Image# 14941249701 PAGE 1 / 42

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	- Cinoi Inan 7iii	Additionized				Office Use Onl	у
1. NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼		ple: If typin he lines.	g, type	12FE4M5		
AMERICAN ASSOCIATION	OF ORAL AND N	MAXILLOFAC	SIAL SUR	GEONS PO	OLITICAL A	ACTION CO	MMITTEE
ADDRESS (number and street)	9700 WEST BRYN M	AWR AVE.					
Check if different							
than previously reported. (ACC)	ROSEMONT				LL	60018	
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		5	STATE A	ZIP (CODE A
C C00005660		3. IS THIS REPORT		EW N) OR	X AN (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	× N	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	H	un 20 (M6)	H	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	Apr 20 (M4)	rimary (12P)	ul 20 (M7)	General	20 (M10)	Jan 31 (YE) Runoff (12R)
July 15 Quarterly Report (Q2)	PRF-Flection	on	convention (1		Special (ridiidii (1211)
October 15 Quarterly Report (Q3)	·	ш	(-,	,	-,	
January 31 Year-End Report (YE)	, <u> </u>	Election on	M M /	D D /	Y Y Y Y	in th State	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elect		eneral (30G	i)	Runoff (3	90R)	Special (30S)
Termination Report (TER)		Election on	M = M /	D D /	Y	in th State	
5. Covering Period 04		2014	through	04	30 /	2014	
I certify that I have examined this	Report and to the bo	est of my knowle	edge and b	elief it is tru	e, correct and	d complete.	
Type or Print Name of Treasurer	THOMAS IVEAUE						
Signature of Treasurer Thomas	Keane	[E	Electronically	Filed] D	ate 05	/ D D D 22	2014
NOTE: Submission of false, erroneon	us, or incomplete infor	mation may subj	ect the pers	on signing th	is Report to th	ne penalties of	2 U.S.C. §437g.
Office Use Only						FEC FC Rev. 12	_

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

01 04 30 2014 Report Covering the Period: 04 2014 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 625526.50 January 1, 2014 (b) Cash on Hand at 639685.44 Beginning of Reporting Period..... 84525.85 28089.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 667774.44 710052.35 6(a) and 6(c) for Column B)..... 83538.73 125816.64 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 584235.71 584235.71 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 182.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	26400.00	81650.00
(i) Itemized (use Schedule A)	20400.00	4
(ii) Unitemized(iii) TOTAL (add	1672.51	2812.51
Lines 11(a)(i) and (ii)	28072.51	84462.51
(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	20072.54	84462.51
Totals to Line 33, page 5)	28072.51	04402.51
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
1. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	16.49	63.34
B. Transfers from Non-Federal and Levin Funds	10.49	00.54
(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
D. Total Receipts (add Lines 11(d),		output of
12, 13, 14, 15, 16, 17, and 18(c))▶	28089.00	84525.85
). Total Federal Receipts	20022.22	04505.05
(subtract Line 18(c) from Line 19)▶	28089.00	84525.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period		
Operating Expenditures: —	Total Tillo I Gliou	Calendar Year-to-Date	
(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	00.70	5000.04	
Expenditures	38.73	5666.64	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	38.73	5666.64	
Transfers to Affiliated/Other Party	30.73	3000.0-	
Committees	0.00	0.00	
Contributions to			
Federal Candidates/Committees and Other Political Committees	83500.00	119900.00	
Independent Expenditures			
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (2 U.S.C. §441a(d))	200		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	0.00		
Loan Repayments Made	0.00	0.00	
Lagra Mada	0.00	0.00	
Loans MadeRefunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	250.00	
That I billear committees	0.00		
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds	0.00	250.00	
(add Lines 28(a), (b), and (c))▶	7	200.00	
Other Disbursements	0.00	0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
	222	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely	0.00	0.00	
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	
Enics 60(a)(i), 60(a)(ii) and 60(b))		7	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	83538.73	125816.64	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	83538.73	125816.64	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 EO 1 01111 3X (11ev. 02/2003)	i age 3		
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	28072.51	84462.51	
4. Total Contribution Refunds (from Line 28(d))	0.00	250.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28072.51	84212.51	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	38.73	5666.64	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	38.73	5666.64	

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

FOR LINE	-	: PA	AGE 6	OF	42
(check only	y one)				
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Dominick Adornato		Date of Receipt
Mailing Address 1129 E Aurora Suite 101 City	State Zip Code	04
Macedonia	OH 44056	Transaction ID : SA11AI.25964 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgery	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Randolph Alexander Mailing Address 2708 A Aster St		Date of Receipt
	State Zin Code	04 03 2014
City Lake Charles	State Zip Code LA 70601	Transaction ID : SA11AI.25965 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) C. Fernando Alvarado		Date of Receipt
Mailing Address 3205 Wildwood Plantation D	r	04 03 2014
City Valdosta	State Zip Code GA 31605	Transaction ID : SA11AI.25966 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
North Valdosta OMS	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line number	only)	

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

				MBER	:	PAGE	=	7	OF	42
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	ng the name and address of any political committee to	
	ORAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) J Greg Anderson		Date of Receipt
Mailing Address 2130 N Charles G Seive Ste 1	ers Blvd	04 03 / Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.25969
Clinton	TN 37716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Anderson Oral and Maxillofacia	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Robert Bergman		Date of Receipt
Mailing Address 2350 Northpark Dr		M M / D D / Y Y Y Y Y
City	State Zip Code	04 04 2014 Transaction ID : SA11AI.25974
Columbus	IN 47203	Amount of Each Receipt this Period
FEC ID number of contributing		Table of East 11000pt tillo 1 01100
federal political committee.	C	500.00
Name of Employer	Occupation	
Columbus OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Gordon Brady		Date of Receipt
Mailing Address 1463 Klondike Road SV	M	†
Suite C	v	04 04 _2014 _
City	State Zip Code	Transaction ID : SA11AI.25975
Conyers	GA 30094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	2000.00
TOTAL This Period (last page this line nu	imber only)	

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

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(check on	ly one)			
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Amy Bryan		Date of Receipt
Mailing Address 387 High Street		04 03 2014
City	State Zip Code	Transaction ID : SA11AI.25977
Lockport	NY 14094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Buffalo Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) David Bullard		Date of Receipt
Mailing Address 201 N Plaza Blvd		M = M / D = D / Y = Y = Y
City	State Zin Codo	04 03 2014
City Chillicothe	State Zip Code OH 45601	Transaction ID : SA11AI.25978
	43001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgery C	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) David Butler		Date of Receipt
Mailing Address 505 Cragmont		04 02 2014
City Madison	State Zip Code IN 47250	Transaction ID : SA11AI.25979
	11200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
David F Butler DDS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	252.22	
Other (specify) ▼	250.00	

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

FOR LINE	-	: PAC	GE 9 O	F 42
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13	14	15	16	17

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR.	AL AND MAXILLOFACIAL SURGEONS	
Full Name (Last, First, Middle Initial) Joshua Campbell Mailing Address 140 E Division Rd		Date of Receipt
Ste A1	State Zip Code	04 03 2014
Oak Ridge	TN 37830	Transaction ID : SA11AI.25980 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Oral Surgery Specialists of TN	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) William Campbell		Date of Receipt
Mailing Address 1818 Warm Springs Road		M M / D D / Y Y Y Y Y Y
City Columbus	State Zip Code GA 31904	04 04 2014 Transaction ID : SA11AI.25982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer William D Campbell	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		D (D
Andre Cardoso Mailing Address 4322 Kelsey Dr		Date of Receipt 04 02 2014
City Syracuse	State Zip Code NY 13215	Transaction ID : SA11AI.25983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Vitkus Scutari and Cardoso Ora	Oral Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Donald Case		Date of Receipt
Mailing Address 27 Bridge St		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.25984
Stamford	CT 06905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Stamford OMS Associates PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Evan Chafitz	•	Date of Receipt
Mailing Address 1075 Central Park Ave		M = M / D = D / Y = Y = Y
Suite 207	State Zip Code	04 04 2014
Scarsdale	NY 10583	Transaction ID : SA11AI.25985 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each neceipt this Peliod
federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Robert Coles		Date of Receipt
Mailing Address 15-B Winchester Court		04 03 2014
City	State Zip Code SC 29662	Transaction ID : SA11AI.25986
Mauldin	SC 29662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Robert L Coles DMD	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify)	250.00	
		900.00

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

						PAGE	. 1	11	OF	42
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NAME OF COMMITTEE (In Full)	ong the name and address of any political committee ORAL AND MAXILLOFACIAL SURGEON	
Full Name (Last, First, Middle Initial) Timothy Conley		Date of Receipt
Mailing Address 5188 Winton Rd		04 04 2014
City	State Zip Code	Transaction ID : SA11AI.25987
Fairfield	OH 45014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Affiliates in OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Donald Cox	Date of Receipt	
Mailing Address 5651 Frist Blvd		M = M / D = D / Y = Y = Y
Suite 300	State Zin Code	04 14 2014
City Hermitage	State Zip Code TN 37076	Transaction ID : SA11AI.25988
	37070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Donelson Oral Surgery PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Robert Crooks		Date of Receipt
Mailing Address 1901 Blanding St Suite A		04 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.25989
Columbia	SC 29201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	875.00
,	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line nu	mber only)	1

	FOR LINE NUMBER:	
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b	
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AMERICAN ASSOCIATION OF C		
William Davenport		Date of Receipt
Mailing Address 3201 Chesapeake Ave		04
City	State Zip Code	Transaction ID : SA11AI.25991
Hampton	VA 23661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Hampton Roads Oral & Maxillofa	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Michael DeGould	•	Date of Receipt
Mailing Address 2835 McFarland Rd		M = M / D = D / Y = Y = Y
Ste C City	State Zip Code	04 03 2014
Rockford	IL 61107	Transaction ID : SA11AI.25992
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Joseph Fantuzzo	'	Date of Receipt
Mailing Address 601 Elmwood Ave		04 04 2014
City Rochester	State Zip Code NY 14642	Transaction ID : SA11AI.25997
	1404Z	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Strong Memorial Hospital	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional		1000.00

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

FOR LINE NUMBER:					PAGE	1	13	OF	42	
(check only one)										
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		13		14		15		16	;	17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. David Feinerman		Date of Receipt
Mailing Address 3695 Boynton Beach Blvd Suite 1	Chata 71-0	04
City Boynton Beach	State Zip Code FL 33436	Transaction ID : SA11AI.25998
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Boynton OMS & Implant Center P	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gabriel Fritz	Date of Receipt	
Mailing Address 2081 Shepherds Vineyard D	M = M / D = D / Y = Y = Y	
Ste 100 City	State Zip Code	04 25 2014
Apex	NC 27502	Transaction ID : SA11AI.25999 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael Grau		Date of Receipt
Mailing Address 3805 Edwards Rd Ste 160		04 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45209	Transaction ID : SA11AI.26001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Michael J Grau DMD PSC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numbe	r only)	

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

					PAGE		14	OF		42
(check only one)										
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	13		14		15		16			17

Full Name (Last, First, Middle Initial)	PRAL AND MAXILLOFACIAL SURGEONS	
Mark Hardison Mailing Address 1725 Medical Center Pkwy Sutie 100	/	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26004
Murfreesboro	TN 37129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Middle Tennessee Oral & Implan	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel Harris	Date of Receipt	
Mailing Address 4224 Houma Blvd		M = M / D = D / Y = Y = Y
Ste 670 City	State Zip Code	04 25 2014
Metairie	LA 70006	Transaction ID : SA11AI.26006
FEC ID number of contributing federal political committee.	C ,0000	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation	
Receipt For:	Oral Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 6719 Governor Gc Peery Ste 3800		04 03 2014
City Richlands	State Zip Code VA 24641	Transaction ID : SA11AI.26008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Glenn A Harrison DDS PC Receipt For:	Oral Surgeon	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
		1500.00

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or for commercial purposes, other than using the	e name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. David Hayhurst		Date of Receipt
Mailing Address 550 W Virginia St		04 04 2014
City	State Zip Code	Transaction ID : SA11AI.26009
Evansville	IN 47710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
The Oral Surgery Group	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) John Helmkamp	I	Date of Receipt
Mailing Address 2500 W Strub Rd		M M / D D / Y Y Y Y
City	State Zip Code	04 03 2014
Sandusky	OH 44870	Transaction ID : SA11AI.26010 Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	500.00
Name of Employer	Occupation	
North Coast Oral & Maxillofaci	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1625 SE 3rd Ave Ste 802		04 25 2014
City Fort Lauderdale	State Zip Code FL 33316	Transaction ID : SA11Al.26011 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Fort Lauderdale OMS PA	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number		

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON:	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) J Hockema Mailing Address 3021 E 98th St Suite 250 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Indiana Oral & Maxillofacial Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code IN 46280 C Occupation Oral Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / 04 2014 Transaction ID : SA11Al.26013 Amount of Each Receipt this Period
Address 12350 Riley St City Holland FEC ID number of contributing federal political committee. Name of Employer West Michigan Oral & Maxillofa Receipt For: Primary General Other (specify) ▼	State Zip Code MI 49424 C Occupation Oral Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 04 03 2014 Transaction ID: SA11Al.26014 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Lawrence Joyce Mailing Address 689 Fellsway City Medford FEC ID number of contributing federal political committee. Name of Employer Medford Oral Surgery Assoc Receipt For: Primary General Other (specify)	State Zip Code MA 02155 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	Date of Receipt 04 03 2014 Transaction ID: SA11AI.26015 Amount of Each Receipt this Period 375.00
SUBTOTAL of Receipts This Page (optional)		1625.00
TOTAL This Period (last page this line numbe	er only)	

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Full Name (Last, First, Middle Initial) Solon Kao Mailing Address 3522 Granite Way City Martinez FEC ID number of contributing ederal political committee. Jame of Employer Georgia Health Sciences Univer Receipt For: Primary General	State Zip Code GA 30907 C Occupation Oral Surgeon	Date of Receipt 04 04 2014 Transaction ID : SA11AI.26016 Amount of Each Receipt this Period 250.00
Mailing Address 3522 Granite Way City Martinez EC ID number of contributing ederal political committee. Jame of Employer Georgia Health Sciences Univer Receipt For:	GA 30907 C Occupation	04 04 2014 Transaction ID : SA11AI.26016 Amount of Each Receipt this Period
Martinez EC ID number of contributing ederal political committee. Jame of Employer Georgia Health Sciences Univer Receipt For:	GA 30907 C Occupation	Transaction ID : SA11AI.26016 Amount of Each Receipt this Period
EC ID number of contributing ederal political committee. Jame of Employer Georgia Health Sciences Univer Receipt For:	Occupation	
ederal political committee. Jame of Employer Georgia Health Sciences Univer Receipt For:	Occupation	250.00
Seorgia Health Sciences Univer	· '	1
Receipt For:	Oral Surgeon	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
ull Name (Last, First, Middle Initial) David Kessler		Date of Receipt
Mailing Address 183 North Sixth St		M = M / D = D / Y = Y = Y
Dity	State Zip Code	04 02 2014
Brooklyn	NY 11211	Transaction ID : SA11AI.26017 Amount of Each Receipt this Period
EC ID number of contributing		Amount of Each Fledelpt tills Fellou
ederal political committee.	C	500.00
lame of Employer	Occupation	
elf Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Richard Kinsey		Date of Receipt
Mailing Address 6043 Prestley Mill Rd. Suite A		04 02 2014
Douglasville	State Zip Code GA 30134	Transaction ID : SA11AI.26018 Amount of Each Receipt this Period
EC ID number of contributing ederal political committee.	C	250.00
lame of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify)	250.00	

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

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Edward Laga		Date of Receipt
Mailing Address 175 Academy St		M = M / D = D / Y = Y = Y
Suite 1		04 02 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.26019
Presque Isle	ME 04769	Amount of Each Receipt this Period
		Amount of Each necespt this Feriod
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. John Langston		Date of Receipt
Mailing Address 114 Waterhouse Rd		'
Ste A		04 03 _2014 _
City	State Zip Code	Transaction ID : SA11AI.26021
Bourne	MA 02532	Amount of Each Receipt this Period
	CEOCE CONTRACTOR OF THE CONTRA	Amount of Each necespt this Feriod
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Bravman Langston & Associates	Oral Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Fabian LaTocha		Date of Receipt
Mailing Address 202 S Greenleaf St Ste A		04
City	State Zip Code	Transaction ID : SA11AI.26023
Gurnee	IL 60031	Amount of Each Receipt this Period
FEC ID number of contributing		care of Edon Hosoipe and Forton
federal political committee.	C	1000.00
Name of Employer	Occupation	
OMS of Lake County	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-bate	
Other (specify) ▼	1000.00	
	7	
SUBTOTAL of Receipts This Page (optional)	>	1750.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Craig Little		Date of Receipt
Mailing Address 403 A West 4th North St Unit A		04 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26029
Summerville	SC 29483	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Cedric Loud		Date of Receipt
Mailing Address 8440 E Montello Rd		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26030
Scottsdale	AZ 85266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Chadwick Marshall		Date of Receipt
Mailing Address 123 2nd St SE		04 14 2014
City	State Zip Code	U4 14 2014 Transaction ID : SA11AI.26032
Fort Walton Beach	FL 32548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer	Occupation	+
Gulf Coast Facial & Oral Surge	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	075.00	
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional).		875.00
TOTAL This Period (last page this line number	er only)	

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

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X	11a		11b		11c		12			
	13		14		15		16			17

Full Name (Last, First, Middle Initial) John Mascaro Mailing Address 4230 State Route 306 Suite 350 City Willoughby	State Zip Code	Date of Receipt
Suite 350 City	State Zip Code	M M / D D / Y Y Y Y
	State Zip Code	04 14 2014
Willoughby		Transaction ID : SA11AI.26034
	OH 44094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Great Lakes Jaw & Implant Surg	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) B. G Benjamin Massey		Date of Receipt
Mailing Address 26 Edsel Dr		04 14 _2014 _
City	State Zip Code	Transaction ID : SA11AI.26035
Richmond Hill	GA 31324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
G Benjamin Massey DMD PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 77 Quaker Ridge Rd Ste 212		04 04 2014
City New Rochelle	State Zip Code NY 10804	Transaction ID : SA11AI.26037 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optiona	n .	750.00

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Michael McGinnis		Date of Receipt
Mailing Address 1210 Wilson Hall Rd.		04 03 / 2014
City	State Zip Code	Transaction ID : SA11AI.26038
Sumter	SC 29150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) 3. Marc Mulholland	1	Date of Receipt
Mailing Address 916 Washington Ave.		M = M / D = D / Y = Y = Y
Suite 914	State 7in Code	04 03 2014
City Bay City	State Zip Code MI 48708	Transaction ID : SA11AI.26042
	10.700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Gregory Ness	1	Date of Receipt
Mailing Address 6577 Plesenton Dr S		04 03 2014
City Worthington	State Zip Code OH 43085	Transaction ID : SA11Al.26043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1125.00
TOTAL This Period (last page this line number	ar only)	

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AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTE Full Name (Last, First, Middle Initial) Sulvetu Patel Mailing Address 613 E Grady St City State Zip Code GA 30458 FEC ID number of contributing declaral political committee. CI Primary General City State Zip Code Orthor (specify) ▼ Date of Receipt this Period FULL Name (Last, First, Middle Initial) Ramon Peleaux Mailing Address 809 Linda Ln City State Zip Code NC 28211 Date of Receipt this Period Date of Receipt this Period FEC ID number of contributing declaral political committee. CI City State Zip Code NC 28211 Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128948 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128948 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128948 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128947 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128948 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128948 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128948 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11A128948 Anount of Each Receipt this Period Date of Receipt	or for commercial purposes, other than usin	g the name and address of any political committee	
Suketu Patel Mailing Address 613 E Grady St City State	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
State Suproverside Sup			Date of Receipt
Statesboro GA 30458 Transaction ID : SA11Al.26046 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Call Surgeon Receipt For: Primary General Occupation Oral Surgeon Relative For: Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : SA11Al.26047 Amount of Each Receipt Transaction ID : SA11Al.26047 Amount of Each Receipt Transaction ID : SA11Al.26047 Amount of Each Receipt Transaction ID : SA11Al.26047 Amount of Each Receipt this Period Transaction ID : SA11Al.26047 Amount of Each Receipt this Period Transaction ID : SA11Al.26047 Amount of Each Receipt this Period Transaction ID : SA11Al.26047 Amount of Each Receipt this Period Transaction ID : SA11Al.26047 Amount of Each Receipt this Period Transaction ID : SA11Al.26047 Amount of Each Receipt this Period Transaction ID : SA11Al.26047 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Transaction ID : SA11Al.26048 Amount of Each Receip	Mailing Address 613 E Grady St		
FEC ID number of contributing federal political committee. Name of Employer Seff Employed General Oral Surgeon Full Name (Last, First, Middle Initial) Ramon Peleaux Mailing Address 809 Linda Ln City Charlotte Name of Employer Seff Employed Cocupation Oral Surgeon FEC ID number of contributing federal political committee. C Seff Employed Name of Employer Seff Employed City Charlotte City Charl	City	·	
Substitute Su	Statesboro	GA 30458	Amount of Each Receipt this Period
Self Employed Receipt For: Clast First, Middle Initial) Ramon Peleaux Date of Receipt	· ·	C	250.00
Receipt For: Other (specify) ▼ 250.00	Name of Employer	Occupation	
Primary General Regregate Tear-No-Date ▼ 250.00		Oral Surgeon	
Full Name (Last, First, Middle Initial) Ramon Peleaux Mailing Address 809 Linda Ln City Charlotte NC 28211 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City City State Zip Code NC 28211 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Anh Pham Mailing Address 2920 Oak Shadow Dr City City State Zip Code Oak Hill VA 20171 FEC ID number of contributing federal political committee. C City State Zip Code Oak Hill VA 20171 FEC ID number of contributing federal political committee. C 250.00 Date of Receipt Transaction ID: SA11AL26047 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 C 250.00 Date of Receipt Transaction ID: SA11AL26048 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 C 750.00		Aggregate Year-to-Date ▼	
Ramon Peleaux Mailing Address 809 Linda Ln City Charlotte NC 28211 Clip Unumber of contributing federal political committee. C			
City State Zip Code Charlotte NC 28211 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Ramon Peleaux	•	Date of Receipt
City State Zip Code NC 28211 FEC ID number of contributing federal political committee. Name of Employer Self Employed Oral Surgeon Receipt For: Primary General Other (specify) ▼ City State Zip Code VA 20171 City State Zip Code VA 20171 City Cak Hill VA 20171 City Cak Hill VA 20171 FEC ID number of contributing federal political committee. C 250.00 Date of Receipt Transaction ID : SA11Al.26047 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11Al.26047 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11Al.26048 Amount of Each Receipt Transaction	Mailing Address 809 Linda Ln		
Charlotte NC 28211 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed City Oak Hill FEC ID number of contributing Coccupation Oral Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code VA 20171 Transaction ID : SA11AL26048 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11AL26048 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11AL26048 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11AL26048 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID : SA11AL26048 Amount of Each Receipt this Period Transaction ID : SA11AL26048 Amount of Each Receipt this Period Transaction ID : SA11AL26048 Amount of Each Receipt this Period Transaction ID : SA11AL26048 Amount of Each Receipt this Period Transaction ID : SA11AL26048 Amount of Each Receipt this Period	City	State Zin Code	
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federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Pagregate Year-to-Date ▼ Primary Other (specify) ▼ Pagregate Year-to-Date ▼ Primary Other (specify) ▼ Pagregate Year-to-Date ▼ Date of Receipt Pagregate Year-to-Date ▼ Pagregate Year-to-Date ▼ Date of Receipt Pagregate Year-to-Date ▼ Date of Receipt Pagregate Year-to-Date ▼ Transaction ID : SA11Al.26048 Amount of Each Receipt this Period Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Primary Primary Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	_	102	Amount of Lacif neceipt this Period
Self Employed Oral Surgeon Receipt For: Primary	· ·	C	250.00
Receipt For:	. ,	Occupation	7
Primary General Other (specify) ▼ Date of Receipt		Oral Surgeon	
Other (specify) Full Name (Last, First, Middle Initial) Anh Pham Mailing Address 2920 Oak Shadow Dr City Oak Hill FEC ID number of contributing federal political committee. Name of Employed Receipt For: Primary Other (specify) Aggregate Year-to-Date Other (specify) Aggregate Year-to-Date SUBTOTAL of Receipts This Page (optional)		Aggregate Year-to-Date ▼	
Anh Pham Mailing Address 2920 Oak Shadow Dr City State Zip Code Oak Hill VA 20171 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Tansaction ID: SA11Al.26048 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date ▼ 750.00		250.00	
Mailing Address 2920 Oak Shadow Dr City Oak Hill VA 20171 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ PSUBTOTAL of Receipts This Page (optional). State Zip Code Transaction ID : SA11AI.26048 Amount of Each Receipt this Period C 250.00 750.00		<u>'</u>	Date of Receipt
Oak Hill VA 20171 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00 Total Surgeon Aggregate Year-to-Date ▼ 750.00	Mailing Address 2920 Oak Shadow Dr		
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) Other (specify) Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00 250.00		· · · · · · · · · · · · · · · · · · ·	Transaction ID : SA11AI.26048
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Cuupation Oral Surgeon Aggregate Year-to-Date ▼ 250.00 Aggregate Year-to-Date ▼ 250.00 Total Surgeon Aggregate Year-to-Date ▼ 750.00	Oak Hill	VA 20171	Amount of Each Receipt this Period
Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 SUBTOTAL of Receipts This Page (optional)	· ·	C	250.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 SUBTOTAL of Receipts This Page (optional)	Name of Employer	Occupation	-
Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional)	Self Employed	Oral Surgeon	
Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional)		Aggregate Year-to-Date ▼	
SOBTOTAL of neceipts Tris Page (optional)		250.00	
	SUBTOTAL of Receipts This Page (options	al)	750.00
TOTAL This Period (last page this line number only)	TOTAL This Period (last need this line num	nhar only)	

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

FOR LIN	E NUMBER	R: PAG	E 23 OF	42				
(check only one)								
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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Steven Pollack		Date of Receipt
Mailing Address 1463 Klondike Rd Suite C		04 14 2014
City	State Zip Code	Transaction ID : SA11AI.26049
Conyers	GA 30094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	<u> </u>
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Terrence Riesch		Date of Receipt
Mailing Address N89 W16785 Appleton Ave		M = M / D = D / Y = Y = Y
Stop 1	Olate 7: C	04 25 2014
City	State Zip Code	Transaction ID : SA11AI.26052
Menomonee Falls	WI 53051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Misty Roberts		Date of Receipt
Mailing Address 4741 W Cheryl Dr		04 25 2014
City	State Zip Code	Transaction ID : SA11AI.26053
Jackson	MS 39211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	j
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00
TOTAL This Period (last page this line number	er only)	

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

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E-II Nove (II) E-II) Nove (II)		
Full Name (Last, First, Middle Initial) Fred Rodems		Date of Receipt
Mailing Address 22 S Buffalo St		04 03 2014
City	State Zip Code	Transaction ID : SA11AI.26055
Springville	NY 14141	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS Associates of West New Yor	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Robert Scheiber		Date of Receipt
Mailing Address 2000 E Market St		M = M / D = D / Y = Y = Y
City Ste 4	State Zip Code	04 03 2014
Warren	OH 44483	Transaction ID : SA11AI.26060 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
Robert E Scheiber DDS Inc	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) E Karl Schneider		Date of Receipt
Mailing Address 6780 Rockport Lane		04 14 2014
City	State Zip Code OH 44060	Transaction ID : SA11AI.26063
Mentor	OH 44060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
E Karl Schneider, DDS Inc	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional		750.00

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

FOR LINE NUMBER:					PAGE	2	25	OF	42
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/ / INILITIO/ III / 1000001/ 111011 01 01	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Patrick Scioscia Mailing Address 230 Saluda Springs Rd		Date of Receipt
		04 02 2014
City	State Zip Code SC 29072	Transaction ID : SA11AI.26064
Lexington	SC 29072	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Lexington Facial & Oral Surger	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mark Scura	1	Date of Receipt
Mailing Address 6 Rum Hill Rd.		M = M / D = D / Y = Y = Y
City	State Zin Code	04 02 2014
City Concord	State Zip Code NH 03301	Transaction ID : SA11AI.26065
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Concord Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Brady Semmel	1	Date of Receipt
Mailing Address 1422 Commonwealth Dr		04 02 / Y = Y = Y = Y = Y
City Wilmington	State Zip Code NC 28403	Transaction ID : SA11AI.26066 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE NUMBER:					PAGE	2	26	OF	42
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Full Name (Last, First, Middle Initial) Boris Sidow		Date of Receipt
Mailing Address 40 Eagle Pointe Dr		04 03 2014
City	State Zip Code	Transaction ID : SA11AI.26068
Augusta	GA 30909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Douglas Smail		Date of Receipt
Mailing Address 500 Federal Street		M = M / D = D / Y = Y = Y
Suite 202		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26070
Troy	NY 12180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
East Hudson Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)	I	Date of December
Douglas Smail		Date of Receipt
Mailing Address 500 Federal Street		04 18 _2014 _
Suite 202 City	State Zip Code	Transaction ID : SA11AI.26069
Troy	NY 12180	Amount of Each Receipt this Period
FEC ID number of contributing		Autourit of Lacri Heceipt tills I ellou
federal political committee.	C	250.00
Name of Employer	Occupation	
East Hudson Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)	500.00	
		875.00

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

FOR LINE NUMBER:					PAGE	2	27	OF	42
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NAME OF COMMITTEE (In Full)	RAL AND MAXILLOFACIAL SURGEONS	
Full Name (Last, First, Middle Initial) Cecil Stancil		Date of Receipt
Mailing Address 2634 Weigelia Rd		04 14 2014
City	State Zip Code	Transaction ID : SA11AI.26071
Atlanta	GA 30345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Martin Steed		Date of Receipt
Mailing Address 173 Ashley Ave		M = M / D = D / Y = Y = Y
BSB Rm 249 City	State Zip Code	04 04 2014
Charleston	SC 29425	Transaction ID : SA11AI.26073
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
MUSC College of Dental Medicin	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Gregory Strull	1	Date of Receipt
Mailing Address 4122 Shelbyville Road Suite A		04 04 2014
City Louisville	State Zip Code KY 40207	Transaction ID : SA11AI.26074 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Drs. Strull & Strull PSC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Office (specify)	200.00	
SUBTOTAL of Receipts This Page (optional)		750.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u></u>	75

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

FOR LIN	E NUMBER	: PAGE	28 OF	42
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Steven Tempel		Date of Receipt
Mailing Address 290 Springfield Dr Suite 190 City	State Zip Code	04 03 2014 Transaction ID : SA11Al.26076
Bloomingdale	IL 60108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Louis Theodos		Date of Receipt
Mailing Address 52 Federal Road		M = M / D = D / Y = Y = Y
Suite 2A City	State Zip Code	04 03 2014
Danbury	CT 06810	Transaction ID : SA11AI.26078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Louis V Theodos	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jonathan Tomlinson		Date of Receipt
Mailing Address 112 Timothy Park Ln		04 14 2014
City Athens	State Zip Code GA 30606	Transaction ID : SA11AI.26079 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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

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Full Name (Last, First, Middle Initial) Steven Tucker		Date of Receipt
Mailing Address 909 Scherm Rd		04 02 2014
City	State Zip Code	Transaction ID : SA11AI.26081
Owensboro	KY 42301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Jeffrey Wallen		Date of Receipt
Mailing Address 1200 48th Ave N		M = M / D = D / Y = Y = Y
Suite 101 City	State Zip Code	04 04 2014
Myrtle Beach	SC 29577	Transaction ID : SA11AI.26083 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif neceipt this Fellod
federal political committee.	C	1000.00
Name of Employer	Occupation	
Atlantic Oral Surgery & Implan	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) John Watts		Date of Receipt
Mailing Address 1760 Medical Park Di		04 04 2014
City Biloxi	State Zip Code MS 39532	Transaction ID : SA11AI.26086 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Gulf Coast Oral & Facial Surge	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 7	
Other (specify) ▼	500.00	

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

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or for commercial purposes, other than u	sand Statements may not be sold of used by any pe	to solicit contributions from such committee.
/	F ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Terry Whatley		Date of Receipt
Mailing Address 1919 7th Ave S SBD 419		04 14 2014
City	State Zip Code	Transaction ID : SA11AI.26087
Birmingham	AL 35233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
UAB Department of OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) James Whitney	•	Date of Receipt
Mailing Address 2071 Pro Pointe Ln		04 03 2014
City	State Zip Code	04
Harrisonburg	VA 22801	Amount of Each Receipt this Period
		Amount of Lacri Heceipt tills I ellou
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Whitney & Ramsey Oral & Facial	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Robert Wright		Date of Receipt
Mailing Address 1502 Forsyth St		M = M / D = D / Y = Y = Y
Ste A City	State Zip Code	04 04 2014
Macon	GA 31201	Transaction ID : SA11AI.26090
	- 01201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	onal)	750.00
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TOTAL This Period (last page this line r	number only)	26400.00

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ITEMI	IZED DIS	BURSEMENT	S		arate schedule(s) category of the	(c						1		–	_			
					Summary Page		X	21b		22		23		24	25		26	
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Maili	ing Address 2	211 N. First Street							L	04	1	0	7	L.	2014			
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Offic	e Sought:	House	Disburser	nent For:														
		Senate		Primary	General													
_		President		Other (spe	cify) 🔻													
State	-	District:																
	Name (Last, I	First, Middle Initial)																
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Maili	ing Address								L	-	-	<u></u>	_	_	-	-		
City			(State	Zip Code													
Dur	ose of Disbur	rsement																
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Offic	e Sought:	House	Disburser	nent For:		- 1	, he					7		7			_	
20		Senate		Primary	General													
		President		Other (spe														
State	e:	District:		(-1	<i>></i> / ▼													
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City			5	State	Zip Code													
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Offic	e Sought:	House	Disburser	nent For:			-					7		7	-			
		Senate		Primary	General													
		President		Other (spe	cify) 🔻													
State	e:	District:																
												-		-				
SUBTO	OTAL of Disb	ursements This Page	e (optional)					•				7		7		2.20		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 32 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE
A. BRADY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 8277			04 30 2014
City THE WOODLANDS	State Zip Code TX 77387		Transaction ID : SB23.26102
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate President	ment For: 2014 Primary ☐ General Other (specify) ▼		
State: TX District: 08 Full Name (Last, First, Middle Initial)			
B. CANTOR FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 17813			04 30 2014
City RICHMOND	State Zip Code VA 23226		Transaction ID : SB23.26103
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
	ment For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. CANTOR FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 17813			04 30 2014
City RICHMOND	State Zip Code VA 23226		Transaction ID : SB23.26104
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period 5000.00
Office Sought: House Disburse	ment For: 2014 Primary	71	
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			15000.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER: PAGE 33 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL S	SURGEONS	POLITICAL ACTION COMMITTEE
A. CHARLES BOUSTANY JR. MD FC	OR CONGRESS, INC	D.	Date of Disbursement
Mailing Address PO BOX 80126			04 30 2014
LAFAYETTE	tate Zip Code LA 70598		Transaction ID : SB23.26105
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3000.00
Senate President	nent For: 2014 Primary General Other (specify)		
State: LA District: 07 Full Name (Last, First, Middle Initial)			
B. CHRIS COONS FOR DELAWARE			Date of Disbursement
Mailing Address PO BOX 9900			04 30 2014
NEWARK	State Zip Code DE 19714		Transaction ID : SB23.26107
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2000.00
X Senate	nent For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. DOYLE FOR CONGRESS COMMI	TTEE		Date of Disbursement
Mailing Address 205 HAWTHORNE COURT			04 30 2014
•	tate Zip Code PA 15221		Transaction ID : SB23.26108
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2000.00
Senate	nent For: 2014 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			7000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 34 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26
	Botanoa Garrinary Fago	27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,		
AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL	. SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. ENZI FOR US SENATE			Date of Disbursement
Mailing Address PO BOX 2775			04 30 Y Y Y Y Y
	State Zip Code WY 82414		Transaction ID : SB23.26109
CODY Purpose of Disbursement	WY 82414		
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
	ment For: 2014		
Senate President	Primary General		
State: WY District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF DAVE REICHERT			Date of Disbursement
TRIENDO OF BAVE REIGHERT			M M / D D / Y Y Y Y
Mailing Address PO BOX 2032			04 30 2014
City	State Zip Code		Transaction ID : SB23.26113
ISSAQUAH	WA 98027		Transastion 15 1 5525125116
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		0.1	Amount of Each Bioducement this Feriod
		Category/ Type	3000.00
Office Sought: House Disburse	ment For: 2014		
Senate	Primary General		
President	Other (specify) ▼		
State: WA District: 08			
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. FRIENDS OF ELIZABETH ESTY			
Mailing Address PO BOX 61			04 30 2014
	State Zip Code		Transaction ID : SB23.26110
CHESHIRE Purpose of Disbursement	CT 06410		
Federal Campaign Contribution			Amount of Fook Dishurasment this Deviced
Candidate Name		Cotogony	Amount of Each Disbursement this Period
		Category/ Type	1500.00
Office Sought: House Disburse	ment For: 2014		7 7 7 7 7 7
Senate	Primary General		
President Pictrict: 05	Other (specify) ▼		
State: CT District: 05			
SUBTOTAL of Disbursements This Page (optional)			5500.00
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SCHEDULE E	3 (FEC Form 3X)				און סר	VIE VII	IMPED			ПР	AGF	35 (OF 42	
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A. FRIENDS C	OF JOE PITTS						Date of			_				
Mailing Address	PO BOX 775						04	/ [30			014	Y	
City		State	Zip Code				Trans	action	ID :	SB23.	26111	I		
UNIONVILLE Purpose of Disbu	ırsement	PA	19375											
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	Senate Yresident	Primary Other (spe	General											
State: PA	District: 16	Cirioi (opt	5 6 y) ▼											
Full Name (Last,	First, Middle Initial)													
B. FRIENDS (OF JOE PITTS						Date of	f Disbu	rsen	nent				
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Mailing Address	PO BOX 775						04		30			014		
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UNIONVILLE		PA	19375				IIaiis	saction	. טו	3D23	.20112	_		
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					egory/ ype			- 7		,		2000	0.00	
Office Sought:		ment For:	-											
	Senate President	Primary	General											
State: PA	District: 16	Other (spe	ecity) 🔻											
	First, Middle Initial)					+								
C. FRIENDS	. ,						Date of	f Disbu	rsen	nent				
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Mailing Address	P.O. BOX 25422						04	JL	30	_	_ 2	014		
City		State	Zip Code											
ALBUQUERQUE		NM	87125				Frans	saction	ID :	SB23.	.26106	•		
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Candidate Name					-	4	Amoun	t of Ea	ch [Disburs	emen	t this	Period	
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Office Sought:	X House Disburse	ment For:	2014			\dashv		- 1		,				
	Senate	Primary	General											
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State: NM	District: 01													
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 36 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.
	for each category of the Detailed Summary Page	21b	22 🔀 23 🔲 24 🔲 25 🔲 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the name	e and address of any politica	ai committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL 9	SURGEONS	S POLITICAL ACTION COMMITTEE
AMERICAN ACCOUNTION OF CIVAL A	ND MAXILLOI ACIAL (SONGLONG	TOLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. GRAVES FOR CONGRESS			Date of Disbursement
Moiling Address 2245 CDAND CLUTE 2400			04 30 2014
Mailing Address 2345 GRAND, SUITE 2400			04 30 2014
City	tate Zip Code		Transaction ID ODGG 00444
	MO 64108		Transaction ID : SB23.26114
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Disbursement this Fellou
		Category/ Type	5000.00
Office Sought: House Disbursem	ent For: 2014		
	Primary General		
	Other (specify) ▼		
State: MO District: 06 Full Name (Last, First, Middle Initial)			
B. KIND FOR CONGRESS COMMITT	FF		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 205 5TH AVENUE SOUTH			04 30 2014
City S	tate Zip Code		
· ·	WI 54601		Transaction ID : SB23.26117
Purpose of Disbursement			
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Office Sought: Y House Disbursem	ent For: 2014	Туре	
	Primary General		
President	Other (specify) ▼		
State: WI District: 03			
Full Name (Last, First, Middle Initial)			Date of Disbursement
c. KIND FOR CONGRESS COMMITT	EE		
Mailing Address 205 5TH AVENUE SOUTH			04 30 2014
,	tate Zip Code WI 54601		Transaction ID : SB23.26118
Purpose of Disbursement	34001		
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Office Sought:	ent For: 2014	Туре	2300.00
	Primary \times General		
	Other (specify)		
State: WI District: 03	· 		
			2002.00
SUBTOTAL of Disbursements This Page (optional)			9000.00

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	EMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.
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	NAME OF COMMITTEE (In Full)	NB MANUE CEACH	01100000	
12	AMERICAN ASSOCIATION OF ORAL A	NNU MAXILLOFACIAL	. SURGEONS	S POLITICAL ACTION COMMITTEE
\angle	Full Name (Last, First, Middle Initial)		I	
Α.	PALLONE FOR CONGRESS			Date of Disbursement
				M M / D D / Y Y Y
	Mailing Address PO BOX 3176			04 30 2014
	City	State 7:- O-d-		
	City S LONG BRANCH	State Zip Code NJ 07740		Transaction ID : SB23.26120
	Purpose of Disbursement	07740		
	Federal Campaign Contribution			Amount of Each Disbursement this Period
	Candidate Name		Category/	4000.00
			Type	4000.00
		nent For: 2014		
	Senate President	Primary General Other (specify) ▼		
	State: NJ District: 06	Oniei (specify)		
_	Full Name (Last, First, Middle Initial)			
В.	,			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address PO BOX 3176			04 30 2014
	Oib.	7-01		
	City S LONG BRANCH	State Zip Code NJ 07740		Transaction ID : SB23.26121
	Purpose of Disbursement	01140		
	Federal Campaign Contribution			Amount of Each Disbursement this Period
	Candidate Name		Category/	5000.00
			Type	5000.00
		nent For: 2014		
		Other (specify) — General		
	State: NJ District: 06	Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)			
C.	PAT ROBERTS FOR US SENATE	INC		Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address PO BOX 433			04 30 2014
	City	State 7:n Octo		
	,	State Zip Code KS 67530		Transaction ID: SB23.26122
	Purpose of Disbursement			
	Federal Campaign Contribution		1	Amount of Each Disbursement this Period
	Candidate Name		Category/	3000.00
	Office Country		Туре	3000.00
		nent For: 2014		
	Senate President	Primary General Other (specify) ▼		
	State: KS District: 00	Carol (apooliy)		
Г				
5	SUBTOTAL of Disbursements This Page (optional)			12000.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 38 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
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Any information copied from such Reports and Sta or for commercial purposes, other than using the r	ternents may not be sold or us tame and address of any politic	ed by any perso al committee to	on the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAI	_ AND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. PEOPLE FOR BEN			Date of Disbursement
Mailing Address PO BOX 31129			04 30 2014
City	State Zip Code		Transaction ID : SB23.26123
SANTA FE Purpose of Disbursement	NM 87594		1141154041011 15 1 0520.20120
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Cought.		Type	1000.00
Office Sought: House Disburing	sement For: 2014 ✓ Primary General Other (specify) ▼		
State: NM District: 03			
Full Name (Last, First, Middle Initial)			5
B. RYAN COSTELLO FOR CONGR	RESS		Date of Disbursement
Mailing Address PO BOX 3154			04 22 2014
City WEST CHESTER Purpose of Disbursement	State Zip Code PA 19381		Transaction ID : SB23.26101
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1500.00
	sement For: 2014 ✓ Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. RYAN FOR CONGRESS, INC.			Date of Disbursement
Mailing Address PO BOX 1488			04 30 7 2014
City JANESVILLE	State Zip Code WI 53547		Transaction ID : SB23.26124
Purpose of Disbursement Federal Campaign Contribution			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 5000.00
Office Sought: House Disburing	sement For: 2014 ✓ Primary General Other (specify) ▼	.,,,,,	
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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	7500.00
TOTAL This Period (last page this line number or	nly)		

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 39 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one) 22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			B (B)
A. STABENOW FOR US SENATE			Date of Disbursement
Mailing Address P.O. BOX 4945			04 30 2014
City EAST LANSING	State Zip Code MI 48826		Transaction ID : SB23.26125
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Office Sought: House Senate President Disburse	ment For: 2018 Primary General Other (specify)		
State: MI District: 00			
Full Name (Last, First, Middle Initial) B. STEVE CHABOT FOR CONGRESS			Date of Disbursement
Mailing Address 3030 HARRISON AVE.			04 30 2014
City CINCINNATI	State Zip Code OH 45211		Transaction ID : SB23.26126
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1500.00
	ment For: 2014 Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) TED LIEU FOR CONGRESS		Date of Disbursement	
Mailing Address 6380 WILSHIRE BLVD #1612			04 30 / Y Y Y Y Y Y Y
City LOS ANGELES	State Zip Code CA 90048		Transaction ID : SB23.26119
Purpose of Disbursement Federal Campaign Contribution			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 1500.00
Office Sought: House Disburse	ment For: 2014 Primary General Other (specify)		
J. 2.1. 2.1.2			
SUBTOTAL of Disbursements This Page (optional).		·····•	5500.00
TOTAL This Period (last page this line number only)	·····•	

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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 40 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the national state of the			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL S	SURGEONS	POLITICAL ACTION COMMITTEE
A. TIM MURPHY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 24551			04 30 2014
City PTTSBURGH	State Zip Code PA 15234		Transaction ID : SB23.26127
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3500.00
Office Sought: House Disburse Senate President	ment For: 2014 Primary General Other (specify) ▼		
State: PA District: 18 Full Name (Last, First, Middle Initial) B. UPTON FOR ALL OF US			Date of Disbursement
Mailing Address P.O. BOX 490			04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ST. JOSEPH	State Zip Code MI 49085		Transaction ID : SB23.26128
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
	ment For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. UPTON FOR ALL OF US			Date of Disbursement
Mailing Address P.O. BOX 490			04 30 2014
City ST. JOSEPH	State Zip Code MI 49085		Transaction ID : SB23.26129
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2500.00
Office Sought: House Disburse	ment For: 2014 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			11000.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 41 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial) A. WHITFIELD FOR CONGRESS CO	MMITTEE		Date of Disbursement
Mailing Address P.O. BOX 391			04 30 2014
HOPKINSVILLE	State Zip Code KY 42241		Transaction ID : SB23.26130
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2000.00
Senate	nent For: 2014 Primary General Other (specify)		
State: KY District: 01 Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify)	,,	
State: District: Full Name (Last, First, Middle Initial)			
C			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Allicant of Each Biobardinent this Foriod
	nent For: Primary General Other (specify)	31	
Oldio. District.			2005 22
SUBTOTAL of Disbursements This Page (optional)		·····	2000.00
TOTAL This Period (last page this line number only).			83500.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

42 OF

X 9 10

42

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 Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09 Illinois Department of Revenue Mailing Address PO Box 19008 State Zip Code Springfield 62794-9008 Transaction ID: SD9.18338 Outstanding Balance Beginning This Period 175.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 175.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): State Tax Overpymt for 2009 carryover 2010 Illinois Department of Revenue Mailing Address PO Box 19008 City State Zip Code Springfield 62794-9008 Outstanding Balance Beginning This Period Transaction ID: SD9.19670 7.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 7.00 0.00 0.00 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 182.00 1) SUBTOTALS This Period This Page (optional)..... 182.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 182.00

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