

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		684564.42
(b) Cash on Hand at Beginning of Reporting Period.....	496004.07	
(c) Total Receipts (from Line 19)	78566.21	209003.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	574570.28	893567.70
7. Total Disbursements (from Line 31).....	3128.30	322125.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	571441.98	571441.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	135.00	
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

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: MM / DD / YYYY 10 / 21 / 2016 To: MM / DD / YYYY 11 / 28 / 2016

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).....	70875.00	182798.32
(ii) Unitemized	655.00	3776.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	71530.00	186575.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	71530.00	186575.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	7000.00	22000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	36.21	428.28
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)).....▶	78566.21	209003.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	78566.21	209003.28

DETAILED SUMMARY PAGE
of Disbursements

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	128.30	6375.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	128.30	6375.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	314500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1250.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3128.30	322125.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3128.30	322125.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	71530.00	186575.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71530.00	185325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	128.30	6375.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	128.30	6375.72

**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 6 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Abel, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Elizabeth Way
 City Bedford State NH Zip Code 03110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2016
Transaction ID : SA11AI.29196
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Adams, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Almar Pkwy Suite 102
 City Bourbonnais State IL Zip Code 60914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Drs Slaby Adams & Tietjens Ltd Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29197
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Agarwal, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Irving St NW Ste GA144
 City Washington State DC Zip Code 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medstar Washington Hospital Ce Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.29198
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 88
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Ahn, Junil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27800 Medical Center Rd
Ste 238

City Mission Viejo State CA Zip Code 92691

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 08 / 2016
Transaction ID : SA11AI.29199

Amount of Each Receipt this Period 500.00

Memo Item

B. Alalwi, Ejlal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Legend Way

City Wales State WI Zip Code 53183

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2016
Transaction ID : SA11AI.29201

Amount of Each Receipt this Period 250.00

Memo Item

C. Alcalde, Rafael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12531 Grandezza Cir

City Estero State FL Zip Code 33928

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Florida OMS Specialists Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.29203

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 88
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	<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

A. Alijanian, Ali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1150 Civic Dr
Ste 101

City Walnut Creek State CA Zip Code 94596

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2016
Transaction ID : SA11AI.29204

Amount of Each Receipt this Period 250.00

Memo Item

B. Alonge, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4832 Palomino Ct

City Erie State PA Zip Code 16506

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2016
Transaction ID : SA11AI.29205

Amount of Each Receipt this Period 250.00

Memo Item

C. Anderson, Theodore, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3637 Wilgus Ave

City Sheyboygan State WI Zip Code 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sheboygan OMS Associates Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29206

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 88
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Arnold, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1403 Peterman Dr

City Alexandria	State LA	Zip Code 71301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alexandria Oral Surgery	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2016

Transaction ID : SA11AI.29207

Amount of Each Receipt this Period

250.00

 Memo Item

B. Aronovich, Sharon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 928 Catherine St

City Ann Arbor	State MI	Zip Code 48104
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2016

Transaction ID : SA11AI.29209

Amount of Each Receipt this Period

250.00

 Memo Item

C. Asdell, Jay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 707 N Michigan St
Suite 300

City South Bend	State IN	Zip Code 46601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michiana OMSF	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

Transaction ID : SA11AI.29210

Amount of Each Receipt this Period

375.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 88
	<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

A. Auyong, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724-B N Diamond Bar
 City Diamond Bar State CA Zip Code 91765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11AI.29211
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Baker, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 Quail Ridge Ave
 City Hastings State NE Zip Code 68901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.29212
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bale, Forrest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 S Glenwood Ave
 City Russellville State AR Zip Code 72801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.29213
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 88
	<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

A. Banker, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 684 Ashley River Rd
 City Shreveport State LA Zip Code 71115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.29214
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Baptist, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 W Carol Ln
 City Palos Heights State IL Zip Code 60463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cameo Oral Surgery and Implant Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29215
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Baran, Shant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Liberty Dr Unit 4M
 City Boston State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Mass Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2016
Transaction ID : SA11AI.29217
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 88
	<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

A. Baughman, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Polk St
 City Houma State LA Zip Code 70360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29218
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Beadnell, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11786 SW Barnes Rd Ste 110
 City Portland State OR Zip Code 97225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunset Oral & Maxillofacial Su Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29219
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Beck, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1903 Tenth Ave
 City Port Huron State MI Zip Code 48060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29220
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 88
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Benian, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3825 Honors Way
 City Howell State MI Zip Code 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral & Facial Surgeons of Mich Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.29221
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Berkley, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 Main St
 City West Haven State CT Zip Code 06516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Connecticut OMS Ctr LLC Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29222
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Berry, Dorothea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1989 Crescent Dr
 City Signal Hill State CA Zip Code 90755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2016
Transaction ID : SA11AI.29224
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 88
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Beste, Lester, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19838 S Halsted St
 City Chicago Heights State IL Zip Code 60411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral Surgery Center Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11AI.29226
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Billman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 372 S Herlong Ave
 City Rock Hill State SC Zip Code 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.29227
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Biron, Roland, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 McGinley Aly
 City Newtown State PA Zip Code 18940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2016
Transaction ID : SA11AI.29228
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 88
	<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

A. Bonniwell, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2377 N Triphammer Rd
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Finger Lakes Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29229
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Bontempi, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Falcon Heights Rd
 City Wilbraham State MA Zip Code 01095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berkshire Facial Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11AI.29230
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bookwater, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Mallard Dr West
 City Berlin State MD Zip Code 21811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29231
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
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: (check only one)	PAGE 16 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Bovino, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Hidden Glen Rd
 City Upper Saddle River State NJ Zip Code 07458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29233
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Brady, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16410 Smokey Point Blvd Ste 103
 City Arlington State WA Zip Code 98223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OM3 Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.29234
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Brockhoff, Hans, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10175 Gateway Blvd Ste 304
 City El Paso State TX Zip Code 79925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Texas Maxillofacial Surge Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29235
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 88
	<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

A. Buch, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6677 W Thunderbird Rd
 Ste H120
 City Glendale State AZ Zip Code 85306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Center for Oral Faci Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 01 / 2016
Transaction ID : SA11AI.29237
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Buche, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5510 Columbine Lane
 City San Angelo State TX Zip Code 76904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Angelo Oral & Maxillofacial Su Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.29238
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Buchmann, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1129 Tuscany Terrace
 City Roanoke State TX Zip Code 76262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Texas Facial & Oral S Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 17 / 2016
Transaction ID : SA11AI.29239
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Burke, Vernon, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2016 Transaction ID : SA11AI.29240		
Mailing Address 10175 Gateway West Blvd Ste 304			Amount of Each Receipt this Period 250.00		
City El Paso	State TX	Zip Code 79925	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) West Texas Maxillofacial Surge		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Busino, Lawrence, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2016 Transaction ID : SA11AI.29242		
Mailing Address 2 Executive Park Dr			Amount of Each Receipt this Period 500.00		
City Albany	State NY	Zip Code 12203	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Albany OMS Group		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Byram, Jeffrey, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2016 Transaction ID : SA11AI.29243		
Mailing Address 831 S Main St			Amount of Each Receipt this Period 250.00		
City Searcy	State AR	Zip Code 72143	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Central Arkansas OMS		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 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	FOR LINE NUMBER:	PAGE 19 OF 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. Cain, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3622 Williams Dr
 Building 1
 City Georgetown State TX Zip Code 78628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin OMS Associates Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.29245
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Card, Aaron Sterling, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24642 W 111th PI
 City Olathe State KS Zip Code 66061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.29246
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cardoso, Andre, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4322 Kelsey Dr
 City Syracuse State NY Zip Code 13215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vitkus Scutari and Cardoso Ora Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29247
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 88
	<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

A. Carlson, J Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 651 Helen Keller Blvd
 City Tuscaloosa State AL Zip Code 35404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Oral & Facial Surge Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.29248
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Carter, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Professional Park Dr
 City Victoria State TX Zip Code 77904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Victoria OMS Assoc Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29249
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Chahal, Omar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2845 36th Ave S
 City Grand Forks State ND Zip Code 58201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Face & Jaw Surgery Center Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2016
Transaction ID : SA11AI.29250
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 88
	<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

A. Cherny, Barry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 W Lake Cook Rd
 Suite 101
 City Buffalo Grove State IL Zip Code 60089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2016
Transaction ID : SA11AI.29251
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Clark, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9430 Coral St
 Suite 200
 City Tigard State OR Zip Code 97223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dennis P Clark DMD PC Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2016
Transaction ID : SA11AI.29252
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Clark, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Solar Dr
 Suite 100
 City Oxnard State CA Zip Code 93030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cole & Clark OMS Group Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11AI.29253
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 88
	<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

A. Conley, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5188 Winton Rd
 City Fairfield State OH Zip Code 45014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Affiliates in OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 17 / 2016
Transaction ID : SA11AI.29254
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cosentino, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 Doctors Dr
 City Tyler State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.29255
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cowden, Lester, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 W. Britton Rd. Suite A
 City Oklahoma City State OK Zip Code 73120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeside Oral Surgery PLLC Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 07 / 2016
Transaction ID : SA11AI.29256
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cox, C Keith, , ,			Date of Receipt
Mailing Address 1325 Drayton Rd			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2016"/>
City Spartanburg	State SC	Zip Code 29307	Transaction ID : SA11AI.29257
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Oral & Maxillofacial Surgery A		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Crinzi, Richard, , ,			Date of Receipt
Mailing Address 522 W Lake Sammamish Pkwy SE			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City Bellevue	State WA	Zip Code 98008	Transaction ID : SA11AI.29258
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cruz, Carlos, , ,			Date of Receipt
Mailing Address 2405 Conerstone Blvd			<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.29259
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 24 OF 88
	<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

A. Cudney, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7400 W College Dr
 City Palos Heights State IL Zip Code 60463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Oral and Maxillofacial Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2016
Transaction ID : SA11AI.29260
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cunningham, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Lakeway Centre Ct Ste B
 City Lakeway State TX Zip Code 78734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Oral Maxillofacial Surg Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.29262
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cusatis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1507 S Otsego Ave Suite B
 City Gaylord State MI Zip Code 49735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral Surgery Speciallyists of N Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29263
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 25 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Davies, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2362 S Eileen Pl
 City Chandler State AZ Zip Code 85286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peachtree Dental Group Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 12 / 2016
Transaction ID : SA11AI.29264
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Davies, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 S Linden Ave
 City Pittsburgh State PA Zip Code 15208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29265
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dean, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Oak Tree Ln
 City Dakota Dunes State SD Zip Code 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.29266
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 88
	<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

A. Ding, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Mesa Grande
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.29267
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dingwerth, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 899 Foxglove Trl
 City Fairview State TX Zip Code 75069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 10 / 2016
Transaction ID : SA11AI.29268
 Amount of Each Receipt this Period 375.00
 Memo Item

C. DiPasquale, Maria Juliana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 671 S Monroe Way
 City Denver State CO Zip Code 80209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Denver Metro OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29269
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 88
	<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

A. Drew, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 474 Montauk Hwy
 Ste A
 City West Islip State NY Zip Code 11795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Ctr for Orthognathic Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29270
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dugan, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9401 McKnight Rd
 Ste 201
 City Pittsburgh State PA Zip Code 15237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Snyder & Dugan Oral & Maxillof Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29271
 Amount of Each Receipt this Period 250.00
 Memo Item

C. DuVernois, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing 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 (for Individual) Associates in Oral & Implant S Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2016
Transaction ID : SA11AI.29272
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 88
	<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

A. Eichner, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Centre Ave
 Ste 200
 City Pittsburgh State PA Zip Code 15206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pittsburgh Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 20 / 2016
Transaction ID : SA11AI.29273
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Eisenhardt, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Hydraulic Ridge Rd
 City Charlottesville State VA Zip Code 22901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Virginia Oral & Facial Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.29180
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ellis, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8210 Floyd Curl Dr
 MC 8124 Dept of OMS
 City San Antonio State TX Zip Code 78229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTHSCSA School of Dentistry Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2016
Transaction ID : SA11AI.29274
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Engel, Kirk, , ,			Date of Receipt
Mailing Address 314 Flanders Rd P.O. Box 99			<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2016"/>
City East Lyme	State CT	Zip Code 06333	Transaction ID : SA11AI.29275
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) East Lyme Oral and Maxillofaci		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Evans, Heath, , ,			Date of Receipt
Mailing Address 7980 S 90th East Ave			<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City Tulsa	State OK	Zip Code 74133	Transaction ID : SA11AI.29276
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Eastern Oklahoma Oral and Maxi		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Evans, Todd, , ,			Date of Receipt
Mailing Address 2700 Sparta Ln			<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2016"/>
City Belton	State TX	Zip Code 76513	Transaction ID : SA11AI.29278
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Waterford Dental Specialist		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 30 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Everts, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 1st Street North
 City Alabaster State AL Zip Code 35007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shelby Oral Facial Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 27 / 2016**
Transaction ID : SA11AI.29279
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fagin, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2105 Cowper St
 City Palo Alto State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 18 / 2016**
Transaction ID : SA11AI.29280
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Fairburn, Stevan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 651 Helen Keller Dr
 City Tuscaloosa State AL Zip Code 35404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 01 / 2016**
Transaction ID : SA11AI.29281
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 88
	<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

A. Farrell, Brendan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1138 Brynwood Ct
 City Lawrence State KS Zip Code 66049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral Surgery Kansas, Lawrence Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29282
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fong, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9390 Big Horn Blvd Ste 100
 City Elk Grove State CA Zip Code 95758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2016
Transaction ID : SA11AI.29283
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Foss, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23047 Old Government Trl
 City Nisswa State MN Zip Code 56468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral & Maxillofacial Surgery A Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2016
Transaction ID : SA11AI.29284
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

A. Freedberg, Margo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 475 Morris Ave
 City Springfield State NJ Zip Code 07081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associates in Oral & Maxilofac Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11AI.29285
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Frey, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14333 Laurel Bowie Road Suite 205
 City Laurel State MD Zip Code 20708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maryland Oral Surgery Associat Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2016
Transaction ID : SA11AI.29286
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Fries, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Professional Park Dr
 City Victoria State TX Zip Code 77904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Victoria OMS Assoc Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2016
Transaction ID : SA11AI.29287
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 88
	<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

A. Gatta, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Carmen A Gatta DMD Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29291
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Glawson, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1403 Holmes Ave
 City Toms River State NJ Zip Code 08753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral Surgeon Associates Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2016
Transaction ID : SA11AI.29292
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Grant, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3115 Thousand Oaks Dr
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin OMS Associates Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.29293
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 88
	<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

A. Grogan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3302 Gaston Ave
 City Dallas State TX Zip Code 75246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TAMU-College of Dentistry OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29294
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gulbrandsen, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7373 France Ave S Suite 602
 City Edina State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral & Maxillofacial Surgical Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2016
Transaction ID : SA11AI.29295
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Guyette, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9741 North 90th Place Suite 100
 City Scottsdale State AZ Zip Code 85248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guyette Facial & Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29296
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 88
	<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

A. Haas, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7373 Francis Ave S
 Suite 602
 City Edina State MN Zip Code 55435
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Oral & Maxillofacial Surgical Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2016
Transaction ID : SA11AI.29297
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hackler, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 S Lewis Ave
 City Tulsa State OK Zip Code 74104
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) James W Hackler DDS Inc Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11AI.29298
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hagan, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2129 S Glenburnie Rd
 Ste 10
 City New Bern State NC Zip Code 28562
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Crystal Coast Oral and Facial Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29299
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 88
	<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

A. Hall, W James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Mount Lebanon Blvd
 Suite 305
 City Pittsburgh State PA Zip Code 15234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Drs Dattilo & Hall LLC Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29301
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Harper, Jimmie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2852 Boudinot Ave
 Ste 2
 City Cincinnati State OH Zip Code 45238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.29302
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Harris, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3610 N University Ave
 Suite 150
 City Provo State UT Zip Code 84604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Utah Surgical Arts Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29303
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Heiner, Bryce, , ,			Date of Receipt MM / DD / YYYY 11 / 09 / 2016 Transaction ID : SA11AI.29304		
Mailing Address 2103 Telshor Ct			Amount of Each Receipt this Period 250.00		
City Las Cruces	State NM	Zip Code 88011	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) Bryce Heiner DMD MD LLC		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hill, David, , ,			Date of Receipt MM / DD / YYYY 11 / 15 / 2016 Transaction ID : SA11AI.29305		
Mailing Address 77 Vilcom Center Dr Ste 120			Amount of Each Receipt this Period 250.00		
City Chapel Hill	State NC	Zip Code 27514	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hlousek, Lubor, , ,			Date of Receipt MM / DD / YYYY 11 / 01 / 2016 Transaction ID : SA11AI.29306		
Mailing Address 903 Arbutus Dr			Amount of Each Receipt this Period 500.00		
City Annapolis	State MD	Zip Code 21403	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00		
Name of Employer (for Individual) Oral Surgery Specialists		Occupation (for Individual) Oral Sugeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

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	FOR LINE NUMBER: (check only one)	PAGE 39 OF 88
	<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

A. Hoffman, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 Graham Rd
 City Cuyahoga Falls State OH Zip Code 44223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29307
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hogan, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1380 Peachtree Industrial Blvd Ste 100
 City Suwanee State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Georgia Facial & Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.29308
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Holdship, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4415 Forestview Dr
 City Ottawa Hills State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.29309
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Holly, Randolph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 Monroe St
 City Endicott State NY Zip Code 13760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associates in OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11AI.29310
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Hopkin, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2180 E 4500 S Ste 285
 City Holladay State UT Zip Code 84117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29311
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Howell, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2911 E Covenant Dr Suite B
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Central Oral & Maxillofa Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2016
Transaction ID : SA11AI.29312
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Hull, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 922 N Williams
 City Mesa State AZ Zip Code 85203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2016
Transaction ID : SA11AI.29313
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ivey, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 S. Woods Mill Suite 280 S
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Louis West OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29315
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jagielo, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4913 Main St
 City Downers Grove State IL Zip Code 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral & Maxillofacial Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.29184
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 88
	<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

A. Johnson, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4716 W Urbania St
 City Broken Arrow State OK Zip Code 74012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29316
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Johnson, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5609 Cody Dr
 City West Des Moines State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.29317
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jones, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 West St Ste 100
 City Annapolis State MD Zip Code 21401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral Surgery Specialists Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29318
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 88
	<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

A. Kaiser, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7806 Madison Ave
 Ste 300
 City Fair Oaks State CA Zip Code 95628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2016
Transaction ID : SA11AI.29320
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Kanter, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2048 Valley Hill Rd
 City Malvern State PA Zip Code 19355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Andrew L Kanter DMD Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11AI.29321
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Keane, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8900 Penn Ave S
 Ste 211
 City Bloomington State MN Zip Code 55431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Esthesia Oral Surgery Care Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.29185
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Kelly, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2530 N 8th St
 Suite 103
 City Grand Junction State CO Zip Code 81501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado West OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29322
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kennedy, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1670 Doone Rd
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State Univ-Dept OMS Colle Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2016
Transaction ID : SA11AI.29323
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kern, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1214 Wilderness Dr
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Oral Surgery Associates Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2016
Transaction ID : SA11AI.29325
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 88
	<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

A. Khorassani, Nima, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Avonlea Dr
 City Chesapeake State VA Zip Code 23322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11AI.29326
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kim, Phil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4865 Hedgoxe Rd Ste 300
 City Plano State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preston Creek Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29327
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Kimbler, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 1st Ave SE Ste 400
 City Aberdeen State SD Zip Code 57401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Plains OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.29328
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1625.00
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 46 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Kloberdanz, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2580 Foxfield Road
 Suite 100
 City St. Charles State IL Zip Code 60174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kloberdanz Oral Surgery and De Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.29329
 Amount of Each Receipt this Period 375.00
 Memo Item

B. Knell, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1785 E Whitestone Blvd
 Ste 100
 City Cedar Park State TX Zip Code 78613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Oral & Maxillofacial Su Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2016
Transaction ID : SA11AI.29330
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kurtzman, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7373 France Ave S
 Suite 602
 City Edina State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29331
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

A. Kutcipal, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 Westlake Ave N
 Unit 10
 City Seattle State WA Zip Code 98109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ballard Oral and Maxillofacial Occupation (for Individual) Oral Surgon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2016
Transaction ID : SA11AI.29332
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ladman, Marten, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 County Road 520
 City Morganville State NJ Zip Code 07751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.29334
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Laga, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 Academy St
 Suite 1
 City Presque Isle State ME Zip Code 04769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edward A Laga Jr DDS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2016
Transaction ID : SA11AI.29335
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lamb, Robert, , ,			Date of Receipt
Mailing Address 1004 Medical Park Blvd			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
City Edmond	State OK	Zip Code 73013	Transaction ID : SA11AI.29336
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LaSpisa, Joseph, , ,			Date of Receipt
Mailing Address 190 W Church St			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City Elmhurst	State IL	Zip Code 60126	Transaction ID : SA11AI.29337
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="375.00"/>
Name of Employer (for Individual) Joseph A LaSpisa Ltd		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Laverdiere, Julie, , ,			Date of Receipt
Mailing Address 2614 Patriot Blvd Ste B			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City Glenview	State IL	Zip Code 60026	Transaction ID : SA11AI.29338
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Oral Surgery of the Glen		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1125.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 49 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Lee, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2808 Ocean Mist Ct
 City Virginia Beach State VA Zip Code 23454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.29339
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Leland, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3622 Williams Dr Ste 1
 City Georgetown State TX Zip Code 78628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Oral & Maxillofacial Su Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2016
Transaction ID : SA11AI.29341
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Leung, Edwin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20018 SE 4th Way
 City Camas State WA Zip Code 98607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vancouver Oral Surgery Group Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2016
Transaction ID : SA11AI.29342
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Levy, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 N State St
 City Concord State NH Zip Code 03301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central New Hampshire Oral Sur Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 11 / 2016
Transaction ID : SA11AI.29343
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lieberman, Benn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Harvey Ln
 City Upper Saddle River State NJ Zip Code 07458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Bedford OMS LLC Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29344
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lieblich, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Dale Rd Suite 105
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avon OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.29345
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 88
	<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

A. Lindhout, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4330 44th St SW
 City Grandville State MI Zip Code 49418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Michigan Oral & Maxillofa Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29346
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Link, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 651 Helen Keller Blvd.
 City Tuscaloosa State AL Zip Code 35404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Oral & Facial Surge Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.29347
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Loi, Thuan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 E Genesee St
 City Auburn State NY Zip Code 13021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simmonds Brady & Loi OMS and I Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.29348
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 88
	<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

A. Loney, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Eden Elm Pl
 City The Woodlands State TX Zip Code 77381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Houston-Woodlands Oral S Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 10 / 2016
Transaction ID : SA11AI.29350
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lyu, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Sutter St Suite 1341
 City San Francisco State CA Zip Code 94108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29351
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Markle, Taylor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Carondelet Dr Suite 316
 City Kansas City State MO Zip Code 64114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ennis Allen Pannell & Markle Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29352
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Marshall, Edward, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2016 Transaction ID : SA11AI.29353		
Mailing Address 3075 Smith Rd Suite 102			Amount of Each Receipt this Period 250.00		
City Akron	State OH	Zip Code 44333	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) Edward T Marshall Jr DDS		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Matson, Scott, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2016 Transaction ID : SA11AI.29354		
Mailing Address 3125 N Main St Ste 103			Amount of Each Receipt this Period 250.00		
City Logan	State UT	Zip Code 84341	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) Logan Oral Surgery		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Maxwell, Charles, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016 Transaction ID : SA11AI.29355		
Mailing Address 133 Towne Centre Pkwy			Amount of Each Receipt this Period 250.00		
City Myrtle Beach	State SC	Zip Code 29579	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

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: (check only one)	PAGE 54 OF 88
<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

A. McCord, Hunter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 Chambliss Ave NW
 City Cleveland State TN Zip Code 37311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ocoee Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2016
Transaction ID : SA11AI.29356
 Amount of Each Receipt this Period 250.00
 Memo Item

B. McDaniel, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5188 Winton Rd
 City Fairfield State OH Zip Code 45014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Affiliates in OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29357
 Amount of Each Receipt this Period 250.00
 Memo Item

C. McIlwain, W Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 651 Helen Keller Blvd
 City Tuscaloosa State AL Zip Code 35404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Oral & Facial Surge Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.29358
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. McKeon, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Torrington Office Plaza
Suite 103

City Torrington	State CT	Zip Code 06790
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2016

Transaction ID : SA11AI.29359

Amount of Each Receipt this Period
250.00

Memo Item

B. McLaughlin, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 148 East Ave.
Suite 2F

City Norwalk	State CT	Zip Code 06851
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Norwalk Oral & Maxillofacial S	Occupation (for Individual) Oral Surgeon
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.29360

Amount of Each Receipt this Period
375.00

Memo Item

C. Menghini, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13709 Knollwood Dr

City Baxter	State MN	Zip Code 56425
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2016

Transaction ID : SA11AI.29362

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Millington, M Drew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) OMS Associates of Eau Claire Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 22 / 2016
Transaction ID : SA11AI.29367
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Molen, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16202 64th St E Ste 118
 City Sumner State WA Zip Code 98390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molen Oral & Facial Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 22 / 2016
Transaction ID : SA11AI.29368
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Morales, Ofilio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9055 Southern Breeze Dr
 City Orlando State FL Zip Code 32836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orofacial & Dental Implant Sur Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 24 / 2016
Transaction ID : SA11AI.29369
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 88
	<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

A. Morris, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12020 Conway Rd
 City St Louis State MO Zip Code 63131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral Facial Surgery Institute Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11AI.29370
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mower, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26357 McBean Pkwy Ste 255
 City Valencia State CA Zip Code 91355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert W Mower DDS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11AI.29371
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mullenix, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 715 Downtowner Blvd
 City Mobile State AL Zip Code 36609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2016
Transaction ID : SA11AI.29372
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 88
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<input type="checkbox"/> 12	<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

A. Nalley, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 S Beachtree
Suite 8

City Grand Haven State MI Zip Code 49417

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Michigan OMS Occupation (for Individual) Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016

Transaction ID : SA11AI.29373

Amount of Each Receipt this Period
250.00

Memo Item

B. Neill, Max, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4421 Oak Park Ln
Suite 101

City Fort Worth State TX Zip Code 76109

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Max G Neill DDS PC Occupation (for Individual) Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016

Transaction ID : SA11AI.29374

Amount of Each Receipt this Period
500.00

Memo Item

C. Nekkeo, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Bank St
Ste 240

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016

Transaction ID : SA11AI.29376

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 88
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Noble, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 The Hamptons Ln

City Town and Country	State MO	Zip Code 63017
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oral Facial Surgery Institute	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2016

Transaction ID : SA11AI.29375

Amount of Each Receipt this Period

250.00

 Memo Item

B. Nustad, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Hillcrest

City Owatonna	State MN	Zip Code 55060
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2016

Transaction ID : SA11AI.29378

Amount of Each Receipt this Period

250.00

 Memo Item

C. O'Neill, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10308 Vermilyea Pass

City Fort Wayne	State IN	Zip Code 46804
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2016

Transaction ID : SA11AI.29379

Amount of Each Receipt this Period

250.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 88
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Patterson, Randal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 S Logan Blvd
 City Hollidaysburg State PA Zip Code 16648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral Surgery Associates of Cen Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2016
Transaction ID : SA11AI.29380
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Pavelka, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5800 Coit Rd Ste 400
 City Plano State TX Zip Code 75023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.29381
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Payne, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4728 Eagleridge Cir Ste 110
 City Pueblo State CO Zip Code 81008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brandon C Payne DDS MD Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 10 / 2016
Transaction ID : SA11AI.29382
 Amount of Each Receipt this Period 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 88
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. Phillips, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2609 Browns Lane
 City Jonesboro State AR Zip Code 72401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) James B Phillips MS DDS PA Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.29186
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Piccione, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Abercorn Ln
 City Richmond Hill State GA Zip Code 31324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richmond Hill Oral Surgery & F Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29383
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Pickett, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 248 N Peters Rd Ste 1
 City Knoxville State TN Zip Code 37923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) High and Pickett Oral and Maxi Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.29384
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 88
	<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

A. Pollock, G Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3824 N SH 205
 City Rockwall State TX Zip Code 75087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pinnacle Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29386
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Poporad, Emil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4124 Fulton Dr NW Suite 102
 City Canton State OH Zip Code 44718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2016
Transaction ID : SA11AI.29388
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Powell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1456 Kaderly St. NW
 City New Philadelphia State OH Zip Code 44663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tuscarawas OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.29389
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 88
	(check only one)	
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		<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

A. Prenzel, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address B Co, 121 CSH, Unit 15244
 Box 947
 City APO State AP Zip Code 96205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 11 / 13 / 2016
Transaction ID : SA11AI.29390
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Pugao, Reo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10175 Gateway Blvd W
 Ste 304
 City El Paso State TX Zip Code 79925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Texas Maxillofacial Surge Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 11 / 07 / 2016
Transaction ID : SA11AI.29392
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Quaroni, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 Edgemont Dr
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin OMS Associates Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 11 / 22 / 2016
Transaction ID : SA11AI.29394
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 88
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. Rainero, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1855 San Miguel Dr
 Suite 25
 City Walnut Creek State CA Zip Code 94596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2016
Transaction ID : SA11AI.29395
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Repa, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10333 Kuykendahl Rd
 Suite A
 City The Woodlands State TX Zip Code 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2016
Transaction ID : SA11AI.29396
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Resnick, Cory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Longwood Ave
 Dpt of Plastic & Oral Surgery
 City Boston State MA Zip Code 02115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Children's Hospital Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2016
Transaction ID : SA11AI.29397
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 88
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Richard, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9915 Carlisle Ln
 City Village of Lakewood State IL Zip Code 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.29188
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Rimer, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 Meadows Rd Suite 121
 City Boca Raton State FL Zip Code 33486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2016
Transaction ID : SA11AI.29400
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Robinson, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Medical Pk Dr
 City Asheville State NC Zip Code 28803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John W Robinson III DMD PLLC Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2016
Transaction ID : SA11AI.29401
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 88
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Rollert, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6850 E Hampton Ave
Suite 202

City Denver State CO Zip Code 80224

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nelson & Rollert Associates in Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29402

Amount of Each Receipt this Period 250.00

Memo Item

B. Rosenthal, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 672 Gunby Rd SE

City Marietta State GA Zip Code 30067

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29403

Amount of Each Receipt this Period 375.00

Memo Item

C. Rosner, Ted, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 98
693 Main St

City Lumberton State NJ Zip Code 08048

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29405

Amount of Each Receipt this Period 375.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 88
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A. Roszkowski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 369 Salem Church Road
 City Sunfish Lake State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Suburban Oral & Maxillof Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29406
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Rothman, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4660 Kenmore Ave Suite 204
 City Alexandria State VA Zip Code 22304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.29407
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Royal, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42051 Mound Rd
 City Sterling Heights State MI Zip Code 48314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oakland Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2016
Transaction ID : SA11AI.29408
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 88
<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

A. Runyon, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1855 San Miguel Dr
 Suite 25
 City Walnut Creek State CA Zip Code 94596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.29410
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ryhn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6602A Cochran St
 City Kailua State HI Zip Code 96734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2016
Transaction ID : SA11AI.29411
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Saker, Manaf, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 385 S Maple Ave
 Suite 207
 City Ridgewood State NJ Zip Code 07450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2016
Transaction ID : SA11AI.29412
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 88
	<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

A. Schaner, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Johnson Ferry Rd
 Suite H
 City Marietta State GA Zip Code 30068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atlanta Oral & Facial Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2016
Transaction ID : SA11AI.29413
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Scharf, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2835 Washington St
 City San Francisco State CA Zip Code 94115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29414
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Schlieve, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3003 Carlisle St
 Apt 321
 City Dallas State TX Zip Code 75204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Southwestern Medical Center Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29415
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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: (check only one)	PAGE 71 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Schneider, Keith, , ,			Date of Receipt
Mailing Address 2547 Eaton Rd			<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>
City University Heights	State OH	Zip Code 44118	Transaction ID : SA11AI.29417
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Ohios Centers for Oral Facial		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Serafin Awalt, Bethany, , ,			Date of Receipt
Mailing Address 9199 Reisterstown Rd Suite 209B			<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City Owings Mills	State MD	Zip Code 21117	Transaction ID : SA11AI.29418
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Shillingburg, John, , ,			Date of Receipt
Mailing Address 4421 Long Prairie Rd Ste 100			<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2016"/>
City Flower Mound	State TX	Zip Code 75028	Transaction ID : SA11AI.29419
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) DFW Oral Surgeons PLLC		Occupation (for Individual) Oral Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 72 OF 88
	<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

A. Simpson, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5757 Warren Pkwy
 Ste 320
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stonebriar Facial & Oral Surge Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29420
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sinn, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1752 N Broad Park Cir
 Ste 100
 City Mansfield State TX Zip Code 76063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Facial & Oral Surger Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29421
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Solomon, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Hydraulic Ridge Rd
 City Charlottesville State VA Zip Code 22901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Virginia Oral & Facial Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2016
Transaction ID : SA11AI.29422
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Spector, Leonard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1805 by Woods Ln

City Stevenson	State MD	Zip Code 21153
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2016

Transaction ID : SA11AI.29423

Amount of Each Receipt this Period
250.00

Memo Item

B. Spendal, Dylan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 665 NE Valarie Ct

City Hillsboro	State OR	Zip Code 97124
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hillsboro Oral and Maxillofaci	Occupation (for Individual) Oral Surgeon
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : SA11AI.29424

Amount of Each Receipt this Period
250.00

Memo Item

C. Spina, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 954 N Northwest Hwy

City Park Ridge	State IL	Zip Code 60068
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2016

Transaction ID : SA11AI.29426

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Stegmann, Kris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 Munson Ave
 Ste C
 City Traverse City State MI Zip Code 49686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeside Oral Surgery & Dental Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29427
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sunwoo, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 458 N Doheny Dr
 691848
 City West Hollywood State CA Zip Code 90069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) James Sunwoo, MD, DDS, Inc Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2016
Transaction ID : SA11AI.29428
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Swanson, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Medical Park Dr
 Suite 200
 City Effingham State IL Zip Code 62401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2016
Transaction ID : SA11AI.29429
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 88
	<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

A. Theriot, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3404 Cherry Ln
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin OMS Associates Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.29430
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Thompson, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 785 Hana Way Suite 101
 City Folsom State CA Zip Code 95630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2016
Transaction ID : SA11AI.29431
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Tidstrom, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7373 France Ave S Suite 602
 City Edina State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral & Maxillofacial Surgical Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29432
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

A. Ting, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2020 Santa Monica Blvd
Ste 530

City Santa Monica	State CA	Zip Code 90404
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016

Transaction ID : SA11AI.29433

Amount of Each Receipt this Period
250.00

Memo Item

B. Tomaich, J Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 B Street

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2016

Transaction ID : SA11AI.29434

Amount of Each Receipt this Period
250.00

Memo Item

C. Tricker, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 244 Hydraulic Ridge Rd

City Charlottesville	State VA	Zip Code 22901
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Central Virginia Oral & Facial	Occupation (for Individual) Oral Surgeon
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2016

Transaction ID : SA11AI.29435

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 88
	<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

A. Vaiana, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Grant Ave
 City LaSalle State IL Zip Code 61301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Valley OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.29190
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Van Wagenen, Reed, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7055 N. Fresno St Suite 202
 City Fresno State CA Zip Code 93720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northrop Van Wagenen & Noordma Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2016
Transaction ID : SA11AI.29438
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Voorhees, Fred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 W 38th St Suite A1
 City Austin State TX Zip Code 78705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin OMS Associates Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.29439
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Wallace, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5188 Winton Rd
 City Fairfield State OH Zip Code 45014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Affiliates in OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29440
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Walls, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2155 Post Oak Tritt Rd Suite 500
 City Marietta State GA Zip Code 30062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 03 / 2016
Transaction ID : SA11AI.29441
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Weil, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7800 N Mopac Sutie 270
 City Austin State TX Zip Code 78759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin OMS Associates Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.29442
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

A. Weinstein, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 N. Military Trl
 Suite 110
 City Jupiter State FL Zip Code 33458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Florida OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.29443
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Welch, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 Country Club Rd
 Suite 100
 City Eugene State OR Zip Code 97401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Surgical Arts Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.29444
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Werner, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9647 Regency Loop SE
 City Olympia State WA Zip Code 98513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Sound Oral Surgery PLLC Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 11 / 05 / 2016
Transaction ID : SA11AI.29445
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 88
	<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

A. Wietecha, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Saluda Ridge Ct
 Ste 400
 City West Columbia State SC Zip Code 29169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associates in OMS PA Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2016
Transaction ID : SA11AI.29446
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Williams, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 N Lakemont Ave
 Suite 2200
 City Winter Park State FL Zip Code 32792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29447
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Williams, Darren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Poplar View Ln N
 Suite 1
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oral & Facial Surgical Special Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2016
Transaction ID : SA11AI.29448
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 88
	<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

A. Wiltz, Mauricio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Halstead Ave
 City Yonkers State NY Zip Code 10704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.29449
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Witcher, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4747 Orten St
 City San Diego State CA Zip Code 92110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2016
Transaction ID : SA11AI.29450
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wunderle, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Johnson Ferry Rd Bldg H
 City Marietta State GA Zip Code 30068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atlanta Oral and Facial Surger Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.29451
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 88
	<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

A. Yates, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 Dulce Tierra Dr
 City El Paso State TX Zip Code 79912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Texas Maxillofacial Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.29452
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Youseff, Wael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Valley View Dr
 City North Grafton State MA Zip Code 01536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metrowest Oral Surgical Associ Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.29453
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Yu, Seung, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 580 8th Ave NE #512
 City Issaquah State WA Zip Code 98029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastside Oral Surgery Associat Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.29455
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 88
	<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

A. Yudell, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Morgan St
Ste 207

City Stamford State CT Zip Code 06905

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 09 / 2016**
Transaction ID : SA11AI.29456

Amount of Each Receipt this Period 250.00

Memo Item

B. Zager, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 N Lakeview Ave
Unit S2403

City Chicago State IL Zip Code 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt **10 / 31 / 2016**
Transaction ID : SA11AI.29191

Amount of Each Receipt this Period 375.00

Memo Item

C. Zerweck, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4124 Fulton Dr NW
Ste 102

City Canton State OH Zip Code 44718

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oral and Maxillofacial Surgery Occupation (for Individual) Oral Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 10 / 2016**
Transaction ID : SA11AI.29457

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	70875.00

**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 84 OF 88
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. MB Financial Bank

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

Mailing Address 6111 North River Rd

City Rosemont	State IL	Zip Code 60018
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
428.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2016

Transaction ID : SA17.29192

Amount of Each Receipt this Period
36.21

Memo Item
Interest

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.21
TOTAL This Period (last page this line number only).....▶	36.21

**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 85 OF 88
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. ELIZABETH FOR MA INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500843

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2016

Transaction ID : SA16.29465

Amount of Each Receipt this Period
3000.00

Memo Item
Refund of Campaign Contribution

B. FRIENDS OF CHRIS MURPHY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 127

City CHESHIRE	State CT	Zip Code 06410
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00492645

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

Transaction ID : SA16.29195

Amount of Each Receipt this Period
3000.00

Memo Item
Refund of Campaign Contribution

C. UDALL FOR US ALL
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 25766

City ALBUQUERQUE	State NM	Zip Code 87125
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00329896

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2016

Transaction ID : SA16.29464

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Campaign Contribution

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. MB Financial Bank

Full Name (Last, First, Middle Initial)

Mailing Address 6111 North River Rd

City Rosemont State IL Zip Code 60018

Purpose of Disbursement credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.29462

Amount of Each Disbursement this Period: 90.39

Memo Item

B. Paypal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Paypal Collection Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : SB21B.29193

Amount of Each Disbursement this Period: 8.00

Memo Item

C. Paypal

Full Name (Last, First, Middle Initial)

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Paypal collection fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB21B.29462

Amount of Each Disbursement this Period: 29.91

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	128.30
TOTAL This Period (last page this line number only).....▶	128.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. MIKE GALLAGHER FOR WISCONSIN

Full Name (Last, First, Middle Initial)
MIKE GALLAGHER FOR WISCONSIN

Date of Disbursement: 10 / 31 / 2016

Mailing Address: PO BOX 1027

City: GREEN BAY, State: WI, Zip Code: 54305

Purpose of Disbursement: Federal Campaign Contribution

Candidate Name: []

Office Sought: House, Senate, President

Disbursement For: 2016, Primary, General, Other (specify) ▼

State: WI, District: 08

FEC Identification Number: C 00610212

Transaction ID: SB23.29194

Amount of Each Disbursement this Period: 3000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City, State, Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State, District

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City, State, Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State, District

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	3000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 88 OF 88
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue			Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09
Mailing Address PO Box 19008			
City Springfield	State IL	Zip Code 62794-9008	

Outstanding Balance Beginning This Period		Transaction ID : SD9.18338	
135.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	135.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	135.00
2) TOTALS This Period (last page this line number only)..... ▶	135.00
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) ▶	135.00