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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				Office Use Only
1. NAME OF TY COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, tyover the lines.	/pe 12FE4M5	
AMERICAN ASSOCIATION	OF ORAL AND MA	XILLOFACIAL SURGE	ONS POLITICAL AC	CTION COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MAWI	R AVE.		
Check if different				
than previously reported. (ACC)	ROSEMONT		L	60018
2. FEC IDENTIFICATION NUM	IBER ▼ C	CITY A	STATE ▲	ZIP CODE ▲
C C00005660	3.	IS THIS REPORT X (N)	OR AME	ENDED
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2) May	20 (M5) Aug 2	0 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:				0 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		pr 20 (M4) Jul 2	O (M7) Oct 20	Jan 31 (YE)
Quarterly Report (Q1)  July 15  Quarterly Report (Q2)	PRE-Election	Primary (12P)	General (1	
October 15	Report for the:	Convention (12C)	Special (12	2S)
Quarterly Report (Q3)  January 31  Year-End Report (YE)	Flor	etion on	D / Y = Y = Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	X General (30G)	Runoff (30	R) Special (30S)
Termination Report (TER)		etion on		in the State of
5. Covering Period 10	18 2012	through	11 26 /	2012
I certify that I have examined this	Report and to the best	of my knowledge and belie	f it is true, correct and	complete.
Type or Print Name of Treasurer	Lawrence Chewning			
Signature of Treasurer Lawrence	ce Chewning	[Electronically File	d) Date 12	03 / 2012
NOTE: Submission of false, erroneou	us, or incomplete informat	tion may subject the person s	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

2012 Report Covering the Period: 10 18 2012 26 From: To: 11 **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 527983.28 January 1. 2012 (b) Cash on Hand at 298903.63 Beginning of Reporting Period..... 220306.02 87047.46 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 385951.09 748289.30 6(a) and 6(c) for Column B)..... 10988.80 373327.01 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 374962.29 374962.29 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 213.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMI Total This		COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees		83575.00	160250.00		
(i) Itemized (use Schedule A)	7	63373.00	100250.00		
(ii) Unitemized		3460.00	53895.88		
(iii) TOTAL (add					
Lines 11(a)(i) and (ii)▶	7	87035.00	214145.88		
		0.00	0.00		
(b) Political Party Committees	7 7	0.00	0.00		
(c) Other Political Committees		0.00	0.00		
(such as PACs)	7	0.00	0.00		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry					
Totals to Line 33, page 5)		87035.00	214145.88		
. Transfers From Affiliated/Other	7 7				
Party Committees		0.00	0.00		
· -	7 7				
. All Loans Received	7 7	0.00	0.00		
Loan Repayments Received	7	0.00	0.00		
. Offsets To Operating Expenditures					
(Refunds, Rebates, etc.)		0.00	0.00		
(Carry Totals to Line 37, page 5)	7 7	0.00	0.00		
Refunds of Contributions Made     to Federal Candidates and Other					
Political Committees		0.00	6000.00		
. Other Federal Receipts	7 7	0.00	3000.00		
(Dividends, Interest, etc.)		12.46	160.14		
. Transfers from Non-Federal and Levin Funds	7 7	12.10			
(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		
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		87047.46	220306.0		
. Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶		87047.46	220306.0		

#### **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(c) Total Operating Expenditures	238.80	85877.01		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	238.80	85877.01		
2.	Transfers to Affiliated/Other Party		200		
23.	Committees Contributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	10500.00	287000.00		
4.	Independent Expenditures	0.00	0.00		
5.	(use Schedule E)	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
16	Loan Repayments Made	0.00	0.00		
Ο.	Loan ricpayments wade				
7. 8.	Loans Made Refunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	250.00	450.00		
		200	0.00		
	(b) Political Party Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	250.00	450.00		
9.	Other Disbursements	0.00	0.00		
	Carol Biobarcomorno	7	7		
0.	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		
1	Total Disbursements (add Lines 21(c), 22,				
1.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10988.80	373327.01		
			7		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	10988.80	373327.01		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	87035.00	214145.88
4. Total Contribution Refunds (from Line 28(d))	250.00	450.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86785.00	213695.88
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	238.80	85877.01
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	238.80	85877.01

FOR LINE NUMBER:					PAGE	Ξ	6	OF	113
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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Randolph Alexander		Date of Receipt
Mailing Address 2708 Aster Street		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23389
Lake Charles	LA 70601-8824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Ralph Alman	•	Date of Receipt
Mailing Address 11300 Rockville Pike		M = M / D = D / Y = Y = Y
Suite 1011 City	State Zip Code	10 23 2012
Rockville	MD 20852	Transaction ID : SA11AI.23390
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  John Alonge	1	Date of Receipt
Mailing Address 4832 Palomino Ct		10 21 2012
City	State Zip Code	Transaction ID : SA11AI.23391
Erie	PA 16506-6624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	)	1000.00
TOTAL This Period (last page this line numb	per only)	

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

FOR I	PAGE		7	OF	•	113			
(check only one)									
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Brian Alpert		Date of Receipt
Mailing Address ULSD		11 05 2012
City	State Zip Code	Transaction ID : SA11AI.23567
Louisville	KY 40292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
University of Louisville	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Troy Alton		Date of Receipt
Mailing Address 7795 Summerfield Dr		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23392
Verona	WI 53593-9642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	
Madison OMS	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Carlos Alvarez		Date of Receipt
Mailing Address 994 Jaeger St		10 23 2012
City	State Zip Code	Transaction ID : SA11AI.23393
Columbus	OH 43206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	700.00
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. James Anderson  Mailing Address 4721 Chamblee Dunwoody  Suite 301  City  Atlanta	Rd. State Zip Code GA 30338-6000	Date of Receipt  11 09 2012  Transaction ID : SA11AI.23568  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary General Other (specify)	Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	250.00
Full Name (Last, First, Middle Initial)  Paul Anderson  Mailing Address 720 Turtle Crest Dr  City Irvine  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code CA 92603-1014  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  625.00	Date of Receipt  10 24 2012  Transaction ID : SA11AI.23395  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. Theodore Anderson  Mailing Address 1407 North Eighth Street  City Sheyboygan  FEC ID number of contributing federal political committee.  Name of Employer Sheboygan Oral & Maxillofacial Assoc Receipt For:  Primary General Other (specify)	State Zip Code WI 53081  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼	Date of Receipt  11 09 2012  Transaction ID : SA11Al.23569  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	750.00
TOTAL This Period (last page this line numbe	er only)	

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

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

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Robert Armstrong  Mailing Address 219 S Walnut St		Date of Receipt
City	State Zip Code	11 06 2012 Transaction ID : SA11Al.23570
Swansboro	NC 28584	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Mark Azzopardi		Date of Receipt
Mailing Address 39595 West Ten Mile Street		10 31 2012
Suite 107 City	State Zip Code	10 31 2012 Transaction ID : SA11AI.23396
Novi	MI 48375	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oakland Oral Surgery	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Roger Badwal		Date of Receipt
Mailing Address 1 Pomperaug Office Park Suite 105		11 20 / Y Y Y Y Y Y
City	State Zip Code CT 06488	Transaction ID : SA11AI.23571
Southbury	U0488	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Mark Baker		Date of Receipt
Mailing Address 165 N 14th St P.O. Box 6033		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23397
Pocatello	ID 83205-6033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Facial & Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  Forrest Bale		Date of Receipt
Mailing Address 319 S Glenwood Ave		10 24 _2012 _
City	State Zip Code	Transaction ID : SA11AI.23398
Russellville	AR 72801-5906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  David Barnett		Date of Receipt
Mailing Address 7341 Jefferson Hwy Ste A		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23400
Baton Rouge	LA 70806-8203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numb		

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	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Cynthia Battel		Date of Receipt
Mailing Address 189 Northport Ave		11 06 2012
City	State Zip Code	Transaction ID : SA11AI.23574
Belfast	ME 04915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. David Baughman		Date of Receipt
Mailing Address 1608 Polk Street		M = M / D = D / Y = Y = Y
City	State Zip Code	10 24 2012
Houma	LA 70360	Transaction ID : SA11AI.23402
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Parks of Paracial
Dale Baur		Date of Receipt
Mailing Address 36290 Wendell St		10 24 _2012 _
City	State Zip Code	Transaction ID : SA11AI.23403
Avon	OH 44011-4415	Amount of Each Receipt this Period
FEC ID number of contributing	C	250.00
federal political committee.		
Name of Employer	Occupation	
Case Western Reserve Universit	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify) ▼	250.00	

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Erik Belinfante		Date of Receipt
Mailing Address 3890 Johns Creek Pkwy Suite 340		10 29 2012
City	State Zip Code	Transaction ID : SA11AI.23404
Suwanee	GA 30024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
Atlanta Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Anthony Bennett		Date of Receipt
Mailing Address 1425 N McLean Blvd		M = M / D = D / Y = Y = Y
Suite 200	7'- 0-4	11 09 2012
City	State Zip Code IL 60123-1279	Transaction ID : SA11AI.23576
Elgin	IL 60123-1279	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Century Oaks Medical Center	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Lester Beste		Date of Receipt
Mailing Address 19838 South Halstead Stre	et	10 30 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.23405
Chicago Heights	IL 60411-1287	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Oral Surgery Center	Oral & Maxillofacial Surgeons	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee to ORAL AND MAXILLOFACIAL SURGEON	
Full Name (Last, First, Middle Initial)  Dr. Louis Beto  Mailing Address 400 South 4th Street		Date of Receipt
		11 02 2012
City	State Zip Code	Transaction ID : SA11AI.23577
Danville	KY 40422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. John Biernacki	1	Date of Receipt
Mailing Address 50 Sulyma Street		M = M / D = D / Y = Y = Y
City	State Zip Code	11 26 2012
Cumberland	RI 02864	Transaction ID : SA11AI.23578  Amount of Each Receipt this Period
FEC ID number of contributing	0200	Amount of Lacif Heceipt tills I cilou
federal political committee.	C	250.00
Name of Employer	Occupation	1
Attleboro-Cumberland Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2189 East Street		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23406
Concord	CA 94520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
TOTAL This Period (last page this line nur	<u>-</u>	100.00

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

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Dale Bloomquist		Date of Receipt
Mailing Address 1221 Madison Street Suite 116		11 26 2012
City	State Zip Code	Transaction ID : SA11AI.23580
Seattle	WA 98104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  Dr. Amy Bogardus		Date of Receipt
Mailing Address 400 South Fourth Street		11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23581
Danville	KY 40422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Dorcha Boisen		Date of Receipt
Mailing Address 600 S Park Ave		10 26 2012
City	State Zip Code	Transaction ID : SA11AI.23407
Montrose	CO 81401-4324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	····	750.00
TOTAL This Period (last page this line number	· only)	

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

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	ORAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Timothy Bonniwell		Date of Receipt
Mailing Address 2377 N Triphammer Rd		10 22 2012
City	State Zip Code	Transaction ID : SA11AI.23408
Ithaca	NY 14850-1050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Dr. William Bontempi		Date of Receipt
Mailing Address 29 Partridge Lane		M = M / D = D / Y = Y = Y
City	State Zip Code	10 23 2012 Transaction ID + SA44AL 22400
West Springfield	MA 01089	Transaction ID : SA11AI.23409  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Heceipt this Fellou
federal political committee.	C	500.00
Name of Employer	Occupation	
Berkshire Facial Surgery	Oral Surgeon	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Stephen Bowie		Date of Receipt
Mailing Address 227 S Pendleton St		M = M / D = D / Y = Y = Y
Ste A City	State Zip Code	11 12 2012
Easley	SC 29640-3047	Transaction ID : SA11AI.23582
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	l)	1000.00

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AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  J Sidney Boyd		Date of Receipt
Mailing Address 610 W 7th North St		11 19 2012
City	State Zip Code	Transaction ID : SA11AI.23583
Morristown	TN 37814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. John Brammer		Date of Receipt
Mailing Address 1035 North Emporia		M = M / D = D / Y = Y = Y
Suite 175		11 20 2012
City	State Zip Code	Transaction ID : SA11AI.23584
Wichita	KS 67214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Michael Broadbent		Date of Receipt
Mailing Address 3590 Harrison Blvd Ste 2		10 23 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.23410
Ogden	UT 84403-2023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00
TOTAL This Period (last page this line num	per only)	

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

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Full Name (Last, First, Middle Initial) Robert Buch Mailing Address 6677 W Thunderbird Rd Ste H120 City	AL AND MAXILLOFACIAL SURGEONS  State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Glendale	AZ 85306-3726	Transaction ID : SA11AI.23411
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Southwest Center for Oral Faci	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert Burns		Date of Receipt
Mailing Address 481 North Harbor City Blvd		M = M / D = D / Y = Y = Y
City	State Zip Code	11 05 2012
Melbourne	FL 32935	Transaction ID : SA11AI.23587  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Jonathan Burton		Date of Receipt
Mailing Address 2900 Frank Scott Pkwy W Suite 960		11 20 2012
City Belleville	State Zip Code IL 62223	Transaction ID : SA11AI.23588  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Southern Illinois OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

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	statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. Monte Butler		Date of Receipt
Mailing Address 2713 South 74th Street Suite 201		10 29 2012
City	State Zip Code	Transaction ID : SA11AI.23413
Fort Smith	AR 72902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Barton Bycroft		Date of Receipt
Mailing Address 1000 Elmhurst Blvd		11 022012
City	State Zip Code	Transaction ID : SA11AI.23589
Salina	KS 67401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)		
Brent Carmony		Date of Receipt
Mailing Address 5305 Cowhorn Creek Rd		10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23414
Texarkana	TX 75503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Carmony Oral Facial & Implant	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	o solicit contributions from such committee.
/	ORAL AND MAXILLOFACIAL SURGEON:	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial)  Todd Carter		Date of Receipt
Mailing Address 1063 Lower Main St Suite C221		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23416
Wailuku	HI 96793	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Maui Oral Surgery LLC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. iggi ogalo Toal to Dato V	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Nelson Castellano		Date of Receipt
Mailing Address 3302 Azeele Street		M = M / D = D / Y = Y = Y
City	State Zip Code	10 29 2012
Tampa	FL 33609-3020	Transaction ID : SA11AI.23417
·	1.2 33009-3020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Data of Dansint
Craig Cayo		Date of Receipt
Mailing Address 600 S Park Ave		10 25 2012
City	State Zip Code	Transaction ID : SA11AI.23418
Montrose	CO 81401-4324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Montrose Oral & Maxillofacial	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
TOTAL This Period (last page this line nur	mber only)	

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or for commercial purposes, other than using	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. Robert Chames		Date of Receipt
Mailing Address 32572 Woodbrook		11 02 2012
City	State Zip Code	Transaction ID : SA11AI.23590
Wayne	MI 48184	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Jason Chandler	,	Date of Receipt
Mailing Address 743 Pegasus Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	10 22 2012
Kaysville	UT 84037-6805	Transaction ID : SA11AI.23419  Amount of Each Receipt this Period
FEC ID number of contributing	3.00.000	Amount of Lach Hecelpt this Fehicu
federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Jeffrey Chandler	ı	Date of Receipt
Mailing Address 360 W Butterfield Rd Ste 220		11 05 Y Y Y Y Y Y
City Elmhurst	State Zip Code IL 60126	Transaction ID : SA11AI.23591  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
TOTAL This Period (last page this line nur	mber only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Andrew Chang  Mailing Address 9855 Erma Road  Suite 100  City San Diego  FEC ID number of contributing federal political committee.	State Zip Code CA 92131	Date of Receipt  10 30 2012  Transaction ID: SA11AI.23420  Amount of Each Receipt this Period
Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Oral Surgeon  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Jay Chason  Mailing Address 15 E Main St Suite 222  City  Westminster  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code MD 21157  C Occupation Oral Surgeon  Aggregate Year-to-Date ▼	Date of Receipt  11 18 2012  Transaction ID: SA11AI.23593  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. Ira Cheifetz  Mailing Address 2303 Whitehorse Mercerville Suite 5  City Mercerville  FEC ID number of contributing federal political committee.  Name of Employer Mercerville Prof Park  Receipt For:  Primary General Other (specify)	Rd.  State Zip Code NJ 08619-1944  C  Occupation Oral Surgeon  Aggregate Year-to-Date  375.00	Date of Receipt  10 24 2012  Transaction ID: SA11AI.23421  Amount of Each Receipt this Period  375.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1125.00
TOTAL This Period (last page this line number	only)	1 1 4 1 1 4 1 1 1

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	the name and address of any political committee			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	RAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE		
Full Name (Last, First, Middle Initial)  1. Peter Chemello		Date of Receipt		
Mailing Address 1600 W Central Rd		10 29 2012		
City	State Zip Code	Transaction ID : SA11AI.23422		
Arlington Heights	IL 60005-2407	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation			
Northwest OMS	Oral Surgeon			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial)  3. Dr. Barry Cherny	•	Date of Receipt		
Mailing Address 1875 Dempster		M = M / D = D / Y = Y = Y		
Suite 470	State 7in Code	10 24 2012		
City Park Ridge	State Zip Code IL 60068	Transaction ID : SA11AI.23424		
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Hochstadter & Isaacson Oral & Maxillof	Occupation Oral Surgeon			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial)  Dr. Terry Cisler		Date of Receipt		
Mailing Address 1602 N. Randall Ave.		11 13 2012		
City	State Zip Code	Transaction ID : SA11AI.23594		
Janesville	WI 53545	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	-		
Southern Wisconsin OMS	Southern Wisconsin OMS Oral Surgeon			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	250.00			
SUBTOTAL of Receipts This Page (optional)		750.00		
TOTAL This Period (last page this line numb	per only)			

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	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Howard Clark		Date of Receipt
Mailing Address 377 Riverside Dr Suite 202		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23595
Franklin	TN 37064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Clark Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Christine Coke		Date of Receipt
Mailing Address 590 Forest Oaks Ct		10 19 2012 _
City	State Zip Code	Transaction ID : SA11AI.23425
Fairview	TX 75069-8738	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	7
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Neal Cole		Date of Receipt
Mailing Address 1801 Solar Drive		10 29 2012
Suite 100 City	State Zip Code	Transaction ID : SA11Al.23426
Oxnard	CA 93030	Amount of Each Receipt this Period
FEC ID number of contributing	C	
federal political committee.	C	250.00
Name of Employer	Occupation	
Cole & Clark Oral Surgery	Oral Surgeon	4
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
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TOTAL This Period (last page this line nu	mber only)	

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	ng the name and address of any political committee to	
	FORAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial)  Dr. Robert Coles		Date of Receipt
Mailing Address 15-B Winchester Court		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23596
Mauldin	SC 29662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Chad Collins	'	Date of Receipt
Mailing Address 322 W 7th Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	10 18 2012
Spokane	WA 99204	Transaction ID : SA11AI.23427
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Timothy Colton	1	Date of Receipt
Mailing Address 164 Washington St Suite 102		11 01 2012
City Norwell	State Zip Code MA 02061	Transaction ID : SA11AI.23597  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Timothy S Colton DDS PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
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AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Timothy Conley  Mailing Address 5188 Winton Rd  City State Zip Code OH 45014  FEC ID number of contributing federal political committee.  City Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial)  Dr. Theodore Corcoran  Mailing Address g319 Castle Place Suite 1E  City State Zip Code Transaction ID: SA11AL33599  Amount of Each Receipt this Period  Primary General Object (Specify) ▼ 250.00  Date of Receipt  Transaction ID: SA11AL33599  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code VA 22044  FEC ID number of contributing federal political committee.  C 250.00  Date of Receipt  Transaction ID: SA11AL33599  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 250.00  Full Name (Last, First, Middle Initial)  Dr. Keyin Corry  Mailing Address g390 Rahway Ave  City State Zip Code Union Nu 07083  FEC ID number of contributing C 250.00  Date of Receipt Initial)  Dr. Keyin Corry  Mailing Address g390 Rahway Ave  City State Zip Code Union Oral & Maxillofacial Surgeon  FEC ID number of contributing C 250.00  Date of Receipt Initial  Dr. Keyin Corry  Mailing Address g390 Rahway Ave  City State Zip Code Union Oral & Maxillofacial Surgeon  FEC ID number of contributing C 250.00  Aggregate Year-to-Date ▼  Date of Receipt Init SA11AL23429  Amount of Each Receipt this Period  250.00  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  FEC ID number of contributing C 250.00  FEC ID number of contrib		d Statements may not be sold or used by any per- the name and address of any political committee t	
Timothy Conley  Mailing Address 5188 Winton Rd  City Fairfield OH 45014  Agregate Year-to-Date ▼  City Primary General Other (specify) ▼  City Pains (Last, First, Middle Initial) Dr. Theodorore Corocran  Mailing Address 6319 Castle Place Suite 1E  City State Zip Code VA 22044  FEC ID number of contributing federal political committee.  City State Zip Code VA 22044  FEC ID number of contributing federal political committee.  City Agregate Year-to-Date ▼  Primary General Other (specify) ▼  Agregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Theodoror Corocran  Mailing Address 6319 Castle Place Suite 1E  City State Zip Code VA 22044  FEC ID number of contributing federal political committee.  Agregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Kevin Corry  Mailing Address g90 Rahway Ave  City State Zip Code NJ 07083  FEC ID number of contributing federal political committee.  City State Zip Code NJ 07083  Date of Receipt  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  Transaction ID: SA11AL23429  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  Transaction ID: SA11AL23429  Transaction		RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Fairfield  Fairfield  FEC ID number of contributing federal political committee.  C  Name of Employer  Affiliates in OMS  Receipt For:  Primary General Other (specify) ▼  Falls Church  Name of Employer  Name of Employer  Name of Employer  Name (Last, First, Middle Initial)  Date of Receipt Initial Port 2012  Transaction ID: SA11Al23588  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11Al23588  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID: SA11Al23599  Amount of Each Receipt this Period  Date of Receipt Initial D	Timothy Conley		Date of Receipt
Fairfield OH 45014  FEC ID number of contributing federal political committee.  Name of Employer  Affiliates in OMS  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Theodore Corcoran  Mailing Address 6319 Caste Place Suite 1E  City State Zip Code Falls Church  FEC ID number of contributing federal political committee.  Name of Employer  Cocupation Oral & Maxillofacial Surgeon  Aggregate Year-to-Date ▼  Transaction ID : SA11AL2359  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11AL2359  Amount of Each Receipt this Period  Date of Receipt Transaction ID : SA11AL2359  Amount of Each Receipt this Period  Date of Receipt Transaction ID : SA11AL2359  Amount of Each Receipt this Period  Date of Receipt Tor: Primary General Oral & Maxillofacial Surgeon  Oral & Maxillofacial Surgeon  NJ 07083  Date of Receipt ID : SA11AL2329  Amount of Each Receipt this Period  Date of Receipt Tor: 10 24 2012  Transaction ID : SA11AL2329  Amount of Each Receipt this Period  Date of Receipt Transaction ID : SA11AL2329  Amount of Each Receipt this Period  Date of Receipt Transaction ID : SA11AL2329  Amount of Each Receipt this Period  Date of Receipt Transaction ID : SA11AL2329  Amount of Each Receipt this Period  Date of Receipt Transaction ID : SA11AL2329  Amount of Each Receipt this Period  Date of Receipt Transaction ID : SA11AL2329  Amount of Each Receipt this Period  Date of Receipt Transaction ID : SA11AL2329  Amount of Each Receipt this Period  Date of Receipt Transaction ID : SA11AL2329  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.  Name of Employer  Affiliates in OMS  Receipt For:    Primary   General     Other (specify) ▼     Other (specify) ▼		·	Transaction ID : SA11AI.23598
Substitute   Su	Fairfield	OH 45014	Amount of Each Receipt this Period
Affiliates in OMS Receipt For:    Primary   General   Aggregate Year-to-Date ▼	· ·	C	250.00
Receipt For:    Primary   General   Other (specify) ▼   250.00	Name of Employer	Occupation	1
Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) D.T. Theodore Corcoran  Mailing Address 6319 Castle Place Suite 1E City State Zip Code Falls Church VA 22044  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Oral & Maxillofacial Surgeon  Receipt For: Primary General Other (specify) ▼ 450.00  Full Name (Last, First, Middle Initial) Date of Receipt  11 13 2012 Transaction ID: SA11Al.23599 Amount of Each Receipt this Period  Cocupation Oral & Maxillofacial Surgeon  Aggregate Year-to-Date ▼  10 24 2012 Transaction ID: SA11Al.23599 Amount of Each Receipt  Date of Receipt  Transaction ID: SA11Al.23599 Amount of Each Receipt  Date of Receipt  City Jone Order (specify) ▼ 450.00  Date of Receipt  Date of Receipt  Transaction ID: SA11Al.23429 Amount of Each Receipt this Period  City Jone Order (specify) ▼ 250.00  Date of Receipt  Transaction ID: SA11Al.23429 Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City Jone Order (specify) ▼ 250.00  Substotal of Receipts This Page (optional)	Affiliates in OMS	Oral Surgeon	Ì
Primary General Cyther (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) Dr. Theodore Corcoran  Mailing Address 6319 Castle Place Suite 1E City State Zip Code Teals Church VA 22044  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Oral & Maxillofacial Surgeon  Receipt For: Primary General Other (specify) ▼ 450.00  Full Name (Last, First, Middle Initial) Dr. Kevin Corry Mailing Address 990 Rahway Ave City Union  FEC ID number of contributing federal political committee.  City State Zip Code NJ 07083  FEC ID number of contributing federal political committee.  C Date of Receipt  Date of Receipt  Transaction ID: SA11Al.23599 Amount of Each Receipt this Period  Feceipt For: Primary General Oral & Maxillofacial Surgeon  Receipt For: Primary General		Aggregate Year-to-Date ▼	
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Suite 1E City State Zip Code Falls Church VA 22044  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Oral & Maxillofacial Surgeon  Receipt For:  Primary General Other (specify) ▼  City State Zip Code Union NJ 07083  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: SA11AL23599  Amount of Each Receipt this Period  250.00  Date of Receipt  Transaction ID: SA11AL23459  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL23459  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL23429  Date of Receipt  Transaction ID: SA11AL23429  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Occupation Union Oral & Maxillofacial Sur Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: SA11AL23459  Amount of Each Receipt this Period  750.00  SUBTOTAL of Receipts This Page (optional)	B. Dr. Theodore Corcoran		Date of Receipt
Fall Name (Last, First, Middle Initial)  City State Zip Code VA 22044  FEC ID number of contributing federal political committee.  Name of Employer Occupation Oral & Maxillofacial Surgeon  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  City State Zip Code NJ 07083  FEC ID number of contributing federal political committee.  Date of Receipt Transaction ID: SA11Al.23599  Amount of Each Receipt this Period  Date of Receipt Transaction ID: SA11Al.23599  Amount of Each Receipt Transaction ID: SA11Al.23599  Amount of Each Receipt Transaction ID: SA11Al.23599  Amount of Each Receipt Transaction ID: SA11Al.2359  Amount of Each Receipt Transaction ID: SA11Al.23599  Amount of Each Receipt Transaction ID: SA11Al.2359  Amount of Each Receipt Transaction ID: SA11Al.2359  Date of Receipt Transaction ID: SA11Al.23429  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 250.00  FEC ID number of contributing federal political committee.  C 250.00  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00			
Falls Church  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Self-Employed Oral & Maxillofacial Surgeon Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Pill Name (Last, First, Middle Initial) Dr. Kevin Corry  Mailing Address 990 Rahway Ave  City State Zip Code NJ 07083  FEC ID number of contributing federal political committee.  Name of Employer Union Oral & Maxillofacial Sur Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AL.23429  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  250.00  SUBTOTAL of Receipts This Page (optional)  Aggregate Year-to-Date ▼  750.00		State Zip Code	
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Oral & Maxillofacial Surgeon  Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt  PUI Name (Last, First, Middle Initial) Dr. Kevin Corry  Mailing Address 990 Rahway Ave  City State Zip Code NJ 07083  FEC ID number of contributing federal political committee.  C Date of Receipt Transaction ID : SA11AI.23429  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Occupation Oral & Maxillofacial Sur Oral & Maxillofacial Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00  SUBTOTAL of Receipts This Page (optional)		· · ·	
Self-Employed  Receipt For:    Primary   General   Other (specify) ▼	· ·	C	
Receipt For:    Primary	. ,	Occupation	1
Primary General Other (specify) ▼	• •	Oral & Maxillofacial Surgeon	]
Mailing Address 990 Rahway Ave  City Union  State Zip Code NJ 07083  FEC ID number of contributing federal political committee.  Name of Employer Union Oral & Maxillofacial Sur Receipt For: Primary General Other (specify) ▼  State Zip Code NJ 07083  Amount of Each Receipt this Period  C  250.00  Aggregate Year-to-Date ▼  750.00  750.00	Primary General	55 0	
Mailing Address 990 Rahway Ave  City State Zip Code NJ 07083  FEC ID number of contributing federal political committee.  Name of Employer Union Oral & Maxillofacial Sur Receipt For:  Primary General Other (specify) ▼  Subtrotal of Receipts This Page (optional)			Date of Receipt
City State Zip Code NJ 07083  FEC ID number of contributing federal political committee.  Name of Employer Union Oral & Maxillofacial Sur Primary General Other (specify) ▼  Cuty 107083  Amount of Each Receipt this Period  250.00  Transaction ID : SA11Al.23429  Amount of Each Receipt this Period  250.00  250.00  SUBTOTAL of Receipts This Page (optional)			M = M / D = D / Y = Y = Y
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federal political committee.  Name of Employer Union Oral & Maxillofacial Sur Receipt For:  Primary Other (specify) ▼  Occupation Oral & Maxillofacial Surgeon Aggregate Year-to-Date ▼  750.00  750.00	Union	NJ 07083	Amount of Each Receipt this Period
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Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00  SUBTOTAL of Receipts This Page (optional)	Name of Employer	Occupation	-
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Stephen Cosentino		Date of Receipt
Mailing Address 1215 Doctors Drive		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23430
Tyler	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. H.M. Cox		Date of Receipt
Mailing Address 2945 Northwoods Way		11 02 2012
City	State Zip Code	Transaction ID : SA11AI.23600
Redding	CA 96002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  C. Timothy Coyle	·	Date of Receipt
Mailing Address 3015 S Providence Rd		11 022012
City	State Zip Code	Transaction ID : SA11AI.23601
Columbia	MO 65203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	1)	750.00
TOTAL This Period (last page this line num	iber only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  DR. David Crouthamel		Date of Receipt
Mailing Address 800 West Chandler Blvd Suite 3		11 01 2012 The state of the sta
City	State Zip Code	Transaction ID : SA11AI.23602
Chandler	AZ 85225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	5	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Paul Cullum		Date of Receipt
Mailing Address 105 Berrywood Dr.		11 15 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.23603
Columbia	TN 38401-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Self	Oral Surgon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Dr. William Curry		Date of Receipt
Mailing Address 2713 South 74th Street Suite 201		11 012012
City	State Zip Code	Transaction ID : SA11AI.23604
Fort Smith	AR 72903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
William E. Curry DDS PA	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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Full Name (Last, First, Middle Initial)		
Dr. Brian Cutright  Mailing Address 1556 Parking Drive		Date of Receipt
City	State Zip Code	10 23 2012 Transaction ID : SA11AI.23431
Lancaster	OH 43130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Jane Daly	·	Date of Receipt
Mailing Address 1809 Prince Philip Dr		M = M / D = D / Y = Y = Y
Suite 245	State Zip Code	10 24 2012
City Olney	MD 20832	Transaction ID : SA11AI.23432
•		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Drs. Mennitt & Daly	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Marvin Dash		Date of Receipt
Mailing Address 355 Fifth Avenue Suite 1300 Park Bldg		10 25 2012
City Pittsburgh	State Zip Code PA 15222-2407	Transaction ID : SA11AI.23433  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Or. I E Davis  Mailing Address 307 Columbia Ave.		Date of Receipt
		10 31 2012
City	State Zip Code SC 29072	Transaction ID : SA11AI.23434
Lexington	29012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Associates in OMS PA	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Joseph Deatherage		Date of Receipt
Mailing Address 419 SDB 1919 7th Av S		1,1 20 2012
City	State Zip Code	Transaction ID : SA11AI.23605
Birmingham	AL 35294-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Ozark OMS	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial)  Dr. Stephen Debuski		Date of Receipt
Mailing Address 401 West Market Street		10 29 _2012 _
City	State Zip Code	Transaction ID : SA11AI.23435
Pottsville	PA 17901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		875.00
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Timothy Devitt		Date of Receipt
Mailing Address 857 S Auto Mall Rd		11 26 2012
City	State Zip Code	Transaction ID : SA11AI.23606
Bloomington	IN 47401-5447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Nathan Dickerson		Date of Receipt
Mailing Address 2918 Hillrise Drive		M = M / D = D / Y = Y = Y
City	State 7in Code	11 15 2012
Las Cruces	State Zip Code NM 88011	Transaction ID : SA11AI.23607
	TVIVI OOUTI	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 4774 Munson St NW Ste 102		10 31 2012
City Canton	State Zip Code OH 44718-3634	Transaction ID : SA11AI.23436  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
	N)	750.00

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Todd Dingman		Date of Receipt
Mailing Address 77 West Forest Avenue Suite 107		11 15 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.23608
Flagstaff	AZ 86001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS of Northern Arizona	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. John Domanico		Date of Receipt
Mailing Address 30 North Michigan Avenue		M = M / D = D / Y = Y = Y
Suite 552 City	State Zip Code	11 06 2012 Transaction ID : \$411 At 22600
Chicago	IL 60602	Transaction ID : SA11AI.23609  Amount of Each Receipt this Period
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federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 7 Richard Way		11 26 2012
City Littleton	State Zip Code MA 01460	Transaction ID : SA11AI.23610  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	252.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Ian Dozier		Date of Receipt
Mailing Address 1120 Oak Ridge Dr		1.1 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23611
Eau Claire	WI 54701-6133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Leo Dumanis		Date of Receipt
Mailing Address 3831 Crestwood Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	11 01 2012 Transaction ID : \$41141 23613
Northbrook	IL 60062-7538	Transaction ID : SA11AI.23612  Amount of Each Receipt this Period
FEC ID number of contributing		Allount of Each Neceipt this Feriod
federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  C. Dean Duncan		Date of Receipt
Mailing Address 48 Vicente Suite 2		11 26 2012
City San Francisco	State         Zip Code           CA         94127-1336	Transaction ID : SA11AI.23613  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Dean L Duncan DDS Inc	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
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NAME OF COMMITTEE (In Full)	g the name and address of any political committee to ORAL AND MAXILLOFACIAL SURGEON:	
Full Name (Last, First, Middle Initial) Dr. Timothy Durtsche Mailing Address 615 S. 10th St.		Date of Receipt  10 19 2012
City	State Zip Code	Transaction ID : SA11AI.23438
LaCrosse	WI 54601-4786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Drs. Andersen & Durtsche, Ltd.	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Mark DuVernois	'	Date of Receipt
Mailing Address 7211 N Mesa		M = M / D = D / Y = Y = Y
Suite 1S	State 7in Code	11 01 2012
City	State Zip Code TX 79912	Transaction ID : SA11AI.23614
El Paso	TX 79912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Edward Ellis		Date of Receipt
Mailing Address 5323 Harry Hines Blvd		10 24 2012
City Dallas	State Zip Code TX 75390-9109	Transaction ID : SA11AI.23439  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
TOTAL This Period (last page this line nun	<u> </u>	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  A. Dr. Mark Elstein							
Mailing Address 1402 West Broad Street	10 312012						
City	Transaction ID : SA11AI.23440						
Quakertown	PA 18951-1171	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Self-Employed	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial)  3. Dr. Charles Elwell		Date of Receipt					
Mailing Address 7 Clifford Drive		11 05 2012 _					
City	State Zip Code	Transaction ID : SA11AI.23615					
Shalimar	FL 32579	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
OMS Associates	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial)  2. Brant Erbentraut		Date of Receipt					
Mailing Address 2140 Lake Michigan Dr NW Ste 1		10 30 2012					
City	State Zip Code	Transaction ID : SA11AI.23441					
Grand Rapids	MI 49504-4785	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer							
Self Employed	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	250.00						
SUBTOTAL of Receipts This Page (optional)		750.00					
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  1. Todd Evans	Date of Receipt					
Mailing Address 2700 Sparta Ln	11 09 2012					
City	State Zip Code	Transaction ID : SA11AI.23617				
Belton	TX 76513	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	†				
Self Employed	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial)  3. Richard Fagin	1	Date of Receipt				
Mailing Address 235 N San Mateo Dr		11 15 2012				
City	State Zip Code	Transaction ID : SA11AI.23619				
San Mateo	CA 94401	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation	1				
Self-Employed	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial)  Dr. David Fairchild	•	Date of Receipt				
Mailing Address 117 South Nappanee Street		11 14 2012				
City Elkart	State Zip Code IN 46229	Transaction ID : SA11AI.23620				
-	.5225	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	1				
Elkhart OMS	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼	]				
Primary General Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1000.00				
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Michael B. Finger  Mailing Address 1425 N. McLean Blvd.  Suite 200  City  Elgin  FEC ID number of contributing federal political committee.  Name of Employer  Century Oaks Medical Century  Receipt For:  Primary  General  Other (specify)	State Zip Code IL 60123-1279  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Brian Fong  Mailing Address 9390 Big Horn Blvd  Ste 100  City  Elk Grove  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify)	State Zip Code CA 95758-7979  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt  10 23 2012  Transaction ID : SA11Al.23443  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Pedro Franco  Mailing Address 3800 Commerce St	State Zip Code TX 75226  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt  11 15 2012  Transaction ID : SA11AI.23625  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  John Frattellone		Date of Receipt
Mailing Address 515 Newman Springs Rd		11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23626
Lincroft	NJ 07738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Michael Frey		Date of Receipt
Mailing Address 10683 South Saginaw stre	et	M = M / D = D / Y = Y = Y
City	State Zip Code	10 26 2012
Grand Blanc	MI 48439-7627	Transaction ID : SA11AI.23444
	10.100 1.021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Eric S. Fried	•	Date of Receipt
Mailing Address 6801 Mayfield Road Suite 450		11 20 / Y Y Y Y Y Y
City Mayfield Heights	State Zip Code OH 44124	Transaction ID : SA11AI.23627  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Drs. Alperin Ruch & Fried Inc.	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	750.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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City Patchogue NY 11772-4808  FEC ID number of contributing tederal political committee.  C Name of Employer  Self-Employed  Receipt For:  Primary General Other (specify) ▼ 250.00  FUI Name (Last, First, Middle Initial)  3. Dr. Jeffrey Fujimoto  Mailing Address 2145 19th Ave. Suite 3  City San Francisco  CA 94116  FEC ID number of contributing federal political committee.  C  San Francisco  CA 94116  Fed Primary General Other (specify) ▼ 250.00  Date of Receipt Tor.  Aggregate Year-to-Date ▼ 250.00  Date of Receipt  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629	r for commercial purposes, other than using t	the name and address of any political committee to	
Date of Receipt		RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTE
City Patchogue NY 11772-4808  FEC ID number of contributing federal political committee.  C Name of Employer  Self-Employed  Primary General Other (specify) ▼ 250.00  CIty State Zip Code Name of Employer Self Employer  Self-Employed  Cocupation  Oral & Maxillofacial Surgeon  Aggregate Year-to-Date ▼ 250.00  Date of Receipt  Transaction ID: SA11AL23628  Amount of Each Receipt this Perioc  255  Date of Receipt  Date of Receipt  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Primary General Other (specify) ▼ 250.00  Date of Receipt  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Transaction ID: SA11AL23629  Transaction ID: SA11AL23629  Amount of Each Receipt this Perioc  Transaction ID: SA11AL23629  Transacti			Date of Receipt
City Patchogue  Patchogue  Patchogue  NY 11772-4808  Amount of Each Receipt this Perior  Perior In Jumber of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General Other (specify) ▼  Potential Aggregate Year-to-Date ▼  Occupation  Mailing Address 2145 19th Ave.  Suite 3  City San Francisco  CA 94116  Can Surgeon  Receipt For:  Primary General Candidate Initial)  Sond Feed In Jumber of contributing federal political committee.  Can 94116  Can Surgeon  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation  Oral Surgeon  Aggregate Year-to-Date ▼  Occupation  Oral Surgeon  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Can Surgeon  Mailing Address 3510 N Ridge Rd Suite 500  City Surjection State Zip Code KS 67205  City State Zip Code KS 67205  City Can State Zip Code KS 67205  City State Zip Code KS 67205  City State Zip Code KS 67205  Can State Zip Code KS 7205  Can Sta	Mailing Address 286 Patchogue-Yaphank Ro	oad	
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Self-Employed Oral & Maxillofacial Surgeon Receipt For: Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) S. Dr. Jeffrey Fujimoto Mailing Address 2145 19th Ave. Suite 3 City State Zip Code San Francisco CA 94116  CE  Name of Employer Self Oral Surgeon  Receipt For: Primary General Other (specify) ▼ 250.00  FULL Name (Last, First, Middle Initial) Suite 3 City State Zip Code CA 94116 CD Transaction ID: SA11Al.23629 Amount of Each Receipt this Period  Transaction ID: Sa11Al.23629  Amount of Each Receipt This Period  256  Date of Receipt  11 01 2012  Transaction ID: Sa11Al.23629  Amount of Each Receipt this Period  256  Date of Receipt  11 26 2012  Transaction ID: SA11Al.23630  Amount of Each Receipt this Period  11 2 6 2012  Transaction ID: SA11Al.23630  Amount of Each Receipt this Period  CE  11 2 6 2012  Transaction ID: SA11Al.23630  Amount of Each Receipt this Period  256  Code (Salte Suite 500)  City State Zip Code (Salte Suite 500)  City State Zip Code (Salte Suite 500)  City State Zip Code (Salte Suite 500)  FEC ID number of contributing (Calter)		•	
Self-Employer   Occupation   Oral & Maxillofacial Surgeon   Aggregate Year-to-Date ▼	Patchogue	NY 11772-4808	Amount of Each Receipt this Period
Self-Employed Receipt For:    Primary	•	C	250.00
Receipt For:	Name of Employer	Occupation	
Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial)  3. Dr. Jeffrey Fujimoto  Mailing Address 2145 19th Ave. Suite 3  City San Francisco CA 94116  FEC ID number of contributing federal political committee.  Name of Employer Self Suite Sign Code Characteristics City Seneral Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial)  Date of Receipt Transaction ID: SA11AL23629  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  10		Oral & Maxillofacial Surgeon	
Tell Name (Last, First, Middle Initial)  Date of Receipt  Mailing Address 2145 19th Ave. Suite 3  City San Francisco CA 94116  FEC ID number of contributing federal political committee.  Name of Employer Self  City San Francisco CA 94116  C  Date of Receipt  Transaction ID : SA11Al.23629  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Primary Other (specify) ▼  Date of Receipt  Transaction ID : SA11Al.23629  Amount of Each Receipt this Period  250  Date of Receipt  Transaction ID : SA11Al.23629  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23630  Amount of Each Receipt this Period  Date of Receipt		Aggregate Year-to-Date ▼	
Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  John Gagnon  Mailing Address 3510 N Ridge Rd Suite 500  City State Zip Code CA 94116  C  Date of Receipt  Transaction ID: SA11Al.23629  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  John Gagnon  Mailing Address 3510 N Ridge Rd Suite 500  City State Zip Code KS 67205  FEC ID number of contributing federal political committee.  C  Date of Receipt  Transaction ID: SA11Al.23629  Amount of Each Receipt this Period  250.00  Date of Receipt  Transaction ID: SA11Al.23629  Amount of Each Receipt this Period  Transaction ID: SA11Al.23629  Amount of Each Receipt  Transaction ID: SA11Al.23629  Amount of Each Receipt  Transaction ID: SA11Al.23629  Amount of Each Receipt  Transaction ID: SA11Al.23629  Amount of Each Receipt this Period  Transaction ID: SA11Al.23629  Amount of Each Receipt this Period		250.00	
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State Zip Code San Francisco CA 94116  FEC ID number of contributing federal political committee.  Name of Employer Self Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) John Gagnon  Mailing Address 3510 N Ridge Rd Suite 500  City Wichita  FEC ID number of contributing federal political committee.  C State Zip Code KS 67205  Transaction ID: SA11AL23629  Amount of Each Receipt this Period  250  Date of Receipt  Transaction ID: SA11AL23629  Amount of Each Receipt this Period  Amount of Each Receipt this Period  250  Date of Receipt  Transaction ID: SA11AL23639  Amount of Each Receipt this Period  Transaction ID: SA11AL23639  Amount of Each Receipt this Period  Transaction ID: SA11AL23639  Amount of Each Receipt this Period  Transaction ID: SA11AL23639  Amount of Each Receipt this Period  25i			
San Francisco  CA  94116  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  John Gagnon  Mailing Address 3510 N Ridge Rd Suite 500  City Wichita  FEC ID number of contributing federal political committee.  Name of Employer  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11Al.23630  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Transaction ID: SA11Al.23630  Amount of Each Receipt this Period  Coty Transaction ID: SA11Al.23630  Amount of Each Receipt this Period  Transaction ID: SA11Al.23630  Amount of Each Receipt this Period  Transaction ID: SA11Al.23630  Amount of Each Receipt this Period  Cocupation  Oral Surgeon  Pacific Employed  Oral Surgeon		State 7in Code	
FEC ID number of contributing federal political committee.  Name of Employer Self Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  John Gagnon  Mailing Address 3510 N Ridge Rd Suite 500  City State Zip Code Wichita KS 67205  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Cocupation Oral Surgeon  Pacient Form	•		
Name of Employer   Occupation   Oral Surgeon			Amount of Each Receipt this Period
Self Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) John Gagnon Mailing Address 3510 N Ridge Rd Suite 500  City State Zip Code Wichita KS 67205  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Primary General Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Transaction ID: SA11Al.23630  Amount of Each Receipt this Period  25  Coccupation Oral Surgeon	•	C	250.00
Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Primary Other (specify) ▼  Date of Receipt  Date of Recei		Occupation	
Primary		Oral Surgeon	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  John Gagnon  Mailing Address 3510 N Ridge Rd Suite 500  City State Zip Code Wichita  FEC ID number of contributing federal political committee.  Name of Employed  Self Employed  Provided Form  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Aggregate Year-to-Date ▼	
Mailing Address 3510 N Ridge Rd Suite 500  City Wichita  State FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Page 1510 N Ridge Rd Suite 500  State State Sip Code KS 67205  Amount of Each Receipt this Period  C  251  Cocupation Oral Surgeon  Date of Receipt  M M M / D P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		250.00	
Mailing Address 3510 N Ridge Rd Suite 500  City State Zip Code Wichita  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Cocupation  Oral Surgeon  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			Date of Receipt
Wichita KS 67205  Amount of Each Receipt this Period C	Mailing Address 3510 N Ridge Rd Suite 500		11 26 2012
Federal political committee.  Name of Employer  Self Employed  Oral Surgeon  Descript For:	-	·	Transaction ID : SA11AI.23630  Amount of Each Receipt this Period
Self Employed Oral Surgeon	•	C	250.00
Descirt Fou	Name of Employer	Occupation	
Receipt For:		Oral Surgeon	
· Aggregate rear-to-bate V	Receipt For:	Aggregate Year-to-Date ▼	
Primary General		250.00	
Other (specify) ▼ 250.00	Utner (specify) ▼	250.00	
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) <b>1.</b> Carmen Gatta		Date of Receipt
Mailing Address 79 Route 59 Suite 1		10 19 2012
City	State Zip Code	Transaction ID : SA11AI.23445
Suffern	NY 10901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Carmen A Gatta DMD	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Matthew Gauthier		Date of Receipt
Mailing Address 1600 W Central Rd		10 29 _2012 _
City	State Zip Code	Transaction ID : SA11AI.23446
Arlington Heights	IL 60005	Amount of Each Receipt this Period
FEC ID number of contributing		dank of Edon Hoodpt this Foriod
federal political committee.	C	250.00
Name of Employer	Occupation	
Northwest OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		
Eleftherios Gavriil		Date of Receipt
Mailing Address 23-06 24th Avenue  1st Floor		11 26 / Y Y Y Y Y
City	State Zip Code NY 11102	Transaction ID : SA11AI.23631
Astoria	NY 11102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify) ▼	250.00	
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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON:	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Theodore George		Date of Receipt
Mailing Address 939 Emerald Avenue Suite 501		11 20 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.23633
Knoxville	TN 37917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS associates	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Stephen Glawson		Date of Receipt
Mailing Address 1403 Holmes Avenue		M = M / D = D / Y = Y = Y
City	State Zip Code	11 13 2012
Toms River	NJ 08753	Amount of Each Receipt this Period
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral Surgeon Associates	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Gene Glover	ı	Date of Receipt
Mailing Address 1706 Medical Park Drive		11 11 2012
City Wilson	State Zip Code NC 27893	Transaction ID : SA11AI.23635  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Wilson Centre for OMS	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	00 0	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00
TOTAL This Period (last page this line num)		

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

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Full Name (Last, First, Middle Initial)  Jennifer Gordon-Maloney  Mailing Address 5020 John Hager Rd S  City State Zip Code Hermitage TN 37076  FEC ID number of contributing federal political committee.  Name of Employer Occupation Stonecrest Oral & Maxillofacia Oral Surgeon  Receipt For: Primary General Other (specify)   General Other (specify)   Full Name (Last, First, Middle Initial)	Date of Receipt  11 02 2012  Transaction ID: SA11AI.23636  Amount of Each Receipt this Period  250.00  Date of Receipt
City Hermitage TN 37076  FEC ID number of contributing federal political committee.  Name of Employer Stonecrest Oral & Maxillofacia Receipt For:  Primary Other (specify) ▼  State Zip Code TN 37076  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼	Transaction ID: SA11AI.23636  Amount of Each Receipt this Period  250.00  Date of Receipt
Hermitage  TN 37076  FEC ID number of contributing federal political committee.  Name of Employer  Stonecrest Oral & Maxillofacia  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  250.00  Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer  Stonecrest Oral & Maxillofacia  Receipt For:  Primary  Other (specify)   Occupation  Oral Surgeon  Aggregate Year-to-Date   250.00	Date of Receipt
Name of Employer Stonecrest Oral & Maxillofacia Receipt For:  Primary Other (specify) ▼  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt
Stonecrest Oral & Maxillofacia  Receipt For:  Primary  Other (specify) ▼  Other (specify) ▼  Oral Surgeon  Aggregate Year-to-Date ▼  250.00	M = M / D = D / Y = Y = Y
Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  250.00	M = M / D = D / Y = Y = Y
Primary General Other (specify) ▼ 250.00	M = M / D = D / Y = Y = Y
Other (specify) ▼ 250.00	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial)	M = M / D = D / Y = Y = Y
Dr. Mark Grenadier	
Mailing Address 4955 Steubenville Pike	11 07 0010
Suite 361 City State Zip Code	11 07 2012
Pittsburgh PA 15205	Transaction ID : SA11AI.23638
FFO ID graph or of contribution	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation	
Self-Employed Oral Surgeon	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 450.00	]
Full Name (Last, First, Middle Initial)  Dr. R. Gulley	Date of Receipt
Mailing Address 5756 South Staples Suite C	11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Corpus Christi TX 78413-3782	Transaction ID : SA11AI.23641  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation	
Oral & Maxillofacial Surgery Oral & Maxillofacial Surgeon	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	1
Other (specify) ▼ 250.00	J
SUBTOTAL of Receipts This Page (optional)	750.00

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEONS	o solicit contributions from such committee.  S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial)  Dr. James Hackler  Mailing Address 5040 Fact 69th Street		Date of Receipt
Mailing Address 5010 East 68th Street Suite 102	7. 6 :	10 31 2012
City Tulsa	State Zip Code OK 74136	Transaction ID : SA11AI.23448
FEC ID number of contributing federal political committee.	C 74130	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Katherine Haltom	•	Date of Receipt
Mailing Address 223 Walnut St Suite 2		11 09 2012
City Framingham	State Zip Code MA 01701-8205	Transaction ID : SA11AI.23642  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Michael Harris		Date of Receipt
Mailing Address 3610 N University Ave Suite 150		10 29 2012
City Provo	State Zip Code UT 84604	Transaction ID : SA11AI.23449  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Utah Surgical Arts Receipt For:	Oral Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
	)	750.00

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or for commercial purposes, other than using	the name and address of any political committee t					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  Dr. Brian Harsha		Date of Receipt				
Mailing Address 708 21st Avenue North						
City	State Zip Code	Transaction ID : SA11AI.23643				
Myrtle Beach	SC 29577-7400	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	375.00				
Name of Employer	Occupation					
Coastal Facial Aesthetic Surgery	Oral & Maxillofacial Surgeon					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	375.00					
Full Name (Last, First, Middle Initial)  Paul Hartmann	'	Date of Receipt				
Mailing Address 1323 Jamestown Rd		M = M / D = D / Y = Y = Y				
Suite 203 City	State Zip Code	10 30 2012				
Williamsburg	VA 23185	Transaction ID : SA11AI.23450				
	20.00	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	1				
Self Employed	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial)  Dr. Earl A. Hasegawa		Date of Receipt				
Mailing Address 135 S. Wakea Avenue Suite 103		11 01 2012				
City Kahului	State Zip Code HI 96732	Transaction ID : SA11AI.23644				
	HI 96732	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	1				
Self-Employed	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	875.00				
TOTAL This Period (last page this line numb	per only)	1 1 40 1 1 40 1 1 7 1				

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	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) William Heagy		Date of Receipt
Mailing Address 1200 Airport Heights Suite 265		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23451
Anchorage	AK 99508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr. Wilson Heaton	•	Date of Receipt
Mailing Address 4435 West 95th Street		M = M / D = D / Y = Y = Y
City	State Zip Code	10 24 2012
Oak Lawn	IL 60453-2625	Transaction ID : SA11AI.23452
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Kasper Heaton Wright & Assoc LTD	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Karl Heggland		Date of Receipt
Mailing Address 975 N Ten Mile Dr Suite E11		10 31 2012
City Frisco	State Zip Code CO 80443	Transaction ID : SA11AI.23454  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
		750.00

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

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. Brian Heine		Date of Receipt
Mailing Address 2850 Lone Oak Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 6 City	State Zip Code	11 02 2012 Transaction ID : SA11Al.23645
Paducah	KY 42003	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		
Bryce Heiner		Date of Receipt
Mailing Address 2103 Telshor Ct		11 01 / 2012
City	State Zip Code	Transaction ID : SA11AI.23646
Las Cruces	NM 88011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Thomas Helfst		Date of Receipt
Mailing Address 400 Stroud Building Route 611		11 12 2012
City	State Zip Code	Transaction ID : SA11AI.23648
Stroudsburg	PA 18360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Stroud Oral & facial Surgery	Oral Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe		

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  A. Dr. Riley Hicks		Date of Receipt				
Mailing Address Sunnyside Professional Plaz 3200 CHanning Way		11 20 / Y = Y = Y = Y				
City Idaho Falls	State Zip Code ID 83404	Transaction ID : SA11AI.23649  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self-Employed	Occupation Oral Surgeon					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00					
Full Name (Last, First, Middle Initial)  3. Dr. Steven Hill  Mailing Address 8306 Genoa Avenue		Date of Receipt				
City Lubbock	State Zip Code TX 79424	11 21 2012  Transaction ID : SA11AI.23650  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer Self-Employed	Occupation Oral Surgeon					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00					
Full Name (Last, First, Middle Initial)  Dr. Lubor Hlousek		Date of Receipt				
Mailing Address 1035 Spa Rd. Apt. 1		10 22 2012				
City Annapolis	State Zip Code MD 21403	Transaction ID : SA11AI.23455  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer  Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Oral Sugeon  Aggregate Year-to-Date ▼  500.00					
SUBTOTAL of Receipts This Page (optional)		1000.00				
TOTAL This Period (last page this line number	· only)					

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Dr. Donald Hoaglin Mailing Address 25434 North 40th Lane		Date of Receipt
		10 22 2012
City	State Zip Code AZ 85310	Transaction ID : SA11AI.23456
Glendale	AZ 85310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Bruce Hochstadter		Date of Receipt
Mailing Address 1875 Dempster St.		M = M / D = D / Y = Y = Y
Suite 470 City	State Zip Code	11 06 2012
Oity Park Ridge	IL 60068-1129	Transaction ID : SA11AI.23651
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Hochstadter, Isaacson, Cherny & Assoc.	Oral Sugeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 747 North 185th Street Suite 101		11 01 2012
City Seattle	State Zip Code WA 98133	Transaction ID : SA11AI.23652  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

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	e name and address of any political committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  1. Dr. David Howard		Date of Receipt				
Mailing Address 12776 SW Bay Shore Drive	Mailing Address 12776 SW Bay Shore Drive					
City	State Zip Code	11 15 2012 Transaction ID : SA11Al.23653				
Traverse City	MI 49684-5451	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Self Employed	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial)  3. Dr. David Howell		Date of Receipt				
Mailing Address 2911 E Covenanter Drive		M = M / D = D / Y = Y = Y				
Suite B City	State Zip Code	11 01 2012				
Bloomington	IN 47401	Transaction ID : SA11AI.23654  Amount of Each Receipt this Period				
FEC ID number of contributing		Amount of Lacif Hooelpt this Fellou				
federal political committee.	C	250.00				
Name of Employer	Occupation					
Self-Employed	Oral Surgeon					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	250.00					
Full Name (Last, First, Middle Initial)  C. Dr. David Howerton		Date of Receipt				
Mailing Address 280 Liberty Street SE Suite 320		10 22 / 2012				
City Salem	State Zip Code OR 97301-3508	Transaction ID : SA11AI.23457				
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Oral & Maxillofacial Surgery	Oral & Maxillofacial Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional)		750.00				

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Bruce Huberman		Date of Receipt
Mailing Address 619 Amboy Avenue		11 12 2012
City	State Zip Code	Transaction ID : SA11AI.23655
Edison	NJ 08837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Raritan Valley OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Paul Huizinga		Date of Receipt
Mailing Address 3919 Puite Drive SW		10 22 2012
City	State Zip Code	Transaction ID : SA11AI.23458
Grandville	MI 49418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Dr. George Hurwitz		Date of Receipt
Mailing Address 10782 Hickory Ridge Road		M = M / D = D / Y = Y = Y = Y = 11
City	State Zip Code	Transaction ID : SA11AI.23656
Columbia	MD 21044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	750.00
TOTAL This Period (last page this line number	only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. A. Indresano		Date of Receipt
Mailing Address 2155 Webster Street Suite 522 OMS Dept		M = M / D = D / Y = Y = Y = Y = 11
City	State Zip Code	Transaction ID : SA11AI.23657
San Francisco	CA 94115-2399	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
University of the Pacific	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Donald Ingalls		Date of Receipt
Mailing Address 5741 Carmichael Pkwy		M = M / D = D / Y = Y = Y
Suite A City	State Zip Code	11 06 2012
Montgomery	AL 36117-2337	Transaction ID : SA11AI.23658  Amount of Each Receipt this Period
	00111 2001	Amount of Lacit neceipt this Fellou
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS Associates	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Richard Isaacson		Date of Receipt
Mailing Address 1875 Dempster St. Suite 470		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23459
Park Ridge	IL 60068-1129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Hochstadter & Isaacson, Cherney & Asso	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00
TOTAL This Period (last page this line number	only)	

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	g the name and address of any political committee	
AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Slavko Ivankovic		Date of Receipt
Mailing Address 1120 Oak Ridge Drive		11 20 2012
City	State Zip Code	Transaction ID : SA11AI.23659
Eau Claire	WI 54701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS Associates in Eau Claire	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Mark Jackson	•	Date of Receipt
Mailing Address 7007 Old Sauk Rd		M = M / D = D / Y = Y = Y
Ste 103 City	State Zip Code	10 30 2012
Madison	WI 53717-2307	Transaction ID : SA11AI.23460  Amount of Each Receipt this Period
FEC ID number of contributing	00111 2001	
federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Murray Jacobs	<u>'</u>	Date of Receipt
Mailing Address 1213 Coffee Rd. Suite D		10 23 2012
City	State Zip Code CA 95355	Transaction ID : SA11AI.23461
Modesto	CA 95355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional	al)	1750.00
TOTAL This Period (last page this line nun	nher only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)  Dr. Mark Jaffe					
Mailing Address 375 South Washington Av		11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.23660			
Gergenfield	NJ 07621-4311	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation				
Self-Employed	Oral & Maxillofacial Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial)  3. Joseph James		Date of Receipt			
Mailing Address 1701 Moores Ln		11 01 2012			
City	State Zip Code	Transaction ID : SA11AI.23661			
Texarkana	TX 75503	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation				
OMS of Northeast Texas PA	Oral Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial)  Dr. David Jennings	·	Date of Receipt			
Mailing Address 324 West Superior Street Suite 720		10 22 2012			
City	State Zip Code	Transaction ID : SA11AI.23462			
Duluth	MN 55802-1721	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	1			
Medical Arts Bldg	Oral & Maxillofacial Surgery				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (optional	)	750.00			
TOTAL This Period (last page this line numl	ber only)				

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Kurt Jensen  Mailing Address 6050 Brynwood Dr.		Date of Receipt
Suite 102 City	State Zip Code	10 24 2012 Transaction ID : SA11Al.23463
Rockford	IL 61114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Oral & Facial Surgery Ctr Ltd	Oral Surgeon	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial)  3. S Todd Jensen		Date of Receipt
Mailing Address 1600 W Central Rd		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	10 29 2012 Transaction ID : SA11AI.23464
Arlington Heights	IL 60005-2407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Northwest OMS	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Thomas Jeter		Date of Receipt
Mailing Address 303 West Harris P.O. Box 3706		10 29 2012
City San Angelo	State Zip Code TX 76902	Transaction ID : SA11Al.23466  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	875.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF (	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. John A Johnson		Date of Receipt
Mailing Address 3015 South Providence R	oad	1,1 05 2012
City	State Zip Code	Transaction ID : SA11AI.23662
Columbia	MO 65203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Coyle & Johnson OMS	Self-Employed	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Scott Johnson	'	Date of Receipt
Mailing Address 5609 Cody Dr		M M / D D / Y Y Y Y
City	State Zip Code	11 05 2012 Transaction ID - CA44AL 22002
West Des Moines	IA 50266	Transaction ID : SA11AI.23663  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	_
Self Employed	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Richard W. Joseph		Date of Receipt
Mailing Address 820 Prudential Drive Suite 312		10 26 2012
City Jacksonville	State Zip Code FL 32207-8205	Transaction ID : SA11AI.23467
	. 2 32201-0203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	l)	1000.00
TOTAL This Period (last page this line num	her only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Samer Joudeh  Mailing Address 109 Fleetwood Drive		Date of Receipt
Suite D	State Zin Code	11 12 2012
City Easley	State Zip Code SC 29640	Transaction ID : SA11AI.23664
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer	Occupation	
WM Riddle DDS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Solon Kao	Date of Receipt	
Mailing Address 1044 Hampstead Pl	M = M / D = D / Y = Y = Y	
City	11 09 2012 Transaction ID : SA11AI.23666	
Martinez	State Zip Code GA 30907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	7
Medical College of Georgia	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) C. Dr. L Ken Kawahara		Date of Receipt
Mailing Address 22410 Hawthorne Blvd Suite 3		10 25 2012
City Torrance	State Zip Code CA 90505	Transaction ID : SA11AI.23470
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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		S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial)  Karen Keith		Date of Receipt
Mailing Address 7704 Dominion Ave NE		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23471
Lacey	WA 98516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Kelly	Date of Receipt	
Mailing Address 2530 North 8th Street		M = M / D = D / Y = Y = Y
Suite 103 City	State Zip Code	11 02 2012
Grand Junction	CO 81501	Transaction ID : SA11AI.23667
	0.000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Colorado West OMS	Self-Employed	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gabriel Kennedy	1	Date of Receipt
Mailing Address 2106 Sims Place		10 26 2012
City LaCrosse	State Zip Code WI 54601	Transaction ID : SA11AI.23472  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	252.50	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	),	750.00

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Barry Keogh		Date of Receipt
Mailing Address 14991 E Hampden Ave Suite 260		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23668
Aurora	CO 80014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Aurora Oral & Maxillofacial Su	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Victor Kim	Date of Receipt	
Mailing Address 118 South Stanfield Road	M = M / D = D / Y = Y = Y	
City	11 16 2012 Transaction ID : \$41141 23669	
Troy	State Zip Code OH 45373	Transaction ID : SA11AI.23669  Amount of Each Receipt this Period
FEC ID number of contributing	130.0	Amount of Each Heceipt this Fellou
federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Carl Kimbler	1	Date of Receipt
Mailing Address 1440 15th Ave NW		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23473
Aberdeen	SD 57401-1818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Northern Plains OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using	ng the name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  A. Dr. Edwin King		Date of Receipt					
Mailing Address 845 West 4th Street		10 24 2012					
City							
Waterloo	IA 50702-2801	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Foster Oral Surgery	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial)  3. Pradeep Kissoondial		Date of Receipt					
Mailing Address 42051 Mound Rd	<u> </u>						
City	State Zip Code	Transaction ID : SA11AI.23670					
Sterling Hts	MI 48314	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	250.00						
Name of Employer	Occupation						
Self Employed	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	450.00						
Full Name (Last, First, Middle Initial)  Timothy Koob	·	Date of Receipt					
Mailing Address 5801 Research Park Blv Suite 110		11 15 2012					
City	State Zip Code	Transaction ID : SA11AI.23671					
Madison	WI 53719	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation	1					
Madison Oral & Maxillofacial S	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	500.00						
SUBTOTAL of Receipts This Page (option	al)	1000.00					
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TOTAL This Period (last page this line nul	mber only)						

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or for commercial purposes, other than using	the name and address of any political committee					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  1. Dr. Gerard Koorbusch		Date of Receipt				
Mailing Address 2430 Larson Road	11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.23672				
Bismarck	ND 58504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Face & Jaw Surgery Ctr	Oral & Maxillofacial Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	450.00					
Full Name (Last, First, Middle Initial)  David Kostohryz		Date of Receipt				
Mailing Address 4300 Oak Park Lane	M = M / D = D / Y = Y = Y					
City	11 06 2012					
Fort Worth	State Zip Code TX 76109	Transaction ID : SA11AI.23673  Amount of Each Receipt this Period				
_	. 0.00	Amount of Lacif Necespt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Self Employed	Oral Surgeon					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial)  Dr. Mary H. Kreitzer		Date of Receipt				
Mailing Address 123 Dwight Road		11 03 2012				
City	State Zip Code	Transaction ID : SA11AI.23675				
Longmeadow	MA 01106	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	-				
Self-Employed	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	450.00					
SUBTOTAL of Receipts This Page (optional	)	750.00				
TOTAL This Period (last page this line numl	ber only)					

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Bryan Krey		Date of Receipt
Mailing Address 2522 Dana St Suite 202		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.23676
Berkeley	CA 94704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Berkeley-Orinda Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Harold Krueger		Date of Receipt
Mailing Address 6807 West 121st Street		10 222012
City	State Zip Code	Transaction ID : SA11AI.23475
Overland Park	KS 66209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Bernard Krupp		Date of Receipt
Mailing Address 1220B East Joppa Road suite 314		10 22 2012
City	State Zip Code	Transaction ID : SA11AI.23476
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Spector & Krupp, DDS, PA	oral surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. Brett Kurtzman		Date of Receipt
Mailing Address 7373 France Ave S Suite 602		11 26 2012
City	State Zip Code	Transaction ID : SA11AI.23678
Edina	MN 55435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Daniel Lader		Date of Receipt
Mailing Address 1521 8th Ave		M M / D D / Y Y Y Y
Ste 101	Otata 7:a Octo	10 23 2012
City	State Zip Code PA 18018-1865	Transaction ID : SA11AI.23477
Bethlehem	PA 18018-1865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Edward Laga	ı	Date of Receipt
Mailing Address 8787 Ballentine Suite 2100		11 15 2012
City	State Zip Code	Transaction ID : SA11AI.23679
Overland Park	KS 66214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate ¥	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
TOTAL This Period (last page this line nur	mber only)	

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NAME OF COMMITTEE (In Full)		o solicit contributions from such committee.
	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial)  Dr. Robert Lamb		Date of Receipt
Mailing Address 1004 Medical Park Blvd		10 25 2012
City	State Zip Code	Transaction ID : SA11AI.23478
Edmond	OK 73013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Lang		Date of Receipt
Mailing Address 2000 South Patrick Drive		M M / D D / Y Y Y Y Y
City	State Zip Code	11 26 2012 Transaction ID : SA11Al.23681
Indian Harbor Beac	FL 32937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		
Dr. Daniel Laskin		Date of Receipt
Mailing Address 10802 Chipewyan Dr.		11 16 2012
City Richmond	State Zip Code VA 23233	Transaction ID : SA11AI.23682  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Medical College of VA, VA Commonwealth	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. David Lattanzi		Date of Receipt
Mailing Address 700 West Pike Street Suite 100		M = M / D = D / Y = Y = Y = Y = 11
City	State Zip Code	Transaction ID : SA11AI.23683
Clarksburg	WV 26301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Scott Lawson		Date of Receipt
Mailing Address 23 Canterbury Woods		11 20 2012
City	State Zip Code	Transaction ID : SA11AI.23684
Ormond Beach	FL 32174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	-	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dale Lentz		Date of Receipt
Mailing Address 7350 S McClintock Suite 101		11 20 2012
City	State Zip Code	Transaction ID : SA11AI.23685
Tempe	AZ 85283-3268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Dale D Lentz DDS PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	·	

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

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Galia Leonard		Date of Receipt
Mailing Address 509 Olive Way Ste 1207		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23480
Seattle	WA 98101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Neal OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. James Lepczyk		Date of Receipt
Mailing Address 31100 Telegraph Rd.		M = M / D = D / Y = Y = Y
Suite 100	Stata Zin Codo	10 22 2012
City Bingham Farms	State Zip Code MI 48025	Transaction ID : SA11AI.23482
	10023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Jamestowne Office Center	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Craig Levine		Date of Receipt
Mailing Address 387 E Main St		10 29 2012
City	State Zip Code	Transaction ID : SA11AI.23483
Bay Shore	NY 11706-8413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line numb	er only)	7

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

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Full Name (Last, First, Middle Initial)		
Dr. Robert Levy		Date of Receipt
Mailing Address 301 4th Street		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23484
Alexandria	LA 71301-8423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Steven Levy		Date of Receipt
Mailing Address 110 Spalding Ridge Way		11 22 2012 _
City	State Zip Code	Transaction ID : SA11AI.23686
Atlanta	GA 30350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Clarence Lindquist		Date of Receipt
Mailing Address 2021 K Street NW Suite 317		11 20 2012
City Washington	State Zip Code DC 20006	Transaction ID : SA11AI.23687  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	_	750.00

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2450 South Shore Blvd Suite 220		11 20 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.23688
League City	TX 77573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. George Master		Date of Receipt
Mailing Address 3501 N Scottsdale		M = M / D = D / Y = Y = Y
Suite 226	7: 0	11 15 2012
City	State Zip Code	Transaction ID : SA11AI.23689
Scottsdale	AZ 85251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Charles Maxwell		Date of Receipt
Mailing Address 708 21st Ave N		10 22 2012
City	State Zip Code	Transaction ID : SA11AI.23486
Myrtle Beach	SC 29577-7400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	. iggregate feat to Date ₹	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. James Maxwell		Date of Receipt
Mailing Address 2210 Olympic Street		11 20 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23690
Springfield	OH 45503-2737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
James A. Maxwell Jr. DDs Inc	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  James Mazock	•	Date of Receipt
Mailing Address 5282 Medical Dr	M = M / D = D / Y = Y = Y	
Ste 110	10 18 2012	
City San Antonio	State Zip Code TX 78229-6023	Transaction ID : SA11AI.23487
	- 0220 0020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Paul McCord		Date of Receipt
Mailing Address 2222 Chambliss Ave		11 20 2012
City	State Zip Code	Transaction ID : SA11AI.23691
Cleveland	TN 37311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	1000.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Larry McCray		Date of Receipt
Mailing Address 835 3rd Ave, SE		1.1 06 2012
City	State Zip Code	Transaction ID : SA11AI.23692
Cedar Rapids	IA 52403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	1
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial)  Dr. Michael McFarlane		Date of Receipt
Mailing Address 1875 West Pointe Drive	M = M / D = D / Y = Y = Y	
City	11 13 2012 Transaction ID : \$A11A1 22603	
Oshkosh	State Zip Code WI 54902	Transaction ID : SA11AI.23693  Amount of Each Receipt this Period
FEC ID number of contributing	0.002	, another Lacif Heceipt this Fellod
federal political committee.	C	250.00
Name of Employer	Occupation	7
Winnebago Oral Surgery	Oral Surgeon	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)	-	Date of Receipt
Mailing Address 7910 Frost St		M = M / D = D / Y = Y = Y
Ste 310		11 20 2012
City	State Zip Code	Transaction ID : SA11AI.23694
San Diego	CA 92123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Oral & Reconstructive Specialt	Oral Surgeon	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	875.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Kevin McLaughlin  Mailing Address 83 East Ave.  Suite 302  City  Norwalk	State Zip Code CT 06851	Date of Receipt  11 12 2012  Transaction ID: SA11Al.23696  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Norwalk Oral & Maxillofacial Surgery  Receipt For:  Primary General  Other (specify)   Other	Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  J Thomas Meadows  Mailing Address 46 Office Park Dr  City  Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer  Meadows Lutcavage Smith Vinton  Receipt For:  Primary General  Other (specify)	State Zip Code NC 28546  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt  11 06 2012  Transaction ID: SA11AI.23697  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Pushkar Mehra  Mailing Address 7 Village Hill Ln  City Dover  FEC ID number of contributing federal political committee.  Name of Employer Boston University of Dental Me Receipt For:  Primary General Other (specify)	State Zip Code MA 02030  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt  10 26 2012  Transaction ID: SA11AI.23490  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s)
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. John Mennitt		Date of Receipt
Mailing Address 13975 Connecticut Ave Suite 201		10 23 2012
City	State Zip Code	Transaction ID : SA11AI.23491
Silver Spring	MD 20806-2921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Drs. Mennit & Daly	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Kenneth Miller	•	Date of Receipt
Mailing Address 327 Washington Avenue	M = M / D = D / Y = Y = Y	
suite 105	10 31 2012	
City	State Zip Code	Transaction ID : SA11AI.23492
Scranton	PA 18503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Mark Miller		Date of Receipt
Mailing Address 2002 South Virginia Street		10 25 2012
City	State Zip Code	Transaction ID : SA11AI.23493
Hopkinsville	KY 42240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Michael Miller		Date of Receipt
Mailing Address 316 Chappaqua Road		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23700
Briarcliff Manor	NY 10510-1354	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. M Millington		Date of Receipt
Mailing Address 1120 Oak Ridge Dr	M = M / D = D / Y = Y = Y	
City	11 20 2012	
Eau Claire	State Zip Code WI 54701	Transaction ID : SA11AI.23701  Amount of Each Receipt this Period
	05	Amount of Lacif Receipt this Fellou
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS Associates of Eau Claire	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. William Mills		Date of Receipt
Mailing Address 1463 E. Main Street		10 25 2012
City	State Zip Code	Transaction ID : SA11AI.23494
Spartanburg	SC 29307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Upstate OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	750.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to ORAL AND MAXILLOFACIAL SURGEON	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr. Dale Misiek  Mailing Address 8738 University City Blvd  City State Zip Code		Date of Receipt  10 26 2012  Transaction ID: SA11Al.23495
Charlotte	NC 28213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
University OMS	Oral & Maxillofacial Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Dr. John Moenning		Date of Receipt
Mailing Address 176 Ashbourne Drive		11 15 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.23702
Noblesville	IN 46060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self-Employed	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)	I	Date of Descipt
Mailing Address 19000 Hawthorne Blvd Suite 222		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Torrance	State Zip Code CA 90503	Transaction ID : SA11AI.23703  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Occupation		_
Larry Moore DDS MS Inc.	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
TOTAL This Period (last page this line nu	mber only)	

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

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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 O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  . Kevin Morrill		Date of Receipt
Mailing Address 2141 Eastern Pkwy		1.1 01 2012 The state of the st
City	State Zip Code	Transaction ID : SA11AI.23704
Schenectady	NY 12309-6318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgery A	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Richard Mufson		Date of Receipt
Mailing Address 20480 W Dixie Hwy	1.1 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI.23705
North Miami Beach	FL 33180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  C. Kenneth Mulder		Date of Receipt
Mailing Address 3300 Burton St SE Ste 101		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23496
Grand Rapids	MI 49546-4398	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral Surgery Associates	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	<b>_</b>	750.00
TOTAL This Period (last page this line numb	er only)	

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

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		(check only one)			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	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Amir Naimi		Date of Receipt
Mailing Address 10215 Forest Lake Dr		11 05 2012
City	State Zip Code	Transaction ID : SA11AI.23706
Great Falls	VA 22066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Tuffs Univ	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Keith Nalley		Date of Receipt
Mailing Address 17337 Mountain Play Lane		10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23497
Grand Haven	MI 49417-9678	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
West Michigan Oral & Maxillofacial Sur	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Erich Naumann		Date of Receipt
Mailing Address 12330 120th Ave NE		10 29 2012
City	State Zip Code	Transaction ID : SA11AI.23498
Kirkland	WA 98034-6926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Knoff and Fettig PS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	r only)	

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	statements may not be sold or used by any perso e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Max Neill		Date of Receipt
Mailing Address 4421 Oak Park Lane Suite 101		M = M / D = D / Y = Y = Y = Y = 11
City	State Zip Code	Transaction ID : SA11AI.23708
Fort Worth	TX 76109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Max G. Neill DDS PC	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Timothy Nelson		Date of Receipt
Mailing Address 855 11th Ave.		M = M / D = D / Y = Y = Y
Suite B	0111	10 26 2012
City	State Zip Code	Transaction ID : SA11AI.23500
Longview	WA 98632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Michael Noble		Date of Receipt
Mailing Address 701 the Hamptons Lane		11 26 2012
City	State Zip Code	Transaction ID : SA11AI.23709
Town and Country	MO 63017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral Facial Surgery Institute	Oral Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00
TOTAL This Period (last page this line number	only)	

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Ronald Northrop		Date of Receipt
Mailing Address 7055 North Fresco Street Suite 202		1.1 09 2012
City	State Zip Code	Transaction ID : SA11AI.23710
Fresno	CA 93720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Jonker, Northrop & Van Wagenen	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Brian O'Neill		Date of Receipt
Mailing Address 970 W Wooster		M = M / D = D / Y = Y = Y
Suite 126	7. 0.1	10 30 2012
City	State Zip Code OH 43402	Transaction ID : SA11AI.23505
Bowling Green	OH 43402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 33800 Alvarado Niles Rd Ste 4		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23503
Union City	CA 94587-4359	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	, aggregate real to Date ¥	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	)	750.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. Terry Olejko		Date of Receipt
Mailing Address 615 Copeland Mill Rd. Suite 2A		11 19 2012
City	State Zip Code	Transaction ID : SA11AI.23711
Westerville	OH 43081-8904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	1.33.334.5 1.54. 15 24.6 7	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Gary P. Orentlicher		Date of Receipt
Mailing Address 495 Central Park Avenue	M = M / D = D / Y = Y = Y	
Suite 201	Chata 7in Cada	11 01 2012
City	State Zip Code NY 10583-1038	Transaction ID : SA11AI.23712
Scarsdale	NY 10583-1038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
D. Goldsmith DDS & G. Orentlicher DMD	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Suzanne Pasternak		Date of Receipt
Mailing Address 34477 Fontana Dr		11 06 2012
City	State Zip Code	Transaction ID : SA11AI.23714
Sterling Heights	MI 48312-5777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate rear-to-bate ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe	er only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR.	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Harold Patino		Date of Receipt
Mailing Address 2760 Forgue Dr Ste 106		M = M / D = D / Y = Y = Y = Y 11 13 2012
City	State Zip Code	Transaction ID : SA11AI.23715
Naperville	IL 60564-4174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral Maxillofacial & Implant S	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Larry Pepper		Date of Receipt
Mailing Address 4700 Union Deposit Road		M = M / D = D / Y = Y = Y
Suite 260	State 7in Code	11 04 2012
City Harrishurg	State Zip Code PA 17111	Transaction ID : SA11AI.23717
Harrisburg	1/111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Central PA OMS	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial)  Dr. Scott Podlesh		Date of Receipt
Mailing Address 885 Scott Blvd Suite 1		11 21 2012
City Santa Clara	State Zip Code	Transaction ID : SA11AI.23718
Santa Clara	CA 95050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Scott W. Podlesh DDS	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		875.00
TOTAL This Period (last page this line number	only)	

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

NAME OF COMMITTEE (In Full)		o solicit contributions from such committee.
	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTER
Full Name (Last, First, Middle Initial) DR. Steven Pollack		Date of Receipt
Mailing Address 8 Perry Circle Apt c		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23719
Annapolis	MD 21402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Lee Pollan		Date of Receipt
Mailing Address 4415 Buffalo Road		M = M / D = D / Y = Y = Y
City	State Zip Code	11 21 2012
North Chili	NY 14514-1024	Transaction ID : SA11AI.23720
	14314-1024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Lee D. Pollan DMD PC	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial) Dr. G. Pollock	1	Date of Receipt
Mailing Address 5285 Summerlin Rd. Suite 101		11 15 2012
City Fort Myers	State Zip Code FL 33919	Transaction ID : SA11AI.23721  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Southwest Florida Oral Surgery Associa	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	<u> </u>	

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

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NAME OF COMMITTEE (In Full)	the name and address of any political committee to PRAL AND MAXILLOFACIAL SURGEONS	
Full Name (Last, First, Middle Initial)  Dr. Michael Pollock		Date of Receipt
Mailing Address 3721 Roosevelt Blvd		10 30 2012
City	State Zip Code	Transaction ID : SA11AI.23508
Middletown	OH 45044-6514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Emil Poporad		Date of Receipt
Mailing Address 4124 Fulton Drive NW		M = M / D = D / Y = Y = Y
Suite 102	State 7in Code	11 05 2012
City Canton	State Zip Code OH 44718	Transaction ID : SA11AI.23722
	O11 447 10	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Emil D. Poporad DDS	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Kevin Porter		Date of Receipt
Mailing Address 2453 E 11th Street		10 27 2012
City Odessa	State Zip Code TX 79761	Transaction ID : SA11AI.23509  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Permian Basin OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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or for commercial purposes, other than using	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Richard Powell		Date of Receipt
Mailing Address 1456 Kaderly St. NW		11 20 2012
City	State Zip Code	Transaction ID : SA11AI.23723
New Philadelphia	OH 44663-1260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Tuscarawas OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Kenneth Press	'	Date of Receipt
Mailing Address 95 Madison Ave		M = M / D = D / Y = Y = Y
1st FI City	State Zip Code	11 21 2012
Morristown	NJ 07960-6092	Transaction ID : SA11AI.23724  Amount of Each Receipt this Period
FEC ID number of contributing	5.000 5002	
federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Ronald Quintia		Date of Receipt
Mailing Address 6369 E Tanque Verde R Suite 230		11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tucson	State Zip Code AZ 85715-3834	Transaction ID : SA11AI.23725
	, 00/10-0004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Southern Arizona OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. David Rainero		Date of Receipt
Mailing Address 1855 San Miguel Drive Suite 25		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23510
Walnut Creek	CA 94596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Carl Runyon, DMD	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Frederick Reinbold		Date of Receipt
Mailing Address 4200 Lake Otis Parkway		M = M / D = D / Y = Y = Y
Suite 201	Chata Zin Cada	11 20 2012
City	State Zip Code AK 99508	Transaction ID : SA11AI.23726
Anchorage	AK 99508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Anchorage OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Todd Reuter		Date of Receipt
Mailing Address 3906 Marsh Bluff Drive		11 21 2012
City	State Zip Code	Transaction ID : SA11AI.23727
Jacksonville	FL 32226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	1.99.094.0 1.04 10 2410 7	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Terrence Riesch  Mailing Address, N89 W16785 Appleton Ave.		Date of Receipt
Mailing Address N89 W16785 Appleton Ave		11 01 2012
City Menomono Falls	State Zip Code	Transaction ID : SA11AI.23728
Menomonee Falls	WI 53051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  dr. Thomas Rollar		Date of Receipt
Mailing Address 1418 Tenth Ave.		Mam / Dad / Yayayay
City	State Zip Code	10 23 2012
City Conway	SC 29526	Transaction ID : SA11AI.23511  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	С	250.00
Name of Employer	Occupation	
Self	Oral Surgeon	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  C. Dr. Steven Roser		Date of Receipt
Mailing Address 1365-B Clifton Road, NE Suite 2300-B		11 07 2012
City	State Zip Code	Transaction ID : SA11AI.23731
Atlanta	GA 30322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	1
Emory School of Medicine	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	875.00
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Mailing Address 693 Main Street  City State Zip Code Tra	of Receipt
City State Zip Code Tra	
· · · · · · · · · · · · · · · · · · ·	
	ansaction ID : SA11AI.23732
Lumberton NJ 08048-0098 Amou	unt of Each Receipt this Period
FEC ID number of contributing federal political committee.	375.00
Name of Employer Occupation	
Self-Employed Oral & Maxillofacial Surgeon	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  375.00	
Full Name (Last, First, Middle Initial)  Dr. Neal Roth  Date	of Receipt
Mailing Address 41-A Admiral Callaghan Ln.	
City State Zip Code Trai	
	unsaction ID : SA11AI.23512
FEC ID number of contribution	unt of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation	
Self Oral Surgeon	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  250.00	
Full Name (Last, First, Middle Initial)  Dustin Rowe Date	of Receipt
Mailing Address 3320 Los Coyotes Diagonal Suite 100	0 31 2012
Lang Baach CA 00000	ansaction ID : SA11AI.23513 unt of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation	
Los Altos Oral Surgery Oral Surgeon	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only).	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Edward Royal		Date of Receipt
Mailing Address 42051 Mound Road		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23514
Sterling Heights	MI 48314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oakland Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Carl Runyon		Date of Receipt
Mailing Address 1855 San Miguel Dr.		M = M / D = D / Y = Y = Y
Suite 25 City	State Zip Code	10 29 2012
Walnut Creek	CA 94596	Transaction ID : SA11AI.23515  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  C. Mark Ryser	<u>'</u>	Date of Receipt
Mailing Address 6287 S Redwood Rd		10 31 2012
City Salt Lake City	State Zip Code UT 84123-6634	Transaction ID : SA11AI.23516  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	)	750.00
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Christopher Saal		Date of Receipt
Mailing Address 236 Progressive Blvd		10 22 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.23518
Houma	LA 70360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial)  Dr. Wesley Sabocheck		Date of Receipt
Mailing Address 4341 Linglestown Road		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23519
Harrisburg	PA 17112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Debra Sacco		Date of Receipt
Mailing Address 501 Eastowne Dr Ste 110		10 25 2012
City	State Zip Code	Transaction ID : SA11AI.23520
Chapel Hill	NC 27514-6224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. Fred Sacks		Date of Receipt
Mailing Address 2803 Stanbridge St. Apt. B-307		1.1 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23733
Norristown	PA 19401-1628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Modern Dental Concepts	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Voltaire Sambajon		Date of Receipt
Mailing Address 2270 E Bidwell St		M = M / D = D / Y = Y = Y
Ste 100	Ctata 7in Onda	11 08 2012
City Folsom	State Zip Code CA 95630-3557	Transaction ID : SA11AI.23734
	CA 95630-3557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
The Oral & Facial Surgery Cent	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  Dr. Alan Sato	<b>'</b>	Date of Receipt
Mailing Address 21701 76th Avenue West Suite 202		10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edmonds	State Zip Code WA 98026	Transaction ID : SA11AI.23521  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Stevens Health Center	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	····	750.00
TOTAL This Period (last page this line numb	per only)	

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

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Name of Employer Self-Employed Receipt For:  Primary General Other (specify) ▼  State Zip Code Springfield Associates in OMS Receipt For:  Primary General Other (specify) ▼  State Zip Code Springfield Associates in OMS Receipt For:  Primary General  Other (specify) ▼  State Zip Code Springfield Associates in OMS Receipt For:  Primary General Other (specify) ▼  State Zip Code Springfield Associates in OMS Receipt For:  Primary General Other (specify) ▼  State Zip Code State Zip Code Transaction ID: SA11AL:23726  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: SA11AL:23736  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt Transaction ID: SA11AL:23736  Transaction ID: SA11AL:23736  Amount of Each Receipt this Period	NAME OF COMMITTEE (In Full)	DRAL AND MAXILLOFACIAL SURGEON	
Mailing Address 3007 Spring Mill Drive  City Springfield L 62704  FEC ID number of contributing federal political committee.  Name of Employer Springfield Associates in OMS Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code Transaction ID : SA11Al.23522 Amount of Each Receipt this Period  250.0  Date of Receipt  Transaction ID : SA11Al.23522  Transaction ID : SA11Al.23522  Amount of Each Receipt this Period  250.0  For Worth  Full Name (Last, First, Middle Initial)  Date of Receipt  Transaction ID : SA11Al.23522  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23522  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23522  Amount of Each Receipt this Period  Transaction ID : SA11Al.23522  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11Al.23522  Amount of Each Receipt this Period  Transaction ID : SA11Al.23526  Transaction ID : SA11Al.23520  Transaction ID : SA11Al.23536  Amount of Each Receipt this Period  Transaction ID : SA11Al.23736  Amount of Each Receipt this Period  Amount of Each Receipt this Period	AMERICAN ASSOCIATION OF C  Full Name (Last, First, Middle Initial)  Dr. John Saunderson  Mailing Address 2801 Waterman Blvd  Suite 240  City Fairfield  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary  General	State Zip Code CA 94533  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼	Date of Receipt  11 12 2012  Transaction ID : SA11Al.23735
Springfield    L   62704   Amount of Each Receipt this Period   FEC ID number of contributing federal political committee.	B. Dr. Louis Scannura	•	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.  Name of Employer Springfield Associates in OMS Receipt For:  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Pate of Receipt  Date of Receipt  Date of Receipt  Transaction ID: SA11AL23736  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For:  Primary General Occupation  Oral & Maxillofacial Surgeon  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	•		
Springfield Associates in OMS Receipt For:  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Dr. Gregory Scheideman Mailing Address 4300 Oak Park Lane  City State Zip Code Fort Worth TX 76109-1811  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For: Primary General  Oral Surgeon  Aggregate Year-to-Date ▼  Date of Receipt  Tansaction ID: SA11AI.23736  Amount of Each Receipt this Period  C 250.6	FEC ID number of contributing		250.00
Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) C. Dr. Gregory Scheideman  Mailing Address 4300 Oak Park Lane  City State Zip Code Fort Worth  TX 76109-1811  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For: Primary General  Date of Receipt  Transaction ID: SA11AI.23736  Amount of Each Receipt this Period  250.0	. ,	'	
Date of Receipt  Mailing Address 4300 Oak Park Lane  City State Zip Code Fort Worth TX 76109-1811  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For: Primary General  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City       State       Zip Code       Transaction ID : SA11AI.23736         Fort Worth       TX       76109-1811       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.0         Name of Employer       Occupation         Self-Employed       Oral & Maxillofacial Surgeon         Receipt For:       Aggregate Year-to-Date ▼	Dr. Gregory Scheideman		M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary  General  Amount of Each Receipt this Period  250.0  Occupation  Oral & Maxillofacial Surgeon  Aggregate Year-to-Date ▼		·	Transaction ID : SA11AI.23736
Self-Employed Oral & Maxillofacial Surgeon  Receipt For:  Primary General Aggregate Year-to-Date ▼	FEC ID number of contributing		250.00
Receipt For:  Primary General  Aggregate Year-to-Date ▼		,	
Primary General Aggregate Teal-to-Date V	' '		
	Primary General	00 0	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (ontional	),	750.00

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Allan Scheiner  Mailing Address 3366 East Broad Street		Date of Receipt
	Otata 7: 0	11 26 2012
City Columbus	State Zip Code OH 43213-1008	Transaction ID : SA11AI.23737
	<del>1</del> 0210-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Eric Scheufler		Date of Receipt
Mailing Address 42 Business Centre Dr		M = M / D = D / Y = Y = Y
Unit 210	Charles 7' C. I	11 21 2012
City	State Zip Code	Transaction ID : SA11AI.23738
Miramar Beach	FL 32550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Leonard Schiffman		Date of Receipt
Mailing Address 141 Franklin Pl Ste B		10 29 2012
City	State Zip Code	Transaction ID : SA11AI.23523
Woodmere	NY 11598-1244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
franklin Tower Professional Ce	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. James Schirmer		Date of Receipt
Mailing Address 5284 Harvestdale		1,1 20 2012
City	State Zip Code	Transaction ID : SA11AI.23740
Mason	OH 45040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  3. Gerald Schneeberger		Date of Receipt
Mailing Address 127 Winslow St		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23524
Watertown	NY 13601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Gary Schopfer		Date of Receipt
Mailing Address 209 Second Street		11 06 2012
City	State Zip Code	Transaction ID : SA11AI.23741
Liverpool	NY 13088-5120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self-Employed	Oral & Maxillofacial Surgeon	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dale Schutte  Mailing Address 741 W State St		Date of Receipt
Suite 3	State Zip Code	11 12 2012
O'Fallon	IL 62269	Transaction ID : SA11AI.23742  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	†
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Paul Schwartz	•	Date of Receipt
Mailing Address 3504 Smithville Drive		M M / D D / Y Y Y Y
City	State Zip Code	10
Dunkirk	MD 20754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Southern Maryland OMS	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Steven R Schwartz		Date of Receipt
Mailing Address 2844 Ocean Parkway Suite b-2		10 31 2012
City Brooklyn	State Zip Code NY 11235	Transaction ID : SA11AI.23527
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
New York OMS	Oral Surgeon	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Donald Seago  Mailing Address 971 Lakeland Drive  Suite 225  City  Jackson  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code MS 39216-4609  C	Date of Receipt  11 09 2012  Transaction ID : SA11Al.23744  Amount of Each Receipt this Period  250.00
OMS Associates  Receipt For:  Primary General  Other (specify) ▼	Oral Surgeon  Aggregate Year-to-Date ▼  450.00	
Full Name (Last, First, Middle Initial)  Adam Serlo  Mailing Address 501 Eastowne Dr Ste 110  City Chapel Hill  FEC ID number of contributing federal political committee.  Name of Employer Oral & Maxillofacial Surgery A  Receipt For: Primary General Other (specify)	State Zip Code NC 27514  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  700.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Michael Shannon  Mailing Address 451 Andover St Suite 125  City North Andover  FEC ID number of contributing federal political committee.  Name of Employer Northeast OMS  Receipt For: Primary General Other (specify)	State Zip Code MA 01845  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt  11 14 2012  Transaction ID: SA11AI.23746  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00
TOTAL This Period (last page this line numbe	r only)	

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial)  A. Dr. Richard Sherwood		Date of Receipt
Mailing Address 990 Main Street Suite 304		11 21 2012
City	State Zip Code	Transaction ID : SA11AI.23747
Danville	VA 24541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  3. John Shillingburg	'	Date of Receipt
Mailing Address 3700 Forums Dr		M = M / D = D / Y = Y = Y
Ste 203	State Zip Code	10 25 2012
Flower Mound	TX 75028-1840	Transaction ID : SA11AI.23528  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer DFW Oral Surgeons PLLC	Occupation Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Douglas Sinn		Data of Pagaint
Mailing Address 5323 Harry Hines Blvd		Date of Receipt
Dept of Surgery, Rm CS	3. 102	10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23530
Dallas	TX 75390-9109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
UT Southwestern Medical Center	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
TOTAL This Period (last page this line nur	mber only)	1

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF (	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Or. Edwin Slade		Date of Receipt
Mailing Address 101 Progress Dr.		10 29 2012
City	State Zip Code	Transaction ID : SA11AI.23531
Doylestown	PA 18901-2509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Oral & Facial Surgery Ctr.	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Eric Smiga		Date of Receipt
Mailing Address 3347 Forbes Ave		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	11 12 2012
Pittsburgh	PA 15213	Transaction ID : SA11AI.23750
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Brian Smith		Date of Receipt
Mailing Address 7600 Fern Ave Building 1400		11 26 2012
City	State Zip Code LA 71105-5675	Transaction ID : SA11AI.23751
Shreveport	LA 71105-5675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	1375.00
TOTAL This Period (last page this line num	nber only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Martin Steed  Mailing Address 136 Clifton Ave		Date of Receipt
Suite 2300B		10 29 2012
City	State Zip Code	Transaction ID : SA11AI.23532
Atlanta	GA 30322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Emory University	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Kris Stegmann		Date of Receipt
Mailing Address 431 Munson Avenue		1.1 05 2012
City	State Zip Code	Transaction ID : SA11AI.23752
Traverse City	MI 49686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Dr. Michael Steichen		Date of Receipt
Mailing Address 1600 West Central Road		10 29 2012
City	State Zip Code	Transaction ID : SA11AI.23533
Arlington Heights	IL 60005-2363	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Northwest OMS	Oral surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Frederick Steinbeck		Date of Receipt
Mailing Address 627 Highland Ave		1,1 05 2012
City	State Zip Code	Transaction ID : SA11AI.23753
Fort Thomas	KY 41075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial)  Dr. Heath Stewart		Date of Receipt
Mailing Address 1755 St. Julian Place		M = M / D = D / Y = Y = Y
Middleburg Office Park City	State Zip Code	10 31 2012
Columbia	SC 29204	Transaction ID : SA11AI.23534  Amount of Each Receipt this Period
		Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Midlands OMS	Oral Surgeon	_
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Herbert Stith	1	Date of Receipt
Mailing Address 1131 Randall Ct.		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.23535
Geneva	IL 60134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Michael Stohle		Date of Receipt
Mailing Address 500 Davis St Suite 509	7.0.1	11 09 / Y Y Y Y Y Y
City	State Zip Code  IL 60201-4621	Transaction ID : SA11AI.23754
Evanston	IL 60201-4621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Harvey Strair		Date of Receipt
Mailing Address 101 Stone Harbor Blvd	11 09 2012	
City	State Zip Code	Transaction ID : SA11AI.23755
Cape May Court Hou	NJ 08210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Cape Atlantic OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Albert Sweeney		Date of Receipt
Mailing Address 985 Russell Ave		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.23756
Gaithersburg	MD 20879	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Drs. Goldblatt Sweeney & Wise	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	RAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. David Sykes		Date of Receipt
Mailing Address 524 Maple Ave		10 26 2012
City	State Zip Code	Transaction ID : SA11AI.23536
Linwood	NJ 08221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Ron Takahaski	·	Date of Receipt
Mailing Address 345 Estudillo Avenue	M M / D D / Y Y Y Y Y	
Suite E	Stata Zin Coda	11 13 2012
City San Leandro	State Zip Code CA 94577	Transaction ID : SA11AI.23757
	54577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
North California Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Gregory Tate		Date of Receipt
Mailing Address 508 Russell Blvd		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23537
Nacogdoches	TX 75965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Louis Theodos  Mailing Address 52 Federal Road		Date of Receipt
Suite 2A City	State Zip Code	11 01 2012 Transaction ID : SA11AI.23758
Danbury	CT 06810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Steven Tipps		Date of Receipt
Mailing Address 6015 Shallowford Rd	M = M / D = D / Y = Y = Y	
City	State Zip Code	10 29 2012 Transaction ID : SA11AI.23538
Chattanooga	TN 37421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	_
Ctr for Oral & Facial Surgery	Oral Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Anthony Torres		Date of Receipt
Mailing Address 3512 E Florence Ave Suite 204		10 29 2012
City Huntington Park	State Zip Code CA 90255	Transaction ID : SA11AI.23540  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	+
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Blake Turner  Mailing Address 7120 Shore Line Road  Apt 2310  City  San Diego	State Zip Code CA 92122	Date of Receipt  11 05 2012  Transaction ID: SA11AI.23760  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General Other (specify)	Occupation Oral Surgeon  Aggregate Year-to-Date ▼  450.00	250.00
Full Name (Last, First, Middle Initial)  Dr. Christopher Tye  Mailing Address 6904 Colleyville Blvd Suite 100  City Coleyville  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 76034  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt  11 06 2012  Transaction ID: SA11AI.23761  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. James Vaiana  Mailing Address 241 Grant Avenue  City LaSalle  FEC ID number of contributing federal political committee.  Name of Employer Illinois Valley OMS  Receipt For:  Primary General Other (specify)	State Zip Code IL 61301  C  Occupation Oral Surgeon  Aggregate Year-to-Date ▼  250.00	Date of Receipt  10 24 2012  Transaction ID: SA11AI.23542  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

					PAGE	1	01 OF		113
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. James Valentine		Date of Receipt
Mailing Address 123 West Francis Avenue		10 24 2012
City	State Zip Code	Transaction ID : SA11AI.23543
Spokane	WA 99205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral Surgery Plus	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Reed Van Wagenen		Date of Receipt
Mailing Address 7055 N. Fresno St		M = M / D = D / Y = Y = Y
Suite 202	7'- 0-1-	11 02 2012
City	State Zip Code CA 93720	Transaction ID : SA11AI.23762
Fresno	CA 93720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Jonke Northrop & Van Waggenen	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Steven Vukas		Date of Receipt
Mailing Address 755 Sebring Road		11 06 2012
City	State Zip Code	Transaction ID : SA11AI.23763
Beaver	PA 15009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
I. David Atcheson DMD	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	, iggregate roat to bate v	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	per only)	

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEON:	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Jeffrey Wallen		Date of Receipt
Mailing Address 1203 48th Ave. N		M M / D D / Y Y Y Y Y
Suite 202 City	State Zip Code	10 31 2012
Myrtle Beach	SC 29577	Transaction ID : SA11AI.23544  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Jeffrey H Wallen DDS PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial)  Dr. Jerry Wang		Date of Receipt
Mailing Address 345 Estudillo Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite E City	State Zip Code	11 08 2012 Transaction ID : SA11AI.23764
San Leandro	CA 94577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Northern California Facial & Oral Surg	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 500 Heritage Dr		11 20 2012
City Pottstown	State Zip Code PA 19464	Transaction ID : SA11AI.23765
	13404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Charles Weber		Date of Receipt
Mailing Address 3425 Ensign Rd NE Ste 310		1.1 1.1 2.2012
City	State Zip Code	Transaction ID : SA11AI.23767
Olympia	WA 98506-5063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
South Sound Oral Surgery PLLC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Raymond Wiggins		Date of Receipt
Mailing Address 810 S. Mason Road		M = M / D = D / Y = Y = Y
Suite 301	State 7:n C-J-	10 22 2012
City	State Zip Code TX 77450	Transaction ID : SA11AI.23545
Katy	TX 77450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Daniel Williams		Date of Receipt
Mailing Address 8687 Louetta Road Suite 100		11 05 / Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.23768
Spring	TX 77379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Northwest OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Dr. Darren Williams		Date of Receipt
Mailing Address 48 McCall Cove South		11 13 2012
City	State Zip Code	Transaction ID : SA11AI.23769
Collierville	TN 38017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Collierville OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  James Williams		Date of Receipt
Mailing Address 6401 Citation Dr		M = M / D = D / Y = Y = Y
Suite B City	State Zip Code	10 26 2012
Clarkston	MI 48346	Transaction ID : SA11AI.23546  Amount of Each Receipt this Period
FEC ID number of contributing	130.10	, another Each receipt this relieu
federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Richard Williams	·	Date of Receipt
Mailing Address 19531 Doctors Drive		11 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Germantown	State Zip Code MD 20874-5262	Transaction ID : SA11AI.23770  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Richard M Williams DDS LLC	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	per only)	

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		name and address of any political committee to	
$\overline{}$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	L AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
١.	Full Name (Last, First, Middle Initial)  Tyler Wilson		Date of Receipt
	Mailing Address 2151 S College Dr Ste 104		10 30 2012
	City	State Zip Code	Transaction ID : SA11AI.23548
	Santa Maria	CA 93455-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Self Employed	Oral Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	00 0	
_	Other (specify) ▼	250.00	
3.	Full Name (Last, First, Middle Initial) Cynthia Winne		Date of Receipt
	Mailing Address Civic Center Professional Bldg		M = M / D = D / Y = Y = Y
	5 Community Dr		11 12 2012
	City	State Zip Code	Transaction ID: SA11AI.23771
	Augusta	ME 04330-5728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	Facial & Oral Surgery Assoc	Oral Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
— >.	Full Name (Last, First, Middle Initial)  Michael Wright		Date of Receipt
	Mailing Address 1502 Forsyth St		10 31 _ 2012 _
	City	State Zip Code	Transaction ID : SA11AI.23550
	Macon	GA 31201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Self Employed	Oral Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	. 199. 29ato Tour to Date ₹	
	Other (specify) ▼	250.00	
sı	UBTOTAL of Receipts This Page (optional)		1000.00
	OTAL This Period (last page this line number o	<u>ř</u>	
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEO	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Robert H. Wright		Date of Receipt
Mailing Address 1502 Forsyth Street		11 20 2012
City	State Zip Code	Transaction ID : SA11AI.23772
Macon	GA 31201-1406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	_
Self-Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  Dr. Craig Yamamoto		Date of Receipt
Mailing Address 1441 Kapiolani Blvd		M = M / D = D / Y = Y = Y
Suite 1420	7: 0 :	10 30 2012
City	State Zip Code	Transaction ID : SA11AI.23551
Honolulu	HI 96814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Craig A. Yamamoto DDS Inc	Oral & Maxillofacial Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Monte Zysset	·	Date of Receipt
Mailing Address 7555 S 57th St Ste 1		11 05 2012
City	State Zip Code	Transaction ID : SA11AI.23773
Lincoln	NE 68516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options	al)	1000.00
TOTAL This Date 1 (f)	erhan and A	83575.00
TOTAL This Period (last page this line nur	mber only)	03073.00

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5	CHEDULE B (FEC Form 3X)			FOR LI	NE NI	JMBER:			PAGI	∃ 107	OF 113
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check of	only o	ne)					
			Summary Page	X 2		22	23		24	25	26
_					27	28a	28b		28c	29	30b
	y information copied from such Reports and Statem for commercial purposes, other than using the nam										
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAX	(ILLOFACIAL	SURGEC	ONS	POLIT	ICAL A	ACT	ION C	OMMI	TTEE
	Full Name (Last, First, Middle Initial)										
Α.	Paypal					Date of		seme		Y	V
	Mailing Address 2211 N. First Street					10		24		2012	
	,	State	Zip Code			Trans	action I	n · s	B21B.23	555	
	San Jose	CA	95131			mano	40110111		DZ 1 D.Z.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Purpose of Disbursement Paypal collection fee				1	Amount	of Eac	h Dis	burseme	ent this	Period
	Candidate Name			Category/ Type					4		6.10
		nent For: Primary Other (spe	General	.,,,,,							
	State: District:		•								
	Full Name (Last, First, Middle Initial)										
B.	Paypal					Date of	_	seme		Y	V
	Mailing Address 2211 N. First Street					10	7   1	31		2012	
	San Jose	State CA	Zip Code 95131			Trans	action l	D : S	B21B.23	3556	
	Purpose of Disbursement Paypal collection fee					Amount	of Eac	h Dis	burseme	ent this	Period
	Candidate Name			Category/ Type					-	2	9.30
		nent For: Primary Other (spe	General Cify) ▼	•							
_	Full Name (Last, First, Middle Initial)										
C.	Paypal					Date of					
	Mailing Address 2211 N. First Street					11	/	12	/ Y	2012	Y
	· ·	State CA	Zip Code 95131			Trans	action I	D : S	B21B.23	3777	
	Purpose of Disbursement Paypal Collection Fees	<u>OA</u>	93131		7						
	Candidate Name			Category/ Type	,	Amount	of Eac	h Dis	burseme		Period 4.55
		nent For: Primary Other (spe	General cify) ▼						-,-		
	Otato. District.										
H	UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only)				_		7	-	7	69	9.95

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 108 OF 113
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26
	Detailed Suffilliary 1 age	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the nam	e and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		CLIDOCONIC	C DOLLTICAL ACTION COMMITTEE
AMERICAN ASSOCIATION OF ORAL A	IND MAXILLOFACIAL	SURGEUNS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. Paypal			Date of Disbursement
Moiling Address CO44 N. First Chart			M M / D D / Y Y Y Y Y
Mailing Address 2211 N. First Street			11 26 2012
City	tate Zip Code		Transaction ID - CD04D 02770
	CA 95131		Transaction ID : SB21B.23778
Purpose of Disbursement Paypal Collection Fees			Assessed of Early Dichesses and this Deviced
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	11.18
Office Sought: House Disbursen	nent For:	. 7   -	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
B. The Northern Trust Company			Date of Disbursement
Mailing Address 1501 Woodfield Road			10 29 2012
Mailing Address 1501 Woodfield Road			10 29 2012
City	state Zip Code		Transaction ID : SB21B.23554
Schaumburg	IL 60173		Transaction 15 : 05215.2000+
Purpose of Disbursement Check Stop Pymt Fee			Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Feriou
		Category/ Type	30.00
Office Sought: House Disbursen	nent For:	.,,,,,	, ,
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Bishamana
C. The Northern Trust Company			Date of Disbursement
Mailing Address 1501 Woodfield Road			11 05 2012
Mailing / Marese 1501 Woodingto Noad			
City	State Zip Code		Transaction ID : SB21B.23776
Schaumburg	IL 60173		Transaction is . OB21B.20770
Purpose of Disbursement Bank Fees			
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	127.67
Office Sought: House Disbursen	nent For:	71: -	
Senate	Primary General		
	Other (specify) ▼		
State: District:			
			168.85
SUBTOTAL of Disbursements This Page (optional)			100.00

SCHEDULE B (FEC Form 3X)	l	FOR LINE	NUMBER: PAGE 109 OF 11
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial)  CHARLES BOUSTANY JR. MD FO	OR CONGRESS, IN	IC.	Date of Disbursement
Mailing Address PO BOX 80126			10 29 2012
LAFAYETTE	State Zip Code LA 70598		Transaction ID : SB23.23559
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate President	ment For: 2012 Primary ∑ General Other (specify) ▼		
State: LA District: 07  Full Name (Last, First, Middle Initial)			
FRIENDS OF LOIS CAPPS			Date of Disbursement
Mailing Address P.O. BOX 23940			10 29 2012
SANTA BARBARA	State Zip Code CA 93121		Transaction ID : SB23.23560
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought:    House   Disburser	ment For: 2012 Primary		
Full Name (Last, First, Middle Initial)  JUDY BIGGERT FOR CONGRES	S		Date of Disbursement
Mailing Address P.O. BOX 4198			10 29 2012
NAPERVILLE	State Zip Code IL 60567		Transaction ID: SB23.23561
		Cottone	Transaction ID : SB23.23561  Amount of Each Disbursement this Period
NAPERVILLE Purpose of Disbursement Federal Campaign Contribution  Candidate Name	IL 60567	Category/ Type	
NAPERVILLE Purpose of Disbursement Federal Campaign Contribution Candidate Name			Amount of Each Disbursement this Period
NAPERVILLE Purpose of Disbursement Federal Campaign Contribution  Candidate Name  Office Sought: House Senate President	ment For: 2012 Primary General Other (specify)	Type	Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 110 OF 113
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or use me and address of any political	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL	SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. LANCE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 225			10 19 2012
COLONIA	State Zip Code NJ 07067		Transaction ID: SB23.23557
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate President	ment For: 2012 Primary ☐ General Other (specify) ▼		
State: NJ District: 07  Full Name (Last, First, Middle Initial)			
B. PATRIOTS FOR PERRY			Date of Disbursement
Mailing Address 130 ORE BANK ROAD			10 29 2012
City DILLSBURG	State Zip Code PA 17019		Transaction ID : SB23.23562
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2000.00
Office Sought:  House Senate President State: PA District: 04	ment For: 2012 Primary ☐ General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. PATRIOTS FOR PERRY			Date of Disbursement
Mailing Address 130 ORE BANK ROAD			10 29 2012
City DILLSBURG	State Zip Code PA 17019		Transaction ID : SB23.23564
Purpose of Disbursement Check Uncashed from 2012 October Monthly Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought:    House   Disburse	ment For: 2012 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only			1000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 111 OF 113
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. TOM RICE FOR CONGRESS			Date of Disbursement
Mailing Address 1113 48TH AVE., N. SUITE 117	-		10 19 2012
MYRTLE BEACH	State Zip Code SC 29577		Transaction ID: SB23.23558
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3000.00
Senate President	ment For: 2012 Primary	,	
State: SC District: 07			
Full Name (Last, First, Middle Initial)  B. VAN HOLLEN FOR CONGRESS			Date of Disbursement
Mailing Address 10537 ST. PAUL ST.			10 29 2012
KENSINGTON	State Zip Code MD 20895		Transaction ID : SB23.23563
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought:    House   Disburse	ment For: 2012 Primary		
Full Name (Last, First, Middle Initial)  C. WALORSKI FOR CONGRESS INC.	C		Date of Disbursement
Mailing Address PO BOX 954			11 02 2012
City MISHAWAKA	State Zip Code IN 46546		Transaction ID : SB23.23774
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Senate President	ment For: 2012 Primary General Other (specify)	,,	
State: IN District: 02			
SUBTOTAL of Disbursements This Page (optional)		······•	6500.00
TOTAL This Period (last page this line number only	)		10500.00

CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 112 OF 113
ITEMIZED DISBURSEMENTS	Use separate schedule(	s) (check only	
	for each category of the Detailed Summary Page		22 23 24 25 26
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ny information copied from such Reports and State	nents may not be sold or	used by any person	on for the purpose of soliciting contributions
r for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
$^{ angle}$ AMERICAN ASSOCIATION OF ORAL $^{\prime}$	AND MAXILLOFACIA	L SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			Date of Disbursement
· Michael Golding			
Mailing Address 4202 N 32nd St			10 24 2012
Ste A			
City	State Zip Code		Transaction ID : SB28A.23453
Phoenix	AZ 85018-4764		Transaction ib . ObzoA.23433
Purpose of Disbursement Refund of contribution			Amount of Each Disbursement this Period
Candidate Name			, another the Lacit Dispulsement this Fellou
		Category/ Type	250.00
Office Sought: House Disburse	ment For:	.,,,,,	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
•			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name			Amount of Each dispursement this Period
Canadato Hamo		Category/ Type	
Office Sought: House Disburse	ment For:	1,750	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
•			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Maining Address			
City	State Zip Code		
D			
Purpose of Disbursement			
Candidata Nama			Amount of Fook Dishursoment this Davied
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Disbursement this Period
	ment For:	Category/ Type	Amount of Each Disbursement this Period
	ment For: Primary General		Amount of Each Disbursement this Period
Office Sought: House Disburse			Amount of Each Disbursement this Period
Office Sought: House Disburse Senate	Primary General		Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:	Primary General Other (specify) ▼	Туре	
Office Sought: House Disburse Senate President	Primary General Other (specify) ▼	Туре	250.00

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

**X** 9 10

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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 Springfield	Zip Code IL 62794-9008	_	
Outstanding Balance Beginning This Period 206.00		Transaction ID : SD9.18338	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 206.00	
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 Springfield	Zip Code IL 62794-9008		
Outstanding Balance Beginning This Period 7.00		Transaction ID : SD9.19670	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	7.00	
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of Debt (Purpose):	
Mailing Address		_	
City	State Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
SUBTOTALS This Period This Page (optional)		213.00	
TOTALS This Period (last page this line number only)		213.00	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)		0.00	
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		213.00	