

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

Office Use Only

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

9700 WEST BRYN MAWR AVE.

☐ Check if different than previously reported. (ACC)

ROSEMONT

IL

60018

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005660

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the State of

5. Covering Period

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

10

18

2012

through

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

11

26

2012

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

Type or Print Name of Treasurer Lawrence Chewning

Signature of Treasurer

Lawrence Chewning

[Electronically Filed]

Date

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

12

03

2012

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 18 2012 To: M M / D D / Y Y Y Y Y Y
11 26 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		527983.28
(b) Cash on Hand at Beginning of Reporting Period.....	298903.63	
(c) Total Receipts (from Line 19)	87047.46	220306.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	385951.09	748289.30
7. Total Disbursements (from Line 31)	10988.80	373327.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	374962.29	374962.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	213.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

To:

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

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

83575.00

160250.00

(ii) Unitemized

3460.00

53895.88

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

87035.00

214145.88

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

87035.00

214145.88

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

6000.00

17. Other Federal Receipts

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

12.46

160.14

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

87047.46

220306.02

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

87047.46

220306.02

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	238.80	85877.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	238.80	85877.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	287000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	450.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	250.00	450.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10988.80	373327.01
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	87035.00	214145.88
34. Total Contribution Refunds (from Line 28(d))	250.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86785.00	213695.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	238.80	85877.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	238.80	85877.01

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Randolph Alexander

Mailing Address 2708 Aster Street

City

Lake Charles

State

LA

Zip Code

70601-8824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2012

Transaction ID : SA11AI.23389

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Ralph Alman

Mailing Address 11300 Rockville Pike
Suite 1011

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2012

Transaction ID : SA11AI.23390

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Alonge

Mailing Address 4832 Palomino Ct

City

Erie

State

PA

Zip Code

16506-6624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2012

Transaction ID : SA11AI.23391

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 113

(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian Alpert

Mailing Address ULSD

City State Zip Code
 Louisville KY 40292

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Louisville

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : SA11AI.23567

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Troy Alton

Mailing Address 7795 Summerfield Dr

City State Zip Code
 Verona WI 53593-9642

FEC ID number of contributing federal political committee.

C

Name of Employer

Madison OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.23392

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Carlos Alvarez

Mailing Address 994 Jaeger St

City State Zip Code
 Columbus OH 43206

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.23393

Amount of Each Receipt this Period

250.00

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

700.00

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

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Anderson

Mailing Address 4721 Chamblee Dunwoody Rd.
Suite 301

City Atlanta State GA Zip Code 30338-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.23568

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul Anderson

Mailing Address 720 Turtle Crest Dr

City Irvine State CA Zip Code 92603-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Dr. Theodore Anderson

Mailing Address 1407 North Eighth Street

City Sheboygan State WI Zip Code 53081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sheboygan Oral & Maxillofacial Assoc

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.23569

Amount of Each Receipt this Period

250.00

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

750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Robert Armstrong

Mailing Address 219 S Walnut St

City State Zip Code
 Swansboro NC 28584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : SA11AI.23570

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Azzopardi

Mailing Address 39595 West Ten Mile Street
 Suite 107

City State Zip Code
 Novi MI 48375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oakland Oral Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.23396

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Roger Badwal

Mailing Address 1 Pomperaug Office Park
 Suite 105

City State Zip Code
 Southbury CT 06488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : SA11AI.23571

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mark Baker

Mailing Address 165 N 14th St
P.O. Box 6033

City Pocatello State ID Zip Code 83205-6033

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Facial & Oral Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 31 / 2012

Transaction ID : SA11AI.23397

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Forrest Bale

Mailing Address 319 S Glenwood Ave

City Russellville State AR Zip Code 72801-5906

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 24 / 2012

Transaction ID : SA11AI.23398

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Barnett

Mailing Address 7341 Jefferson Hwy
Ste A

City Baton Rouge State LA Zip Code 70806-8203

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2012

Transaction ID : SA11AI.23400

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cynthia Battel

Mailing Address 189 Northport Ave

City State Zip Code
 Belfast ME 04915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : SA11AI.23574

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David Baughman

Mailing Address 1608 Polk Street

City State Zip Code
 Houma LA 70360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.23402

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dale Baur

Mailing Address 36290 Wendell St

City State Zip Code
 Avon OH 44011-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Case Western Reserve Universit

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.23403

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Erik Belinfante

Mailing Address 3890 Johns Creek Pkwy
Suite 340

City State Zip Code
Suwanee GA 30024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlanta Oral & Facial Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23404

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Anthony Bennett

Mailing Address 1425 N McLean Blvd
Suite 200

City State Zip Code
Elgin IL 60123-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Century Oaks Medical Center

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.23576

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Lester Beste

Mailing Address 19838 South Halstead Street

City State Zip Code
Chicago Heights IL 60411-1287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral Surgery Center

Occupation

Oral & Maxillofacial Surgeons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.23405

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Louis Beto

Mailing Address 400 South 4th Street

City

Danville

State

KY

Zip Code

40422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.23577

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John Biernacki

Mailing Address 50 Sulyma Street

City

Cumberland

State

RI

Zip Code

02864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Attleboro-Cumberland Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.23578

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian B. Blatter

Mailing Address 2189 East Street

City

Concord

State

CA

Zip Code

94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2012

Transaction ID : SA11AI.23406

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Dale Bloomquist

Mailing Address 1221 Madison Street
Suite 116

City State Zip Code
Seattle WA 98104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.23580

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Amy Bogardus

Mailing Address 400 South Fourth Street

City State Zip Code
Danville KY 40422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.23581

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dorcha Boisen

Mailing Address 600 S Park Ave

City State Zip Code
Montrose CO 81401-4324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.23407

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Timothy Bonniwell

Mailing Address 2377 N Triphammer Rd

City State Zip Code
 Ithaca NY 14850-1050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 22 2012

Transaction ID : SA11AI.23408

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William Bontempi

Mailing Address 29 Partridge Lane

City State Zip Code
 West Springfield MA 01089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Berkshire Facial Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2012

Transaction ID : SA11AI.23409

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephen Bowie

Mailing Address 227 S Pendleton St
 Ste A

City State Zip Code
 Easley SC 29640-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 12 2012

Transaction ID : SA11AI.23582

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. J Sidney Boyd

Mailing Address 610 W 7th North St

City

Morristown

State

TN

Zip Code

37814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 19 / 2012

Transaction ID : SA11AI.23583

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John Brammer

Mailing Address 1035 North Emporia
Suite 175

City

Wichita

State

KS

Zip Code

67214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.23584

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Broadbent

Mailing Address 3590 Harrison Blvd
Ste 2

City

Ogden

State

UT

Zip Code

84403-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2012

Transaction ID : SA11AI.23410

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Robert Buch

Mailing Address 6677 W Thunderbird Rd
Ste H120

City State Zip Code
Glendale AZ 85306-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Center for Oral Faci

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.23411

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert Burns

Mailing Address 481 North Harbor City Blvd

City State Zip Code
Melbourne FL 32935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11AI.23587

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jonathan Burton

Mailing Address 2900 Frank Scott Pkwy W
Suite 960

City State Zip Code
Belleville IL 62223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Illinois OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23588

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Monte Butler

Mailing Address 2713 South 74th Street
Suite 201

City State Zip Code
Fort Smith AR 72902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23413

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Barton Bycroft

Mailing Address 1000 Elmhurst Blvd

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.23589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brent Carmony

Mailing Address 5305 Cowhorn Creek Rd

City State Zip Code
Texarkana TX 75503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Carmony Oral Facial & Implant

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23414

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Todd Carter

Mailing Address 1063 Lower Main St
Suite C221

City State Zip Code
Wailuku HI 96793

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maui Oral Surgery LLC

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.23416

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Nelson Castellano

Mailing Address 3302 Azeele Street

City State Zip Code
Tampa FL 33609-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23417

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Craig Cayo

Mailing Address 600 S Park Ave

City State Zip Code
Montrose CO 81401-4324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montrose Oral & Maxillofacial

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : SA11AI.23418

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert Chames

Mailing Address 32572 Woodbrook

City State Zip Code
Wayne MI 48184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.23590

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jason Chandler

Mailing Address 743 Pegasus Dr

City State Zip Code
Kaysville UT 84037-6805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2012

Transaction ID : SA11AI.23419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Chandler

Mailing Address 360 W Butterfield Rd
Ste 220

City State Zip Code
Elmhurst IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2012

Transaction ID : SA11AI.23591

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Andrew Chang

Mailing Address 9855 Erma Road
Suite 100

City State Zip Code
San Diego CA 92131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.23420

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jay Chason

Mailing Address 15 E Main St
Suite 222

City State Zip Code
Westminster MD 21157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2012

Transaction ID : SA11AI.23593

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Ira Cheifetz

Mailing Address 2303 Whitehorse Mercerville Rd.
Suite 5

City State Zip Code
Mercerville NJ 08619-1944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mercerville Prof Park

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.23421

Amount of Each Receipt this Period

375.00

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

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

1125.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Peter Chemello

Mailing Address 1600 W Central Rd

City

Arlington Heights

State

IL

Zip Code

60005-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2012

Transaction ID : SA11AI.23422

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Barry Cherny

Mailing Address 1875 Dempster
Suite 470

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hochstadter & Isaacson Oral & Maxillof

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 24 / 2012

Transaction ID : SA11AI.23424

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Terry Cisler

Mailing Address 1602 N. Randall Ave.

City

Janesville

State

WI

Zip Code

53545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Wisconsin OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2012

Transaction ID : SA11AI.23594

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Howard Clark

Mailing Address 377 Riverside Dr
Suite 202

City State Zip Code
Franklin TN 37064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clark Oral & Facial Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23595

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christine Coke

Mailing Address 590 Forest Oaks Ct

City State Zip Code
Fairview TX 75069-8738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.23425

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Neal Cole

Mailing Address 1801 Solar Drive
Suite 100

City State Zip Code
Oxnard CA 93030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cole & Clark Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23426

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 113

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert Coles

Mailing Address 15-B Winchester Court

City State Zip Code
Mauldin SC 29662

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23596

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chad Collins

Mailing Address 322 W 7th Ave

City State Zip Code
Spokane WA 99204

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.23427

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy ColtonMailing Address 164 Washington St
Suite 102

City State Zip Code
Norwell MA 02061

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Timothy S Colton DDS PC

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.23597

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Timothy Conley

Mailing Address 5188 Winton Rd

City

Fairfield

State

OH

Zip Code

45014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliates in OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2012

Transaction ID : SA11AI.23598

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Theodore Corcoran

Mailing Address 6319 Castle Place
Suite 1E

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 13 / 2012

Transaction ID : SA11AI.23599

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kevin Corry

Mailing Address 990 Rahway Ave

City

Union

State

NJ

Zip Code

07083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Oral & Maxillofacial Sur

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 24 / 2012

Transaction ID : SA11AI.23429

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 26 OF 113
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Stephen Cosentino

Mailing Address 1215 Doctors Drive

City State Zip Code
 Tyler TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 30 2012

Transaction ID : SA11AI.23430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. H.M. Cox

Mailing Address 2945 Northwoods Way

City State Zip Code
 Redding CA 96002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 02 2012

Transaction ID : SA11AI.23600

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy Coyle

Mailing Address 3015 S Providence Rd

City State Zip Code
 Columbia MO 65203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 02 2012

Transaction ID : SA11AI.23601

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 113

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. David Crouthamel

Mailing Address 800 West Chandler Blvd
Suite 3

City State Zip Code
Chandler AZ 85225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.23602

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul Cullum

Mailing Address 105 Berrywood Dr.

City State Zip Code
Columbia TN 38401-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oral Surgon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.23603

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. William Curry

Mailing Address 2713 South 74th Street
Suite 201

City State Zip Code
Fort Smith AR 72903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

William E. Curry DDS PA

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.23604

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian Cutright

Mailing Address 1556 Parking Drive

City State Zip Code
 Lancaster OH 43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.23431

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jane Daly

Mailing Address 1809 Prince Philip Dr
 Suite 245

City State Zip Code
 Olney MD 20832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Drs. Mennitt & Daly

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.23432

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Marvin Dash

Mailing Address 355 Fifth Avenue
 Suite 1300 Park Bldg

City State Zip Code
 Pittsburgh PA 15222-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.23433

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. I E Davis

Mailing Address 307 Columbia Ave.

City Lexington State SC Zip Code 29072

FEC ID number of contributing federal political committee.

C

Name of Employer
Associates in OMS PA

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23434

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph Deatherage

Mailing Address 419 SDB 1919 7th Av S

City Birmingham State AL Zip Code 35294-0001

FEC ID number of contributing federal political committee.

C

Name of Employer
Ozark OMS

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23605

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr. Stephen Debuski

Mailing Address 401 West Market Street

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23435

Amount of Each Receipt this Period

250.00

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

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

875.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Timothy Devitt

Mailing Address 857 S Auto Mall Rd

City

Bloomington

State

IN

Zip Code

47401-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.23606

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Nathan Dickerson

Mailing Address 2918 Hillrise Drive

City

Las Cruces

State

NM

Zip Code

88011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : SA11AI.23607

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Dietrich

Mailing Address 4774 Munson St NW
Ste 102

City

Canton

State

OH

Zip Code

44718-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2012

Transaction ID : SA11AI.23436

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Todd Dingman

Mailing Address 77 West Forest Avenue
Suite 107

City State Zip Code
Flagstaff AZ 86001

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMS of Northern Arizona

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.23608

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John Domanico

Mailing Address 30 North Michigan Avenue
Suite 552

City State Zip Code
Chicago IL 60602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23609

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kieran Dowd

Mailing Address 7 Richard Way

City State Zip Code
Littleton MA 01460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : SA11AI.23610

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 113
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ian Dozier

Mailing Address 1120 Oak Ridge Dr

City

Eau Claire

State

WI

Zip Code

54701-6133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.23611

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Leo Dumanis

Mailing Address 3831 Crestwood Dr

City

Northbrook

State

IL

Zip Code

60062-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 01 / 2012

Transaction ID : SA11AI.23612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dean Duncan

Mailing Address 48 Vicente

Suite 2

City

San Francisco

State

CA

Zip Code

94127-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dean L Duncan DDS Inc

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.23613

Amount of Each Receipt this Period

500.00

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Timothy Durtsche

Mailing Address 615 S. 10th St.

City

LaCrosse

State

WI

Zip Code

54601-4786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Drs. Andersen & Durtsche, Ltd.

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2012			

Transaction ID : SA11AI.23438

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark DuVernoisMailing Address 7211 N Mesa
Suite 1S

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SA11AI.23614

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward Ellis

Mailing Address 5323 Harry Hines Blvd

City

Dallas

State

TX

Zip Code

75390-9109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : SA11AI.23439

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Mark Elstein

Mailing Address 1402 West Broad Street

City State Zip Code
 Quakertown PA 18951-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 31 2012

Transaction ID : SA11AI.23440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles Elwell

Mailing Address 7 Clifford Drive

City State Zip Code
 Shalimar FL 32579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OMS Associates

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 05 2012

Transaction ID : SA11AI.23615

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brant Erbenraut

Mailing Address 2140 Lake Michigan Dr NW
 Ste 1

City State Zip Code
 Grand Rapids MI 49504-4785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 30 2012

Transaction ID : SA11AI.23441

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Todd Evans

Mailing Address 2700 Sparta Ln

City State Zip Code
 Belton TX 76513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.23617

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Fagin

Mailing Address 235 N San Mateo Dr

City State Zip Code
 San Mateo CA 94401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2012

Transaction ID : SA11AI.23619

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. David Fairchild

Mailing Address 117 South Nappanee Street

City State Zip Code
 Elkart IN 46229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Elkhart OMS

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 14 / 2012

Transaction ID : SA11AI.23620

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael B. Finger

Mailing Address 1425 N. McLean Blvd.
Suite 200

City State Zip Code
Elgin IL 60123-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Century Oaks Medical Century

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.23621

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brian Fong

Mailing Address 9390 Big Horn Blvd
Ste 100

City State Zip Code
Elk Grove CA 95758-7979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2012

Transaction ID : SA11AI.23443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Pedro Franco

Mailing Address 3800 Commerce St
Apt 202

City State Zip Code
Dallas TX 75226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : SA11AI.23625

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Frattellone

Mailing Address 515 Newman Springs Rd

City

Lincroft

State

NJ

Zip Code

07738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : SA11AI.23626

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Frey

Mailing Address 10683 South Saginaw street

City

Grand Blanc

State

MI

Zip Code

48439-7627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.23444

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Eric S. Fried

Mailing Address 6801 Mayfield Road
Suite 450

City

Mayfield Heights

State

OH

Zip Code

44124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Drs. Alperin Ruch & Fried Inc.

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.23627

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. William Friedel

Mailing Address 286 Patchogue-Yaphank Road

City State Zip Code
Patchogue NY 11772-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2012

Transaction ID : SA11AI.23628

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey Fujimoto

Mailing Address 2145 19th Ave.
Suite 3

City State Zip Code
San Francisco CA 94116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2012

Transaction ID : SA11AI.23629

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. 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.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.23630

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Carmen Gatta

Mailing Address 79 Route 59
Suite 1

City Suffern State NY Zip Code 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carmen A Gatta DMD

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2012

Transaction ID : SA11AI.23445

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew Gauthier

Mailing Address 1600 W Central Rd

City Arlington Heights State IL Zip Code 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2012

Transaction ID : SA11AI.23446

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eletherios Gavriil

Mailing Address 23-06 24th Avenue
1st Floor

City Astoria State NY Zip Code 11102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.23631

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Theodore George

Mailing Address 939 Emerald Avenue
Suite 501

City State Zip Code
Knoxville TN 37917

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMS associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Glawson

Mailing Address 1403 Holmes Avenue

City State Zip Code
Toms River NJ 08753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral Surgeon Associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2012

Transaction ID : SA11AI.23634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gene Glover

Mailing Address 1706 Medical Park Drive

City State Zip Code
Wilson NC 27893

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilson Centre for OMS

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2012

Transaction ID : SA11AI.23635

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jennifer Gordon-Maloney

Mailing Address 5020 John Hager Rd S

City

Hermitage

State

TN

Zip Code

37076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stonecrest Oral & Maxillofacia

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.23636

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Grenadier

Mailing Address 4955 Steubenville Pike
suite 361

City

Pittsburgh

State

PA

Zip Code

15205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 07 / 2012

Transaction ID : SA11AI.23638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. R. Gulley

Mailing Address 5756 South Staples
Suite C

City

Corpus Christi

State

TX

Zip Code

78413-3782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Maxillofacial Surgery

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2012

Transaction ID : SA11AI.23641

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Hackler

Mailing Address 5010 East 68th Street
Suite 102

City State Zip Code
Tulsa OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Katherine Haltom

Mailing Address 223 Walnut St
Suite 2

City State Zip Code
Framingham MA 01701-8205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.23642

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Harris

Mailing Address 3610 N University Ave
Suite 150

City State Zip Code
Provo UT 84604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Utah Surgical Arts

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23449

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian Harsha

Mailing Address 708 21st Avenue North

City

Myrtle Beach

State

SC

Zip Code

29577-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Facial Aesthetic Surgery

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.23643

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Paul Hartmann

Mailing Address 1323 Jamestown Rd
Suite 203

City

Williamsburg

State

VA

Zip Code

23185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 30 / 2012

Transaction ID : SA11AI.23450

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Earl A. Hasegawa

Mailing Address 135 S. Wakea Avenue
Suite 103

City

Kahului

State

HI

Zip Code

96732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2012

Transaction ID : SA11AI.23644

Amount of Each Receipt this Period

250.00

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. William Heagy

Mailing Address 1200 Airport Heights
Suite 265

City Anchorage State AK Zip Code 99508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23451

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Wilson Heaton

Mailing Address 4435 West 95th Street

City Oak Lawn State IL Zip Code 60453-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kasper Heaton Wright & Assoc LTD

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.23452

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Karl Heggland

Mailing Address 975 N Ten Mile Dr
Suite E11

City Frisco State CO Zip Code 80443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23454

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian Heine

Mailing Address 2850 Lone Oak Road
Suite 6

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.23645

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bryce Heiner

Mailing Address 2103 Telshor Ct

City State Zip Code
Las Cruces NM 88011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.23646

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas Helfst

Mailing Address 400 Stroud Building
Route 611

City State Zip Code
Stroudsburg PA 18360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Stroud Oral & facial Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2012

Transaction ID : SA11AI.23648

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Riley Hicks

Mailing Address Sunnyside Professional Plaza
3200 CHanning Way

City State Zip Code
Idaho Falls ID 83404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Hill

Mailing Address 8306 Genoa Avenue

City State Zip Code
Lubbock TX 79424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2012

Transaction ID : SA11AI.23650

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Lubor Hlousek

Mailing Address 1035 Spa Rd.
Apt. 1

City State Zip Code
Annapolis MD 21403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.23455

Amount of Each Receipt this Period

500.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Donald Hoaglin

Mailing Address 25434 North 40th Lane

City

Glendale

State

AZ

Zip Code

85310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.23456

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Bruce HochstadterMailing Address 1875 Dempster St.
Suite 470

City

Park Ridge

State

IL

Zip Code

60068-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hochstadter, Isaacson, Cherny & Assoc.

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : SA11AI.23651

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. William HooeMailing Address 747 North 185th Street
Suite 101

City

Seattle

State

WA

Zip Code

98133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.23652

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. David Howard

Mailing Address 12776 SW Bay Shore Drive

City State Zip Code
 Traverse City MI 49684-5451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : SA11AI.23653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David Howell

Mailing Address 2911 E Covenant Drive
 Suite B

City State Zip Code
 Bloomington IN 47401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2012

Transaction ID : SA11AI.23654

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Howerton

Mailing Address 280 Liberty Street SE
 Suite 320

City State Zip Code
 Salem OR 97301-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oral & Maxillofacial Surgery

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2012

Transaction ID : SA11AI.23457

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Bruce Huberman

Mailing Address 619 Amboy Avenue

City
Edison

State
NJ

Zip Code
08837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raritan Valley OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 12 / 2012

Transaction ID : SA11AI.23655

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul Huizinga

Mailing Address 3919 Puite Drive SW

City

Grandville

State

MI

Zip Code

49418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2012

Transaction ID : SA11AI.23458

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. George Hurwitz

Mailing Address 10782 Hickory Ridge Road

City

Columbia

State

MD

Zip Code

21044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2012

Transaction ID : SA11AI.23656

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. A. Indresano

Mailing Address 2155 Webster Street
Suite 522 OMS Dept

City State Zip Code
San Francisco CA 94115-2399

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of the Pacific

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23657

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald Ingalls

Mailing Address 5741 Carmichael Pkwy
Suite A

City State Zip Code
Montgomery AL 36117-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMS Associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard Isaacson

Mailing Address 1875 Dempster St.
Suite 470

City State Zip Code
Park Ridge IL 60068-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hochstadter & Isaacson, Cherney & Asso

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.23459

Amount of Each Receipt this Period

250.00

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Dr. Slavko Ivankovic</p> <p>Mailing Address 1120 Oak Ridge Drive</p> <p>City Eau Claire State WI Zip Code 54701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer OMS Associates in Eau Claire Occupation Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2012 Transaction ID : SA11AI.23659</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Dr. Mark Jackson</p> <p>Mailing Address 7007 Old Sauk Rd Ste 103</p> <p>City Madison State WI Zip Code 53717-2307</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2012 Transaction ID : SA11AI.23460</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Dr. Murray Jacobs</p> <p>Mailing Address 1213 Coffee Rd. Suite D</p> <p>City Modesto State CA Zip Code 95355</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2012 Transaction ID : SA11AI.23461</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1750.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Mark Jaffe

Mailing Address 375 South Washington Avenue

City State Zip Code
 Gergenfield NJ 07621-4311

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : SA11AI.23660

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph James

Mailing Address 1701 Moores Ln

City State Zip Code
 Texarkana TX 75503

FEC ID number of contributing federal political committee.

C

Name of Employer

OMS of Northeast Texas PA

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.23661

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David JenningsMailing Address 324 West Superior Street
Suite 720

City State Zip Code
 Duluth MN 55802-1721

FEC ID number of contributing federal political committee.

C

Name of Employer

Medical Arts Bldg

Occupation

Oral & Maxillofacial Surgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.23462

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kurt Jensen

Mailing Address 6050 Brynwood Dr.
Suite 102

City State Zip Code
Rockford IL 61114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Facial Surgery Ctr Ltd

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.23463

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. S Todd Jensen

Mailing Address 1600 W Central Rd

City State Zip Code
Arlington Heights IL 60005-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23464

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas Jeter

Mailing Address 303 West Harris
P.O. Box 3706

City State Zip Code
San Angelo TX 76902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23466

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John A Johnson

Mailing Address 3015 South Providence Road

City State Zip Code
Columbia MO 65203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coyle & Johnson OMS

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2012

Transaction ID : SA11AI.23662

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott Johnson

Mailing Address 5609 Cody Dr

City State Zip Code
West Des Moines IA 50266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2012

Transaction ID : SA11AI.23663

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard W. Joseph

Mailing Address 820 Prudential Drive
Suite 312

City State Zip Code
Jacksonville FL 32207-8205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.23467

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Samer Joudeh

Mailing Address 109 Fleetwood Drive
Suite D

City State Zip Code
Easley SC 29640

FEC ID number of contributing
federal political committee.

C

Name of Employer

WM Riddle DDS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 12 / 2012

Transaction ID : SA11AI.23664

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Solon Kao

Mailing Address 1044 Hampstead Pl

City State Zip Code
Martinez GA 30907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Georgia

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.23666

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. L Ken Kawahara

Mailing Address 22410 Hawthorne Blvd
Suite 3

City State Zip Code
Torrance CA 90505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 25 / 2012

Transaction ID : SA11AI.23470

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Karen Keith

Mailing Address 7704 Dominion Ave NE

City State Zip Code
 Lacey WA 98516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.23471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Kelly

Mailing Address 2530 North 8th Street
 Suite 103

City State Zip Code
 Grand Junction CO 81501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Colorado West OMS

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.23667

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gabriel Kennedy

Mailing Address 2106 Sims Place

City State Zip Code
 LaCrosse WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.23472

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Barry Keogh

Mailing Address 14991 E Hampden Ave
Suite 260

City Aurora State CO Zip Code 80014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Oral & Maxillofacial Su

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23668

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Victor Kim

Mailing Address 118 South Stanfield Road

City Troy State OH Zip Code 45373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2012

Transaction ID : SA11AI.23669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Carl Kimbler

Mailing Address 1440 15th Ave NW

City Aberdeen State SD Zip Code 57401-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Plains OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.23473

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Edwin King

Mailing Address 845 West 4th Street

City

Waterloo

State

IA

Zip Code

50702-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foster Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.23474

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Pradeep Kissoondial

Mailing Address 42051 Mound Rd

City

Sterling Hts

State

MI

Zip Code

48314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.23670

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy KoobMailing Address 5801 Research Park Blvd
Suite 110

City

Madison

State

WI

Zip Code

53719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Oral & Maxillofacial S

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : SA11AI.23671

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Dr. Gerard Koorbusch</p> <p>Mailing Address 2430 Larson Road</p> <p>City Bismarck State ND Zip Code 58504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Face & Jaw Surgery Ctr Occupation Oral & Maxillofacial Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.23672</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) B. David Kostohryz</p> <p>Mailing Address 4300 Oak Park Lane</p> <p>City Fort Worth State TX Zip Code 76109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.23673</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Dr. Mary H. Kreitzer</p> <p>Mailing Address 123 Dwight Road</p> <p>City Longmeadow State MA Zip Code 01106</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2012 Transaction ID : SA11AI.23675</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>750.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bryan Krey

Mailing Address 2522 Dana St
Suite 202

City State Zip Code
Berkeley CA 94704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Berkeley-Orinda Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.23676

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Harold Krueger

Mailing Address 6807 West 121st Street

City State Zip Code
Overland Park KS 66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.23475

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Bernard Krupp

Mailing Address 1220B East Joppa Road
suite 314

City State Zip Code
Towson MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spector & Krupp, DDS, PA

Occupation

oral surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.23476

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brett Kurtzman

Mailing Address 7373 France Ave S
Suite 602

City State Zip Code
Edina MN 55435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : SA11AI.23678

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel Lader

Mailing Address 1521 8th Ave
Ste 101

City State Zip Code
Bethlehem PA 18018-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.23477

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward Laga

Mailing Address 8787 Ballentine
Suite 2100

City State Zip Code
Overland Park KS 66214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.23679

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert Lamb

Mailing Address 1004 Medical Park Blvd

City State Zip Code
 Edmond OK 73013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.23478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Timothy Lang

Mailing Address 2000 South Patrick Drive

City State Zip Code
 Indian Harbor Beac FL 32937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : SA11AI.23681

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel Laskin

Mailing Address 10802 Chipewyan Dr.

City State Zip Code
 Richmond VA 23233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of VA, VA Commonwealth

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012

Transaction ID : SA11AI.23682

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. David Lattanzi

Mailing Address 700 West Pike Street
Suite 100

City State Zip Code
Clarksburg WV 26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23683

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott Lawson

Mailing Address 23 Canterbury Woods

City State Zip Code
Ormond Beach FL 32174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23684

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dale Lentz

Mailing Address 7350 S McClintock
Suite 101

City State Zip Code
Tempe AZ 85283-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dale D Lentz DDS PC

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23685

Amount of Each Receipt this Period

250.00

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

750.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Galia Leonard

Mailing Address 509 Olive Way
Ste 1207

City State Zip Code
Seattle WA 98101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neal OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James Lepczyk

Mailing Address 31100 Telegraph Rd.
Suite 100

City State Zip Code
Bingham Farms MI 48025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jamestowne Office Center

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.23482

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Craig Levine

Mailing Address 387 E Main St

City State Zip Code
Bay Shore NY 11706-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23483

Amount of Each Receipt this Period

250.00

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

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

750.00

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert Levy

Mailing Address 301 4th Street

City State Zip Code
 Alexandria LA 71301-8423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 24 2012

Transaction ID : SA11AI.23484

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Levy

Mailing Address 110 Spalding Ridge Way

City State Zip Code
 Atlanta GA 30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 22 2012

Transaction ID : SA11AI.23686

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Clarence Lindquist

Mailing Address 2021 K Street NW
 Suite 317

City State Zip Code
 Washington DC 20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 20 2012

Transaction ID : SA11AI.23687

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John Lovoi

Mailing Address 2450 South Shore Blvd
Suite 220

City State Zip Code
League City TX 77573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23688

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. George Master

Mailing Address 3501 N Scottsdale
Suite 226

City State Zip Code
Scottsdale AZ 85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.23689

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles Maxwell

Mailing Address 708 21st Ave N

City State Zip Code
Myrtle Beach SC 29577-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.23486

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Maxwell

Mailing Address 2210 Olympic Street

City

Springfield

State

OH

Zip Code

45503-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer

James A. Maxwell Jr. DDS Inc

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.23690

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Mazock

Mailing Address 5282 Medical Dr
Ste 110

City

San Antonio

State

TX

Zip Code

78229-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2012

Transaction ID : SA11AI.23487

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul McCord

Mailing Address 2222 Chambliss Ave

City

Cleveland

State

TN

Zip Code

37311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.23691

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Larry McCray

Mailing Address 835 3rd Ave, SE

City

Cedar Rapids

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 06 / 2012

Transaction ID : SA11AI.23692

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael McFarlane

Mailing Address 1875 West Pointe Drive

City

Oshkosh

State

WI

Zip Code

54902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winnebago Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2012

Transaction ID : SA11AI.23693

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Grant McGann

Mailing Address 7910 Frost St
Ste 310

City

San Diego

State

CA

Zip Code

92123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Reconstructive Specialt

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.23694

Amount of Each Receipt this Period

250.00

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kevin McLaughlin

Mailing Address 83 East Ave.
Suite 302

City State Zip Code
Norwalk CT 06851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norwalk Oral & Maxillofacial Surgery

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2012

Transaction ID : SA11AI.23696

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J Thomas Meadows

Mailing Address 46 Office Park Dr

City State Zip Code
Jacksonville NC 28546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meadows Lutcavage Smith Vinton

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23697

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Pushkar Mehra

Mailing Address 7 Village Hill Ln

City State Zip Code
Dover MA 02030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston University of Dental Me

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
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 number only)..... ►

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John Mennitt

Mailing Address 13975 Connecticut Ave
Suite 201

City State Zip Code
Silver Spring MD 20806-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Drs. Mennit & Daly

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.23491

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kenneth Miller

Mailing Address 327 Washington Avenue
suite 105

City State Zip Code
Scranton PA 18503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23492

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark Miller

Mailing Address 2002 South Virginia Street

City State Zip Code
Hopkinsville KY 42240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2012

Transaction ID : SA11AI.23493

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael Miller

Mailing Address 316 Chappaqua Road

City

Briarcliff Manor

State

NY

Zip Code

10510-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.23700

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. M Millington

Mailing Address 1120 Oak Ridge Dr

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMS Associates of Eau Claire

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.23701

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. William Mills

Mailing Address 1463 E. Main Street

City

Spartanburg

State

SC

Zip Code

29307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Upstate OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2012

Transaction ID : SA11AI.23494

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Dale Misiek

Mailing Address 8738 University City Blvd

City

Charlotte

State

NC

Zip Code

28213

FEC ID number of contributing
federal political committee.

C

Name of Employer

University OMS

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.23495

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John Moenning

Mailing Address 176 Ashbourne Drive

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.23702

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Larry Moore

Mailing Address 19000 Hawthorne Blvd
Suite 222

City

Torrance

State

CA

Zip Code

90503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Larry Moore DDS MS Inc.

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23703

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kevin Morrill

Mailing Address 2141 Eastern Pkwy

City State Zip Code
Schenectady NY 12309-6318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Maxillofacial Surgery A

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.23704

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Mufson

Mailing Address 20480 W Dixie Hwy

City State Zip Code
North Miami Beach FL 33180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23705

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth Mulder

Mailing Address 3300 Burton St SE
Ste 101

City State Zip Code
Grand Rapids MI 49546-4398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral Surgery Associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.23496

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Amir Naimi

Mailing Address 10215 Forest Lake Dr

City State Zip Code
Great Falls VA 22066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tuffs Univ

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11AI.23706

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Keith Nalley

Mailing Address 17337 Mountain Play Lane

City State Zip Code
Grand Haven MI 49417-9678

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Michigan Oral & Maxillofacial Sur

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.23497

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Erich Naumann

Mailing Address 12330 120th Ave NE

City State Zip Code
Kirkland WA 98034-6926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Knoff and Fettig PS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23498

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Max Neill

Mailing Address 4421 Oak Park Lane
Suite 101

City State Zip Code
Fort Worth TX 76109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Max G. Neill DDS PC

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2012

Transaction ID : SA11AI.23708

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Timothy Nelson

Mailing Address 855 11th Ave.
Suite B

City State Zip Code
Longview WA 98632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.23500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Noble

Mailing Address 701 the Hamptons Lane

City State Zip Code
Town and Country MO 63017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral Facial Surgery Institute

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2012

Transaction ID : SA11AI.23709

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Ronald Northrop

Mailing Address 7055 North Fresno Street
Suite 202

City State Zip Code
Fresno CA 93720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jonker, Northrop & Van Wagenen

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.23710

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brian O'Neill

Mailing Address 970 W Wooster
Suite 126

City State Zip Code
Bowling Green OH 43402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.23505

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Hidemi Oka

Mailing Address 33800 Alvarado Niles Rd
Ste 4

City State Zip Code
Union City CA 94587-4359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23503

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Terry Olejko

Mailing Address 615 Copeland Mill Rd.
Suite 2A

City State Zip Code
Westerville OH 43081-8904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11AI.23711

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Gary P. Orentlicher

Mailing Address 495 Central Park Avenue
Suite 201

City State Zip Code
Scarsdale NY 10583-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

D. Goldsmith DDS & G. Orentlicher DMD

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.23712

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Suzanne Pasternak

Mailing Address 34477 Fontana Dr

City State Zip Code
Sterling Heights MI 48312-5777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23714

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Harold Patino

Mailing Address 2760 Fargue Dr
Ste 106

City State Zip Code
Naperville IL 60564-4174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral Maxillofacial & Implant S

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2012

Transaction ID : SA11AI.23715

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Larry Pepper

Mailing Address 4700 Union Deposit Road
Suite 260

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central PA OMS

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 04 / 2012

Transaction ID : SA11AI.23717

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr. Scott Podlesh

Mailing Address 885 Scott Blvd
Suite 1

City State Zip Code
Santa Clara CA 95050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott W. Podlesh DDS

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 21 / 2012

Transaction ID : SA11AI.23718

Amount of Each Receipt this Period

250.00

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

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

875.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 OF 113

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. Steven Pollack

Mailing Address 8 Perry Circle

Apt c

City

Annapolis

State

MD

Zip Code

21402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2012

Transaction ID : SA11AI.23719

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lee Pollan

Mailing Address 4415 Buffalo Road

City

North Chili

State

NY

Zip Code

14514-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee D. Pollan DMD PC

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2012

Transaction ID : SA11AI.23720

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. G. Pollock

Mailing Address 5285 Summerlin Rd.

Suite 101

City

Fort Myers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Florida Oral Surgery Associa

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.23721

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Dr. Michael Pollock</p> <p>Mailing Address 3721 Roosevelt Blvd</p> <p>City State Zip Code Middletown OH 45044-6514</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-Employed Oral & Maxillofacial Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2012 Transaction ID : SA11AI.23508</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) B. Dr. Emil Poporad</p> <p>Mailing Address 4124 Fulton Drive NW Suite 102</p> <p>City State Zip Code Canton OH 44718</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Emil D. Poporad DDS Oral & Maxillofacial Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : SA11AI.23722</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) C. Dr. Kevin Porter</p> <p>Mailing Address 2453 E 11th Street</p> <p>City State Zip Code Odessa TX 79761</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Permian Basin OMS Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2012 Transaction ID : SA11AI.23509</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>750.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Richard Powell

Mailing Address 1456 Kaderly St. NW

City

New Philadelphia

State

OH

Zip Code

44663-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tuscarawas OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : SA11AI.23723

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth Press

Mailing Address 95 Madison Ave
1st Fl

City

Morristown

State

NJ

Zip Code

07960-6092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2012

Transaction ID : SA11AI.23724

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ronald Quintia

Mailing Address 6369 E Tanque Verde Rd
Suite 230

City

Tucson

State

AZ

Zip Code

85715-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2012

Transaction ID : SA11AI.23725

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. David Rainero

Mailing Address 1855 San Miguel Drive
Suite 25

City State Zip Code
Walnut Creek CA 94596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carl Runyon, DMD

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.23510

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Frederick Reinbold

Mailing Address 4200 Lake Otis Parkway
Suite 201

City State Zip Code
Anchorage AK 99508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anchorage OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23726

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Todd Reuter

Mailing Address 3906 Marsh Bluff Drive

City State Zip Code
Jacksonville FL 32226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2012

Transaction ID : SA11AI.23727

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Terrence Riesch

Mailing Address N89 W16785 Appleton Ave

City State Zip Code
 Menomonee Falls WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2012

Transaction ID : SA11AI.23728

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. dr. Thomas Rollar

Mailing Address 1418 Tenth Ave.

City State Zip Code
 Conway SC 29526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 23 / 2012

Transaction ID : SA11AI.23511

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Roser

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

City State Zip Code
 Atlanta GA 30322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Emory School of Medicine

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 07 / 2012

Transaction ID : SA11AI.23731

Amount of Each Receipt this Period

375.00

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

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

875.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Ted Rosner

Mailing Address 693 Main Street

City

Lumberton

State

NJ

Zip Code

08048-0098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.23732

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Dr. Neal Roth

Mailing Address 41-A Admiral Callaghan Ln.

City

Vallejo

State

CA

Zip Code

94591-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.23512

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dustin Rowe

Mailing Address 3320 Los Coyotes Diagonal
Suite 100

City

Long Beach

State

CA

Zip Code

90808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Los Altos Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23513

Amount of Each Receipt this Period

250.00

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

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

875.00

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Edward Royal

Mailing Address 42051 Mound Road

City State Zip Code
 Sterling Heights MI 48314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakland Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.23514

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Carl Runyon

Mailing Address 1855 San Miguel Dr.
 Suite 25

City State Zip Code
 Walnut Creek CA 94596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.23515

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Ryser

Mailing Address 6287 S Redwood Rd

City State Zip Code
 Salt Lake City UT 84123-6634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.23516

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Saal

Mailing Address 236 Progressive Blvd

City

Houma

State

LA

Zip Code

70360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : SA11AI.23518

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Wesley Sabocheck

Mailing Address 4341 Linglestown Road

City

Harrisburg

State

PA

Zip Code

17112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Debra Sacco

Mailing Address 501 Eastowne Dr
Ste 110

City

Chapel Hill

State

NC

Zip Code

27514-6224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : SA11AI.23520

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Fred Sacks

Mailing Address 2803 Stanbridge St.
Apt. B-307

City State Zip Code
Norristown PA 19401-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Modern Dental Concepts

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Voltaire Sambajon

Mailing Address 2270 E Bidwell St
Ste 100

City State Zip Code
Folsom CA 95630-3557

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Oral & Facial Surgery Cent

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.23734

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Alan Sato

Mailing Address 21701 76th Avenue West
Suite 202

City State Zip Code
Edmonds WA 98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stevens Health Center

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.23521

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John Sanderson

Mailing Address 2801 Waterman Blvd
Suite 240

City State Zip Code
Fairfield CA 94533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2012

Transaction ID : SA11AI.23735

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Louis Scannura

Mailing Address 3007 Spring Mill Drive

City State Zip Code
Springfield IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Springfield Associates in OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.23522

Amount of Each Receipt this Period

250.00

Full 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.

C

Name of Employer

Self-Employed

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23736

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Allan Scheiner

Mailing Address 3366 East Broad Street

City State Zip Code
Columbus OH 43213-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.23737

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric Scheufler

Mailing Address 42 Business Centre Dr
Unit 210

City State Zip Code
Miramar Beach FL 32550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 21 / 2012

Transaction ID : SA11AI.23738

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Leonard Schiffman

Mailing Address 141 Franklin Pl
Ste B

City State Zip Code
Woodmere NY 11598-1244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

franklin Tower Professional Ce

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2012

Transaction ID : SA11AI.23523

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Schirmer

Mailing Address 5284 Harvestdale

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23740

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gerald Schneeberger

Mailing Address 127 Winslow St

City State Zip Code
Watertown NY 13601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23524

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gary Schopfer

Mailing Address 209 Second Street

City State Zip Code
Liverpool NY 13088-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23741

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dale Schutte

Mailing Address 741 W State St
Suite 3

City State Zip Code
O'Fallon IL 62269

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2012

Transaction ID : SA11AI.23742

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul Schwartz

Mailing Address 3504 Smithville Drive

City State Zip Code
Dunkirk MD 20754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Maryland OMS

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.23526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven R Schwartz

Mailing Address 2844 Ocean Parkway
Suite b-2

City State Zip Code
Brooklyn NY 11235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

New York OMS

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23527

Amount of Each Receipt this Period

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 ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Donald Seago

Mailing Address 971 Lakeland Drive
Suite 225

City State Zip Code
Jackson MS 39216-4609

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMS Associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 09 / 2012

Transaction ID : SA11AI.23744

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Adam Serlo

Mailing Address 501 Eastowne Dr
Ste 110

City State Zip Code
Chapel Hill NC 27514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Maxillofacial Surgery A

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 08 / 2012

Transaction ID : SA11AI.23745

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Shannon

Mailing Address 451 Andover St
Suite 125

City State Zip Code
North Andover MA 01845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)..... ►

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

1000.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Richard Sherwood

Mailing Address 990 Main Street
Suite 304

City State Zip Code
Danville VA 24541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2012

Transaction ID : SA11AI.23747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Shillingburg

Mailing Address 3700 Forums Dr
Ste 203

City State Zip Code
Flower Mound TX 75028-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

DFW Oral Surgeons PLLC

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2012

Transaction ID : SA11AI.23528

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Douglas Sinn

Mailing Address 5323 Harry Hines Blvd
Dept of Surgery, Rm CS3, 102

City State Zip Code
Dallas TX 75390-9109

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern Medical Center

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23530

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Edwin Slade

Mailing Address 101 Progress Dr.

City State Zip Code
 Doylestown PA 18901-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral & Facial Surgery Ctr.

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.23531

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eric Smiga

Mailing Address 3347 Forbes Ave
 Suite 200

City State Zip Code
 Pittsburgh PA 15213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 12 / 2012

Transaction ID : SA11AI.23750

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian Smith

Mailing Address 7600 Fern Ave
 Building 1400

City State Zip Code
 Shreveport LA 71105-5675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : SA11AI.23751

Amount of Each Receipt this Period

375.00

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

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

1375.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Martin Steed

Mailing Address 136 Clifton Ave
Suite 2300B

City State Zip Code
Atlanta GA 30322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23532

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kris Stegmann

Mailing Address 431 Munson Avenue

City State Zip Code
Traverse City MI 49686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11AI.23752

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Steichen

Mailing Address 1600 West Central Road

City State Zip Code
Arlington Heights IL 60005-2363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest OMS

Occupation

Oral surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.23533

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Frederick Steinbeck

Mailing Address 627 Highland Ave

City State Zip Code
 Fort Thomas KY 41075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : SA11AI.23753

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Heath Stewart

Mailing Address 1755 St. Julian Place
 Middleburg Office Park

City State Zip Code
 Columbia SC 29204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Midlands OMS

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.23534

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Herbert Stith

Mailing Address 1131 Randall Ct.

City State Zip Code
 Geneva IL 60134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.23535

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Stohle

Mailing Address 500 Davis St
Suite 509

City State Zip Code
Evanston IL 60201-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.23754

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Harvey Strair

Mailing Address 101 Stone Harbor Blvd

City State Zip Code
Cape May Court Hou NJ 08210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cape Atlantic OMS

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.23755

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Albert Sweeney

Mailing Address 985 Russell Ave

City State Zip Code
Gaithersburg MD 20879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Drs. Goldblatt Sweeney & Wise

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.23756

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Sykes

Mailing Address 524 Maple Ave

City State Zip Code
 Linwood NJ 08221

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.23536

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ron TakahaskiMailing Address 345 Estudillo Avenue
Suite E

City State Zip Code
 San Leandro CA 94577

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

North California Oral & Facial Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : SA11AI.23757

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory Tate

Mailing Address 508 Russell Blvd

City State Zip Code
 Nacogdoches TX 75965

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.23537

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Louis Theodos

Mailing Address 52 Federal Road
Suite 2A

City Danbury State CT Zip Code 06810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2012

Transaction ID : SA11AI.23758

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven Tipps

Mailing Address 6015 Shallowford Rd

City Chattanooga State TN Zip Code 37421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ctr for Oral & Facial Surgery

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2012

Transaction ID : SA11AI.23538

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anthony Torres

Mailing Address 3512 E Florence Ave
Suite 204

City Huntington Park State CA Zip Code 90255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2012

Transaction ID : SA11AI.23540

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Blake Turner

Mailing Address 7120 Shore Line Road
Apt 2310

City State Zip Code
San Diego CA 92122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11AI.23760

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Tye

Mailing Address 6904 Colleyville Blvd
Suite 100

City State Zip Code
Coleyville TX 76034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.23761

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James Vaiana

Mailing Address 241 Grant Avenue

City State Zip Code
LaSalle IL 61301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Illinois Valley OMS

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.23542

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Valentine

Mailing Address 123 West Francis Avenue

City State Zip Code
 Spokane WA 99205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oral Surgery Plus

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.23543

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Reed Van Wagenen

Mailing Address 7055 N. Fresno St
 Suite 202

City State Zip Code
 Fresno CA 93720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jonke Northrop & Van Waggenen

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.23762

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Vukas

Mailing Address 755 Sebring Road

City State Zip Code
 Beaver PA 15009

FEC ID number of contributing
federal political committee.

C

Name of Employer

I. David Atcheson DMD

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : SA11AI.23763

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Wallen

Mailing Address 1203 48th Ave. N
Suite 202

City State Zip Code
Myrtle Beach SC 29577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jeffrey H Wallen DDS PC

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23544

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Jerry Wang

Mailing Address 345 Estudillo Avenue
Suite E

City State Zip Code
San Leandro CA 94577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern California Facial & Oral Surg

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : SA11AI.23764

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Ward

Mailing Address 500 Heritage Dr

City State Zip Code
Pottstown PA 19464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.23765

Amount of Each Receipt this Period

250.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Charles Weber

Mailing Address 3425 Ensign Rd NE
Ste 310

City Olympia State WA Zip Code 98506-5063

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Sound Oral Surgery PLLC

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 11 / 2012

Transaction ID : SA11AI.23767

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Raymond Wiggins

Mailing Address 810 S. Mason Road
Suite 301

City Katy State TX Zip Code 77450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2012

Transaction ID : SA11AI.23545

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel Williams

Mailing Address 8687 Louetta Road
Suite 100

City Spring State TX Zip Code 77379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest OMS

Occupation
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2012

Transaction ID : SA11AI.23768

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Darren Williams

Mailing Address 48 McCall Cove South

City State Zip Code
 Collierville TN 38017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Collierville OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 13 / 2012

Transaction ID : SA11AI.23769

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Williams

Mailing Address 6401 Citation Dr
 Suite B

City State Zip Code
 Clarkston MI 48346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 26 / 2012

Transaction ID : SA11AI.23546

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard Williams

Mailing Address 19531 Doctors Drive

City State Zip Code
 Germantown MD 20874-5262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Richard M Williams DDS LLC

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.23770

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Tyler Wilson

Mailing Address 2151 S College Dr
Ste 104

City State Zip Code
Santa Maria CA 93455-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.23548

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cynthia Winne

Mailing Address Civic Center Professional Bldg
5 Community Dr

City State Zip Code
Augusta ME 04330-5728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Facial & Oral Surgery Assoc

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2012

Transaction ID : SA11AI.23771

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Wright

Mailing Address 1502 Forsyth St

City State Zip Code
Macon GA 31201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.23550

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert H. Wright

Mailing Address 1502 Forsyth Street

City

Macon

State

GA

Zip Code

31201-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.23772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Craig Yamamoto

Mailing Address 1441 Kapiolani Blvd
Suite 1420

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Craig A. Yamamoto DDS Inc

Occupation

Oral & Maxillofacial Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 30 / 2012

Transaction ID : SA11AI.23551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Monte Zysset

Mailing Address 7555 S 57th St
Ste 1

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2012

Transaction ID : SA11AI.23773

Amount of Each Receipt this Period

250.00

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

1000.00

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

83575.00

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

PAGE 107 OF 113

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Paypal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Transaction ID : SB21B.23555Purpose of Disbursement
Paypal collection fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

6.10

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

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

Full Name (Last, First, Middle Initial)

B. Paypal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Transaction ID : SB21B.23556Purpose of Disbursement
Paypal collection fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

29.30

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

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

Full Name (Last, First, Middle Initial)

C. Paypal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2012

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Transaction ID : SB21B.23777Purpose of Disbursement
Paypal Collection Fees

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

34.55

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

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

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

69.95

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

--

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

PAGE 108 OF 113

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Paypal

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		2	6		2	0	1	2		

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Transaction ID : SB21B.23778Purpose of Disbursement
Paypal Collection Fees

Amount of Each Disbursement this Period

Candidate Name

11.18

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

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

State: District:

Full Name (Last, First, Middle Initial)

B. The Northern Trust Company

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		2	9		2	0	1	2		

Mailing Address 1501 Woodfield Road

City	State	Zip Code
Schaumburg	IL	60173

Transaction ID : SB21B.23554Purpose of Disbursement
Check Stop Pymt Fee

Amount of Each Disbursement this Period

Candidate Name

30.00

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

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

State: District:

Full Name (Last, First, Middle Initial)

C. The Northern Trust Company

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	5		2	0	1	2		

Mailing Address 1501 Woodfield Road

City	State	Zip Code
Schaumburg	IL	60173

Transaction ID : SB21B.23776Purpose of Disbursement
Bank Fees

Amount of Each Disbursement this Period

Candidate Name

127.67

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

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

State: District:

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

168.85

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

238.80

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2012

Mailing Address PO BOX 80126

City	State	Zip Code
LAFAYETTE	LA	70598

Transaction ID : SB23.23559Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2012

Mailing Address P.O. BOX 23940

City	State	Zip Code
SANTA BARBARA	CA	93121

Transaction ID : SB23.23560Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 24

Full Name (Last, First, Middle Initial)

C. JUDY BIGGERT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2012

Mailing Address P.O. BOX 4198

City	State	Zip Code
NAPERVILLE	IL	60567

Transaction ID : SB23.23561Purpose of Disbursement
Federal Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

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

3000.00

--

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

PAGE 110 OF 113

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City
COLONIAState
NJZip Code
07067Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : SB23.23557

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PATRIOTS FOR PERRY

Mailing Address 130 ORE BANK ROAD

City
DILLSBURGState
PAZip Code
17019Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2012

Transaction ID : SB23.23562

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PATRIOTS FOR PERRY

Mailing Address 130 ORE BANK ROAD

City
DILLSBURGState
PAZip Code
17019Purpose of Disbursement
Check Uncashed from 2012 October Monthly

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2012

Transaction ID : SB23.23564

Amount of Each Disbursement this Period

-2000.00

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

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

1000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. TOM RICE FOR CONGRESS

Category/
Type

3000.00

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

B. VAN HOLLEN FOR CONGRESS

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

1000.00

C. WALORSKI FOR CONGRESS INC

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

2500.00

6500.00

10500.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Golding

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Mailing Address 4202 N 32nd St
Ste A

City Phoenix State AZ Zip Code 85018-4764

Purpose of Disbursement
Refund of contribution

Candidate Name

Category/
Type

Transaction ID : SB28A.23453

Amount of Each Disbursement this Period

250.00

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

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

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

250.00

250.00

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

PAGE 113 OF 113

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

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

Illinois Department of Revenue

Nature of Debt (Purpose):

State Tax Overpymt for 2008 carryover 09

Mailing Address PO Box 19008

City State

Zip Code

Springfield

IL

62794-9008

Outstanding Balance Beginning This Period

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

Zip Code

Springfield

IL

62794-9008

Outstanding Balance Beginning This Period

7.00

Transaction ID : SD9.19670

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

213.00

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

213.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

213.00