.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
08 01 2013

To:

M M / D D / Y Y Y Y Y
08 31 2013
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).....

21250.00

137635.00

(ii) Unitemized

6225.00

22793.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

27475.00

160428.00

(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) ▶

27475.00

160428.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

2000.00

2000.00

17. Other Federal Receipts

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

11.97

101.22

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))..... ▶

29486.97

162529.22

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

29486.97

162529.22

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	190.85	58992.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	190.85	58992.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	58500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(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	500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14190.85	117992.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14190.85	117992.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27475.00	160428.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27475.00	159928.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	190.85	58992.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	190.85	58992.42

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gordon Austin

Mailing Address 423 N. Lakeshore Dr.

City State Zip Code
 Carrollton GA 30117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2013

Transaction ID : SA11AI.24746

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas Auyong

Mailing Address 724-B North Diamond Bar

City State Zip Code
 Diamond Bar CA 91765-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24724

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Bastacky

Mailing Address 516 N Rolling Rd
 Suite 208

City State Zip Code
 Catonsville MD 21228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

David C Bastacky DMD PA

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24717

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Cahoon

Mailing Address 750 Kings Hwy
Suite 107

City Lewes State DE Zip Code 19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kings Way Professional Bldg

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24731

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Omel Cardenas

Mailing Address 12398 F M 423
Ste 200

City Frisco State TX Zip Code 75034-4758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24790

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Donald Cohen

Mailing Address 6560 Fannin St.
Suite 1522

City Houston State TX Zip Code 77030-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24739

Amount of Each Receipt this Period

375.00

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

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

1125.00

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

Use separate schedule(s)
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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. Deborah Cooper-Newland

Mailing Address 5001 Bissonnet
Suite 103

City State Zip Code
Bellaire TX 77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24763

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Cotant

Mailing Address 9101 Bridgeport Way SW

City State Zip Code
Lakewood WA 98499-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OMS of Lakewood

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24716

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Charles Crago

Mailing Address 4344 20th Ave S
Ste 2

City State Zip Code
Fargo ND 58103-4434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Face & Jaw Surgery Center

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24723

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)
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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. Carlos Cruz

Mailing Address 5529 N McColl Rd
Ste A

City State Zip Code
McAllen TX 78504-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24762

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Karel de Leeuw

Mailing Address 5777 E Mayo Blvd

City State Zip Code
Phoenix AZ 85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mayo Clinic Arizona

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Vincent DiFabio

Mailing Address 198 Thomas
Suite 101

City State Zip Code
Frederick MD 21702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24755

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Matthew Dudziak

Mailing Address 8112 Milliken Ave
Ste 102

City Rancho Cucamonga State CA Zip Code 91730-7472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24775

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Joshua Everts

Mailing Address 2347 Tyler Rd

City Birmingham State AL Zip Code 35226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2013

Transaction ID : SA11AI.24808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gary Feldman

Mailing Address 1221 Madison Street
Suite 1116

City SEattle State WA Zip Code 98104-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24737

Amount of Each Receipt this Period

500.00

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

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

1125.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jerald Friedman

Mailing Address 179 Cedar Lane

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Jersey OMS

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 28 / 2013

Transaction ID : SA11AI.24759

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Dr. Nicholas Gadler

Mailing Address 6386 Alvarado court
Suite 110

City

San Diego

State

CA

Zip Code

92120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24761

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert Gillum

Mailing Address 240 Woodwinds Lane

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24745

Amount of Each Receipt this Period

375.00

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

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

1000.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Elliot H. Goldman

Mailing Address 970 Clifton Ave

City
Clifton

State
NJ

Zip Code
07013-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24722

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sol Haber

Mailing Address 139 Clinton St

City
Brooklyn

State
NY

Zip Code
11201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. W. Hall

Mailing Address 607 Washington Road
Suite 201

City
Pittsburgh

State
PA

Zip Code
15228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Datillo & Hall

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24732

Amount of Each Receipt this Period

375.00

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

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

1125.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steven Hinze

Mailing Address 921 S Willow

City

North Platte

State

NE

Zip Code

69101-6079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24740

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Hunter

Mailing Address 1600 W College St
Suite 620

City

Grapevine

State

TX

Zip Code

76051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Texas Facial & Oral S

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24758

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Michael Kail

Mailing Address 191 Longuevue Dr

City

Pittsburgh

State

PA

Zip Code

15228-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24797

Amount of Each Receipt this Period

375.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jeong Kim

Mailing Address 20505 Via Tenorio

City State Zip Code
Yorba Linda CA 92887

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2013

Transaction ID : SA11AI.24812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Chris Larson

Mailing Address 12777 Valley View St.
Suite 121

City State Zip Code
Gordon Grove CA 92845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
08 / 29 / 2013

Transaction ID : SA11AI.24750

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Julie Lesnick

Mailing Address 8025 Club Crest Dr

City State Zip Code
Arvada CO 80005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Avada Oral Surgery Associates

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
08 / 29 / 2013

Transaction ID : SA11AI.24766

Amount of Each Receipt this Period

375.00

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

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

1250.00

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

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John J Lytle

Mailing Address 1370 Foothill Blvd
Suite 200

City State Zip Code
La Canada CA 91011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24757

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Raffi Margossian

Mailing Address 239 W Olive Ave

City State Zip Code
Burbank CA 91502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2013

Transaction ID : SA11AI.24768

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tyson Marrs

Mailing Address 3700 W 83rd St
Ste 203

City State Zip Code
Prairie Village KS 66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oral & Facial Surgery Associat

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24800

Amount of Each Receipt this Period

500.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian McAndrew

Mailing Address 101 Archway Ct

City

Lynchburg

State

VA

Zip Code

24502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Virginia Oral & Facial

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24783

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Anup Muduli

Mailing Address 180 Ramapo Valley Rd
Rt 202

City

Oakland

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ramapo Valley Oral & Maxillofa

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24791

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Felice O'Ryan

Mailing Address 3026 Fairview Ave

City

Alameda

State

CA

Zip Code

94501-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente Hospital

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24730

Amount of Each Receipt this Period

375.00

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

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

2375.00

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

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

FOR LINE NUMBER: PAGE 17 OF 27

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Frank Pavel

Mailing Address 306 Walnut Ave
Suite 26

City State Zip Code
San Diego CA 92103-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Oral & Facial Surge

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24771

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Vincent Perciaccante

Mailing Address 1365 B Clifton Road NE
Suite 2300B

City State Zip Code
Atlanta GA 30322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Clinic

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 19 / 2013

Transaction ID : SA11AI.24770

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Troy Petersen

Mailing Address 1165 C South Columbia Rd

City State Zip Code
Grand Forks ND 58201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24784

Amount of Each Receipt this Period

250.00

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

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

1125.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Phillips

Mailing Address 2609 Browns Lane

City

Jonesboro

State

AR

Zip Code

72401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24720

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. D Allen Pulsipher

Mailing Address 39755 Murieta Hot Springs Road
Suite B-130

City

Murieta

State

CA

Zip Code

92562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24767

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Peter Quinn

Mailing Address 3400 Spruce Street 5 White

City

Philadelphia

State

PA

Zip Code

19104-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Pennsylvania Med Ctr Dept.

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24719

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Angela Rake

Mailing Address 2130 Cliff Rd
Ste 100

City State Zip Code
Eagan MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2013

Transaction ID : SA11AI.24813

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robin Reisz

Mailing Address 1671 W Tenaya Way

City State Zip Code
Fresno CA 93711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2013

Transaction ID : SA11AI.24787

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Renaldo

Mailing Address 3735 Nazareth Road
Suite 204

City State Zip Code
Easton PA 18045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2013

Transaction ID : SA11AI.24727

Amount of Each Receipt this Period

375.00

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

875.00

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

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

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Salehani

Mailing Address 13650 Marina Pointe Dr
Unit 1003

City State Zip Code
Marina Del Rey CA 90292

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24788

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Eric Scharf

Mailing Address 301 Main St
Unit 3C

City State Zip Code
San Francisco CA 94105-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24799

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. John Van Heukelom

Mailing Address 835 3rd Ave SE

City State Zip Code
Cedar Rapids IA 52403-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cedar Rapids Oral Surgery PC

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24751

Amount of Each Receipt this Period

375.00

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

1125.00

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

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Savannah Waddy

Mailing Address 520 East Carson Plaza Court
Suite 101

City State Zip Code
Carson CA 90746-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.24728

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Bradley Wright

Mailing Address 4435 West 95th Street

City State Zip Code
Oak Lawn IL 60453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kasper, Heaton, Wright & Associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.24756

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Rick Yamada

Mailing Address 8950 Villa La Jolla Drive
Suite 1167

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 29 / 2013

Transaction ID : SA11AI.24743

Amount of Each Receipt this Period

375.00

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

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

1625.00

21250.00

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 27
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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address 319 NANCY'S ROAD

City State Zip Code
 QUITMAN LA 71268

FEC ID number of contributing
federal political committee.

C C00376749

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 16 2013

Transaction ID : SA16.24830

Amount of Each Receipt this Period

2000.00

Return of contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

2000.00

2000.00

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Response	Percentage
U.S. should take more action to reduce global warming	48.03

7.55

Response	Percentage
U.S. should take more action to reduce global warming	51.65

State: District:

Age Group	Percentage
18-24	10.23
25-34	10.23
35-44	10.23
45-54	10.23
55-64	10.23
65-74	10.23
75-84	10.23
85+	107.23

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Northern Trust Company

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2013

Mailing Address 1501 Woodfield Road

City	State	Zip Code
Schaumburg	IL	60173

Transaction ID : SB21B.24820Purpose of Disbursement
Bank fees

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

83.62

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

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

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

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

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

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

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

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

State: District:

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

83.62

190.85

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

PAGE 25 OF 27

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BILL POSEY

Mailing Address P. O. BOX 360877

City	State	Zip Code
MELBOURNE	FL	32936

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2013

Transaction ID : SB23.24827

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DICK DURBIN COMMITTEE

Mailing Address PO BOX 1949

City	State	Zip Code
SPRINGFIELD	IL	62705

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2013

Transaction ID : SB23.24825

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GARDNER FOR CONGRESS

Mailing Address 9227 E. LINCOLN AVE., #200-235

City	State	Zip Code
LONE TREE	CO	80124

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CO	District: 04

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2013

Transaction ID : SB23.24826

Amount of Each Disbursement this Period

2500.00

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

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

10500.00

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

PAGE 26 OF 27

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TONY CARDENAS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2013

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City	State	Zip Code
LOS ANGELES	CA	90010

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Transaction ID : SB23.24824

Amount of Each Disbursement this Period

1000.00

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

State: CA District: 29

Full Name (Last, First, Middle Initial)

B. WALORSKI FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2013

Mailing Address PO BOX 954

City	State	Zip Code
MISHAWAKA	IN	46546

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Transaction ID : SB23.24829

Amount of Each Disbursement this Period

2500.00

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

State: IN District: 02

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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

State: District:

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

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

3500.00

14000.00

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

PAGE 27 OF 27

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

Illinois Department of Revenue

Nature of Debt (Purpose):

State Tax Overpymt for 2008 carryover 09

Mailing Address PO Box 19008

City State

Zip Code

Springfield

IL

62794-9008

Outstanding Balance Beginning This Period

190.00

Transaction ID : SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

190.00

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

Illinois Department of Revenue

Nature of Debt (Purpose):

State Tax Overpymt for 2009 carryover 2010

Mailing Address PO Box 19008

City State

Zip Code

Springfield

IL

62794-9008

Outstanding Balance Beginning This Period

7.00

Transaction ID : SD9.19670

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

197.00

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

197.00

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) ►

197.00