Image# 14940512863 PAGE 1 / 49

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office	Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example over the	e: If typing, type lines.	oe 12I	FE4M5	
AMERICAN ASSOCIATION	OF ORAL AND MA	AXILLOFACIA	AL SURGEO	NS POLIT	TICAL ACTIO	N COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MAN	WR AVE.				
Check if different						
than previously reported. (ACC)	ROSEMONT				600	18
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		STATE	= ▲	ZIP CODE ▲
C C00005660	3	s. IS THIS REPORT	× NEW (N)	OR	AMENDE (A)	D
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 2	0 (M5)	Aug 20 (M8	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20	` ′	Sep 20 (M9	Year Only)
April 15	L	Apr 20 (M4)	Jul 20	(M7)	Oct 20 (M10	0) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election		nary (12P)		General (12G)	Runoff (12R)
October 15	Report for the	e: Cor	vention (12C)	Ш	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Ele	ection on	1 M / D	D / Y Y	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the		neral (30G)		Runoff (30R)	Special (30S)
Termination Report (TER)		ection on	1 = M / D =	D / Y = Y	YYY	in the State of
5. Covering Period 01	01 20	14 t	hrough		31 2	2014
certify that I have examined this	Report and to the bes	at of my knowled	ge and belief	it is true, co	rrect and comp	lete.
Type or Print Name of Treasurer	Thomas Keane					
Signature of Treasurer Thomas	Keane	[Ele	ctronically Filed	Date		19 / 2014
NOTE: Submission of false, erroneou	ıs, or incomplete inform	nation may subjec	t the person si	gning this Re	port to the pena	ulties of 2 U.S.C. §437g.
Office Use Only					FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

01 01 2014 Report Covering the Period: 2014 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 625526.50 January 1. 2014 (b) Cash on Hand at 625526.50 Beginning of Reporting Period..... 37885.73 37885.73 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 663412.23 663412.23 6(a) and 6(c) for Column B)..... 11317.34 11317.34 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 652094.89 652094.89 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 182.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 20.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

I. Receipts	Receipts COLUMN A Total This Period			
ntributions (other than loans) From:	Total Tills Period	Calendar Year-to-Date		
Individuals/Persons Other				
Than Political Committees	 			
(i) Itemized (use Schedule A)	37250.00	37250.00		
(ii) Unitemized	620.00	620.00		
Lines 11(a)(i) and (ii)	37870.00	37870.00		
Political Party Committees	0.00	0.00		
Other Political Committees (such as PACs)	0.00	0.00		
Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	37870.00	37870.00		
nsfers From Affiliated/Other ty Committees	0.00	0.00		
Loans Received	0.00	0.00		
n Repayments Received	0.00	0.00		
sets To Operating Expenditures				
funds, Rebates, etc.)				
rry Totals to Line 37, page 5)	0.00	0.00		
unds of Contributions Made				
Federal Candidates and Other	 			
tical Committees	0.00	0.00		
The state of the s				
	15.73	15.73		
	0.00	0.00		
(IIOIII Ociledule 110)	0.00	0.00		
Levin Funds (from Schedule H5)	0.00	0.00		
Total Transfers (add 18(a) and 18(b))	0.00	0.00		
	Than Political Committees (i) Itemized (use Schedule A)	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal		Juichau Tear-to-Date		
Activity (from Schedule H4)		0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	67.34	67.34		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	67.34	67.34		
Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	11000.00	11000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E)				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	250.00	250.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	250.00	250.00		
. Other Disbursements	0.00	0.00		
Fodovol Floation Activity (0.11.C.C. \$401(00))				
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schodulo HS)				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11317.34	11317.34		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	11217 2/	11217 24		
from Line 31)	11317.34	11317.34		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5**

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	37870.00	37870.00
4. Total Contribution Refunds (from Line 28(d))	250.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37620.00	37620.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	67.34	67.34
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	67.34	67.34

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

FOR LINE NUMBER:					PAGE		6	OF		49
(check only one)										
	11a		11b		11c		12			
	13		14		15		16	,		17

Full Name (Last, First, Middle Initial) James Adams Mailing Address 455 S. Washington St		Date of Receipt
		01 17 2014
Catharbana	State Zip Code PA 17325	Transaction ID : SA11AI.25701
Gettysburg	PA 17325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Neil Agnihotri	•	Date of Receipt
Mailing Address 4800 Greenbrooke Dr		M = M / D = D / Y = Y = Y
City	State 7in Code	01 02 2014
City Glen Allen	State Zip Code VA 23060	Transaction ID : SA11AI.25702
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) J Allen	·	Date of Receipt
Mailing Address 2 W Wesley Rd NW Unit 11		01 21 2014
City	State Zip Code	Transaction ID : SA11AI.25704
Atlanta	GA 30305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
	4	

FOR LINE NUMBER:					PAGE		7	OF	49
(check only one)									
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	13		14		15		16	6	17

	sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION O	F ORAL AND MAXILLOFACIAL SURGEO	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Eric Alltucker		Date of Receipt
Mailing Address 990 Boysen Ave		01 30 2014
City	State Zip Code	Transaction ID : SA11AI.25705
San Luis Obispo	CA 93405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Central Coast Oral & Maxillofa	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Michael Bagnoli		Date of Receipt
Mailing Address 2020 Union St.		M = M / D = D / Y = Y = Y
Suite 200	State 7'm Cod-	01 31 2014
City	State Zip Code IN 47904	Transaction ID : SA11AI.25706
Lafayette	IN 47904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS Center of Lafayette	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 8301 S Walker		
Suite 101		01 21 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25707
Oklahoma City	OK 73139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	onal)	750.00
	·	
TOTAL This Period (last page this line n	umber only)	

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

FOR LINE	_	: PAG	SE 8 OF	49				
(check only one)								
X 11a	11b	11c	12					
13	14	15	16	17				

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

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. G Clint Barrett		Date of Receipt
Mailing Address 2420 Quaker Ave Ste 102		01 17 2014
City	State Zip Code	Transaction ID : SA11AI.25708
Lubbock	TX 79410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
West Texas Oral Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Tilden Bobbitt		Date of Receipt
Mailing Address 2801 Dudley Ave		M = M / D = D / Y = Y = Y
Ste C City	State Zip Code	01 20 2014
Parkersburg	WV 26101	Transaction ID : SA11AI.25711
	10.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgery A	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Paul Bocciarelli		Date of Receipt
Mailing Address 506 Cromwell Ave Ste 203		01 09 2014
City	State Zip Code	Transaction ID : SA11AI.25712
Rocky Hill	CT 06067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	>	1000.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NUMBER:					PAGE		9	OF		49
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	11a		11b		11c		12			
	13		14		15		16	,		17

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

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Edward Boos		Date of Receipt
Mailing Address 4224 Houma Blvd		M = M / D = D / Y = Y = Y
Suite 670		01 08 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25713
Metairie	LA 70006	Amount of Each Receipt this Period
		Amount of Each necespt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
OMS Associates	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-bate ¥	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Curtis Bowman		Date of Receipt
Mailing Address 620 S Madison St		M = M / D = D / Y = Y = Y
Suite 302		01 222014
City	State Zip Code	Transaction ID : SA11AI.25714
Enid	OK 73701	Amount of Each Receipt this Period
FFC ID number of contribution		Timodili di Eddi Tidospi tilio i dilod
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ralph Buoncristiani		Date of Receipt
Mailing Address 2020 Santa Monica Blvd Suite 530		01 21 2014
City	State Zip Code	Transaction ID : SA11AI.25715
Santa Monica	CA 90404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Santa Monica Oral and Maxillof	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 10 111 11 111 111	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line numb	er only)	

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

ı	FOR LINE NUMBER:					PAGE	 10	OF	49
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NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
/	RAL AND MAXILLOFACIAL SURGEON:	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Christopher Burns		Date of Receipt
Mailing Address 8170 Oaklandon Rd Suite B		01 13 2014
City	State Zip Code	Transaction ID : SA11AI.25717
Indianapolis	IN 46236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Geist Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Robert Burns	- 1	Date of Receipt
Mailing Address 481 N Harbor City Blvd		M = M / D = D / Y = Y = Y
Suite 101 City	State Zip Code	01 24 2014 Transportion ID : \$41141 25718
Melbourne	FL 32935	Transaction ID : SA11AI.25718 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Lawrence Busino		Date of Receipt
Mailing Address 2 Executive Park Dr		01 23 2014
City Albany	State Zip Code NY 12203	Transaction ID : SA11AI.25719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Albany OMS Group	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numb		

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

FOR	PAGE	1	11	OF	49		
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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	
	FORAL AND MAXILLOFACIAL SURGEON:	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Lionel Candelaria		Date of Receipt
Mailing Address 6800 A Montgomery Blv	∕d NE	01 09 2014
City	State Zip Code	Transaction ID : SA11AI.25720
Albuquerque	NM 87109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
OMS Associates of New Mexico	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Michael Cardo	'	Date of Receipt
Mailing Address 3 Melrose Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	01 20 2014
New Rochelle	NY 10804	Transaction ID : SA11AI.25721 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each neceipt this Period
federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Angelle Casagrande		Date of Receipt
Mailing Address 3150 North Swan Road		01 22 2014
City Tucson	State Zip Code AZ 85712	Transaction ID : SA11AI.25722
	00/12	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Associates in Oral & Maxillofa	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00
OTAL This Period (last page this line nu	imber only)	

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

FOR LINE NUMBER:					PAGE	. ′	12	OF		49
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13 14					15		16			17

	sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	F ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Patrick Chaney		Date of Receipt
Mailing Address 830 W High St Suite 301		01 02 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.25725
Lima	OH 45801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	\dashv
Oral Surgery Associates	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Nicholas Coles		Date of Receipt
Mailing Address 7455 E Tanque Verde	Rd	M = M / D = D / Y = Y = Y
City	State Zip Code	01 28 2014 Transaction ID : \$44441 25726
Tucson	AZ 85715	Transaction ID : SA11AI.25726
	331.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	\neg
Arizona Oral & Maxillofacial S	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Darren Cross		Date of Receipt
Mailing Address 611 O'Neil Court		01 31 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25729
Columbia	SC 29223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	\dashv
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	onal)	1000.00
	<u> </u>	
TOTAL This Period (last page this line no	umper only)	1

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

FOR LINE NUMBER:					PAGE	1	13	OF	49
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X 11a 11b					11c		12		
	13 14						16	;	17

NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Jay Crossland		Date of Receipt
Mailing Address 3415 5th St		01 17 2014 _
City	State Zip Code	Transaction ID : SA11AI.25730
Rapid City	SD 57701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Black Hills OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Karen Crowley	1	Date of Receipt
Mailing Address 12 Parmenter Rd		M = M / D = D / Y = Y = Y
Suite A2 City	State Zip Code	01 17 2014
Londonderry	NH 03053	Transaction ID : SA11AI.25731
FEC ID number of contributing	0000	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gregory Delgado	'	Date of Receipt
Mailing Address 3216 NW 29th Ave		01 28 2014
City Camas	State Zip Code WA 98607	Transaction ID : SA11AI.25732 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	_	1000.00

FOR LINE NUMBER:					PAGE	. 1	14 OI	F	49
	(ch	eck only	one)						
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or for commercial purposes, other than us	ing the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEO	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Mary Delsol		Date of Receipt
Mailing Address 32241 Crown Valley Pk Suite 220	wy	01 15 2014
City	State Zip Code	Transaction ID : SA11AI.25733
Dana Point	CA 92629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dean DeLuke		Date of Receipt
Mailing Address P.O. Box 980566		M = M / D = D / Y = Y = Y
Dept of OMS	7. 0.	01 17 2014
City	State Zip Code	Transaction ID : SA11AI.25734
Richmond	VA 23298	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Virginia Commonwealth Universi	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Robert Dornauer		Date of Descript
		Date of Receipt
Mailing Address 2355 W Market St		01 17 2014
City	State Zip Code	Transaction ID : SA11AI.25735
Tiffin	OH 44883	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00
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or for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Brian Dyess		Date of Receipt
Mailing Address 7777 Hennessy Blvd Suite 610		01 10 2014
City	State Zip Code	Transaction ID : SA11AI.25736
Baton Rouge	LA 70808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. William Dymon		Date of Receipt
Mailing Address 11545 A Nuckols Rd		01 02 2014 _
City	State Zip Code	Transaction ID : SA11AI.25737
Glen Allen	VA 23059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Virginia Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 2. James Eckstein		Date of Receipt
Mailing Address 306 Walnut Street Suite 26		01 08 2014 _
City	State Zip Code	Transaction ID : SA11AI.25739
San Diego	CA 92103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	<u></u>	

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

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	ORAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Mark Egbert		Date of Receipt
Mailing Address 15527 61st Ave NE		01 22 2014
City	State Zip Code	Transaction ID : SA11AI.25740
Kenmore	WA 98028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Childrens Hospital & Regional	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)	'	Date of Receipt
Mailing Address 7400 Brigantine Ln		M = M / D = D / Y = Y = Y
City	State 7in Code	01 16 2014
City Parkland	State Zip Code FL 33067	Transaction ID : SA11AI.25741
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Howard Fisher	1	Date of Receipt
Mailing Address 1755 Lewis Turner Blvd		01 02 2014
City Fort Walton Beach	State Zip Code FL 32547	Transaction ID : SA11AI.25742 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify)	250.00	

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or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.					
/	FORAL AND MAXILLOFACIAL SURGEOR	NS POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) 1. Jeffrey Fister		Date of Receipt					
Mailing Address 224 State St.	Mailing Address 224 State St.						
City	State Zip Code	01					
Bangor	ME 04401	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation	7					
Self Employed	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) 3. Larry Franz		Date of Receipt					
Mailing Address 1624 Franklin St.	M = M / D = D / Y = Y = Y						
Suite 810	7.0.1	01 09 2014					
City	State Zip Code	Transaction ID : SA11AI.25744					
Oakland	CA 94612	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Self Employed	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) C. John Gagnon		Date of Receipt					
Mailing Address 3510 N Ridge Rd Suite 500		01 09 2014					
City	State Zip Code	Transaction ID : SA11AI.25745					
Wichita	KS 67205	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Name of Employer Occupation						
Self Employed	Oral Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	500.00						
SUBTOTAL of Receipts This Page (option	nal)	1000.00					
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or for commercial purposes, other than us	ing the name and address of any political committee					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	FORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) A. David Galbraith	Date of Receipt					
Mailing Address 507 Hopmeadow St		01 222014				
City	State Zip Code	Transaction ID : SA11AI.25746				
Simsbury	CT 06070	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Connecticut OMS	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) Allen Glied	·	Date of Receipt				
Mailing Address 16 E 98th St	M = M / D = D / Y = Y = Y					
Apt 4E	Ctata Zin Codo	01 27 2014				
City New York	State Zip Code NY 10029	Transaction ID : SA11AI.25748				
	10020	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	7				
Sheepshead Bay Oral Surgery	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) C. Kristine Grace		Date of Receipt				
Mailing Address 2910 S Meridian Suite 120		01 23 2014				
City	State Zip Code WA 98373	Transaction ID : SA11AI.25749				
Puyallup	WA 98373	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Name of Employer Occupation					
Self Employed	Oral Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (option	nal)	750.00				
TOTAL This Period (last page this line nu	<u> </u>					
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NAME OF COMMITTEE (In Full)	or the name and address of any political committee to ORAL AND MAXILLOFACIAL SURGEON	
Full Name (Last, First, Middle Initial) A. Ralph Green		Date of Receipt
Mailing Address 3809-B Poplar Level Rd		01 30 2014
City	State Zip Code	Transaction ID : SA11AI.25750
Louisville	KY 40213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) David Greenman	- 1	Date of Receipt
Mailing Address P.O. Box 16491		M = M / D = D / Y = Y = Y
City	State Zip Code	01 06 2014
Stamford	CT 06905	Transaction ID : SA11AI.25751 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif neceipt this Period
federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Chacon Guillermo		Date of Receipt
Mailing Address 11116 12th Avenue Ct N	W	01 02 2014
City	State Zip Code	Transaction ID : SA11AI.25723
Gig Harbor	WA 98332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (option	al) >	1000.00
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu		1000.0

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Full Name (Last, First, Middle Initial)	DRAL AND MAXILLOFACIAL SURGEONS	STOLITICAL ACTION COMMITTE
Jeffrey Halpern		Date of Receipt
Mailing Address 701 Lee St Suite 640		01 27 2014
City	State Zip Code	Transaction ID : SA11AI.25752
Des Plaines	IL 60016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Monroe Harris	'	Date of Receipt
Mailing Address 11545 A Nickols Rd		01 02 2014
City	State Zip Code	Transaction ID : SA11AI.25753
Glen Allen	VA 23059	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
Drs. Niamtu Alexander Keeney H	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Data of Danciet
Thomas Helfst		Date of Receipt
Mailing Address 208 Lifeline Rd Ste 202		01 01 2014
City	State Zip Code	Transaction ID : SA11AI.25754
Stroudsburg	PA 18360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Stroud Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4000.00	
Other (specify) ▼	1000.00	
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NAME OF COMMITTEE (In Full)	g the name and address of any political committee to ORAL AND MAXILLOFACIAL SURGEONS	
Full Name (Last, First, Middle Initial) David Hill		Date of Receipt
Mailing Address 77 Vilcom Center Dr Ste 120		01 28 2014
City	State Zip Code	Transaction ID : SA11AI.25755
Chapel Hill	NC 27514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Robert Hinkle	'	Date of Receipt
Mailing Address 250 W Bridge St		M = M / D = D / Y = Y = Y
Ste 102 City	State Zip Code	01 17 2014
Dublin	OH 43017	Transaction ID : SA11AI.25757 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif neceipt this Period
federal political committee.	C	375.00
Name of Employer	Occupation	
Hinkle Dental Arts	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Christopher Howard	1	Date of Receipt
Mailing Address 6443 W 10th St Ste 101		01 30 / 2014
City Indianapolis	State Zip Code IN 46214	Transaction ID : SA11AI.25758 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral Surgery and Dental Implan	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	al)	875.00
TOTAL This Period (last page this line num	abov only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Joby Jaberi		Date of Receipt
Mailing Address 2709 Northridge Dr		01 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.25760
Duluth	MN 55811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgical	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) Adam Janette		Date of Receipt
Mailing Address 77 Casa St		M = M / D = D / Y = Y = Y
Suite 101	State Zip Code	01 09 2014
City San Luis Obispo	State Zip Code CA 93405	Transaction ID : SA11AI.25762
·		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
San Luis OMS & Dental Implant	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 6050 Brynwood Dr Suite 102		01 09 2014
City	State Zip Code	Transaction ID : SA11AI.25763
Rockford	IL 61114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Oral & Facial Surgery Ctr Ltd	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	275.00	
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)		875.00
TOTAL This Period (last page this line numb	per only)	

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

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
/	ORAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Donald Johnson Mailing Address 4035 W Ball Rd		Date of Receipt
Mailing Address 4025 W Bell Rd		M = M / D = D / Y = Y = Y
Suite 9 City	State Zip Code	01 17 2014
City Phoenix	AZ 85053	Transaction ID : SA11AI.25764
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Doron Kalman		Date of Receipt
Mailing Address 6070 Woodhaven Blvd		M = M / D = D / Y = Y = Y
Medical Unit C-2		01 20 2014
City	State Zip Code	Transaction ID : SA11AI.25765
Elmhurst	NY 11373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Self Employed	Oral Surgeon	
Receipt For:		1
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
	255.00	
Full Name (Last, First, Middle Initial) Kanyon Keeney		Date of Receipt
Mailing Address 11545 A Nuckols Rd		01 02 2014
City	State Zip Code	Transaction ID : SA11AI.25766
Glen Allen	VA 23059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Virginia Oral & Facial Surgery	Oral Surgeon	
Receipt For:		1
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	ı) >	750.00
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TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Gary Koehl		Date of Receipt
Mailing Address 1015 Shook Ave		01 09 2014
City	State Zip Code	Transaction ID : SA11AI.25768
San Antonio	TX 78212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) George Kushner	- I	Date of Receipt
Mailing Address 501 S Preston		M = M / D = D / Y = Y = Y
City	State Zip Code	01 08 2014 Transportion ID : \$A11A1 25750
Lousiville	KY 40292	Transaction ID : SA11AI.25769 Amount of Each Receipt this Period
FEC ID number of contributing	.0202	, another the copy this i end
federal political committee.	C	250.00
Name of Employer	Occupation	
Univ of Louisville Schl of Den	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 1925 Parkside Dr.		01 06 2014
City	State Zip Code	Transaction ID : SA11AI.25770
Concord	CA 94519-2525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Self	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line num	her only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF (ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) 1. Jennifer Lane		Date of Receipt
Mailing Address 4 Vanderbilt Park Dr Ste 210		01 21 2014
City	State Zip Code	Transaction ID : SA11AI.25771
Asheville	NC 28803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Calvin Lee		Date of Receipt
Mailing Address 10055 Miller Ave.		M = M / D = D / Y = Y = Y
Suite 105	7: 2:	01 22 2014
City	State Zip Code	Transaction ID : SA11AI.25773
Cupertino	CA 95014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		
C. Steve Leighty		Date of Receipt
Mailing Address 1240 High St Unit 105		01 30 2014
City	State Zip Code	Transaction ID : SA11AI.25774
Auburn	CA 95603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optiona	l) >	750.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Paul Levy		Date of Receipt
Mailing Address 187 N State St		01 20 2014
City	State Zip Code	Transaction ID : SA11AI.25775
Concord	NH 03301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Central NH Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Brad Logie	•	Date of Receipt
Mailing Address 3950 Hollywood Rd		M = M / D = D / Y = Y = Y
Ste 290 of Unit 2	State Zip Code	01 31 2014
Saint Joseph	MI 49085	Transaction ID : SA11AI.25776
•	10000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Lake Michigan Oral & Maxillofa	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Peter Lyu	'	Date of Receipt
Mailing Address 450 Sutter St Suite 1341	7. 0. 1	01 23 2014
City San Francisco	State Zip Code CA 94108	Transaction ID : SA11AI.25778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
	·····	875.00

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NAME OF COMMITTEE (In Full)	or the name and address of any political committee to oral AND MAXILLOFACIAL SURGEONS	
Full Name (Last, First, Middle Initial) Harry Mack Mailing Address 5802 Nolensville Pike Ste 103		Date of Receipt 01 04 2014
City	State Zip Code	Transaction ID : SA11AI.25779
Nashville	TN 37211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Nashville Oral Surgery	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Manuel Matos	'	Date of Receipt
Mailing Address 230 W Jersey St		M M / D D / Y Y Y Y
Suite 302 City	State Zip Code	01 21 2014 Transaction ID : SA11Al.25780
Elizabeth	NJ 07202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) James Maxwell		Date of Receipt
Mailing Address 2210 Olympic St		01 17 2014
City Springfield	State Zip Code OH 45503	Transaction ID : SA11AI.25781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	-
James A Maxwell Jr DDS MS Inc	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (option	al)	875.00
SUBTOTAL of Receipts This Page (option. TOTAL This Period (last page this line nur		875.00

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or for commercial purposes, other than usi	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) 1. Lawrence Metzger		Date of Receipt
Mailing Address 11545 A Nuckols Rd		01 02 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25783
Glen Allen	VA 23059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Virginia Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt
Mailing Address 3824 N Elm St		M = M / D = D / Y = Y = Y
Suite 209 City	State Zip Code	01 31 2014
Greensboro	NC 27455	Transaction ID : SA11AI.25785 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacri Necelpt this Period
federal political committee.		250.00
Name of Employer	Occupation	
The Oral Surgery Center	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Gayle Miranda	'	Date of Receipt
Mailing Address 488 Madison Ave Suite 200		01 31 2014
City New York	State Zip Code NY 10022	Transaction ID : SA11AI.25786
 	10022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
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TOTAL This Period (last page this line nu	mber only)	

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	DRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. David Molen		Date of Receipt
Mailing Address 16202 64th St E Ste 118		01 08 2014
City	State Zip Code	Transaction ID : SA11AI.25787
Sumner	WA 98390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Molen Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Timothy Monroe		Date of Receipt
Mailing Address 410 E State St		0,1
City	State Zip Code	Transaction ID : SA11AI.25788
Athens	OH 45701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address P.O. Box 5690		01 17 2014 _
City	State Zip Code	Transaction ID : SA11AI.25789
Rapid City	SD 57709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Black Hills OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	l) >	750.00
TOTAL This Period (last page this line num	ber only)	

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

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Sasidhar Narra		Date of Receipt
Mailing Address 710 NW Juniper St Ste 210		01 24 2014
City	State Zip Code	Transaction ID : SA11AI.25791
Issaquah	WA 98027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Oral & Maxillofacial Surgery o	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Joseph Niamtu		Date of Receipt
Mailing Address 10230 Cherokee Rd.		01 02 2014
City	State Zip Code	Transaction ID : SA11AI.25792
Richmond	VA 23235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Virginia Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Richard Oakley	I	Date of Receipt
Mailing Address 5811 Nall Ave		01 17 2014
City Mission	State Zip Code KS 66202	Transaction ID : SA11AI.25793 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
Richard M Oakley DDS Chartered	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	7.551.55 1.541.10 Pato 4	
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional	al)	1500.00
TOTAL This Period (last page this line nun	other only)	

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

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Full Name (Last, First, Middle Initial) George Obeid		Date of Receipt
Mailing Address 110 Irving St NW		01 12 2014
City	State Zip Code	Transaction ID : SA11AI.25794
Washington	DC 20010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Washington Hospital Center	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Petros Panagos	•	Date of Receipt
Mailing Address 118 Morton Blvd		M = M / D = D / Y = Y = Y
City	State Zin Codo	01 22 2014
City Plainview	State Zip Code NY 11803	Transaction ID : SA11AI.25798
·	11003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Progressive Oral Surgery and I	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Vincent Perciaccante		Date of Receipt
Mailing Address 406 Stevens Entry Sutie 2300B		01 17 2014
City Peachtree City	State Zip Code GA 30269	Transaction ID : SA11AI.25799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	-
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)		875.00

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

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. R Thomas Perry		Date of Receipt
Mailing Address 5335 Far Hills Ave Suite 118		01 09 2014
City	State Zip Code	Transaction ID : SA11AI.25800
Dayton	OH 45429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Dayton Oral Surgery & Implant	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Reynaldo Reese		Date of Receipt
Mailing Address 4020 Chapel Hill Rd		M = M / D = D / Y = Y = Y
Ste 101	Ctata 7in Cada	01 25 2014
City	State Zip Code GA 30135	Transaction ID : SA11AI.25801
Douglasville	GA 30135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
R&R Dental Specialists PC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Frederick Reinbold		Date of Receipt
Mailing Address 2000 Abbott Rd Suite 200		01 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code AK 99507	Transaction ID : SA11AI.25802
Anchorage	AK 99507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anchorage Oral & Maxillofacial	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	per only)	

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Stephen Rimer		Date of Receipt
Mailing Address 825 Meadows Rd Suite 121	7.0.1	01 27 2014
City	State Zip Code FL 33486	Transaction ID : SA11AI.25803
Boca Raton	FL 33400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Richard Robert		Date of Receipt
Mailing Address 2400 Westborough Blvd		M = M / D = D / Y = Y = Y
Suite 211	0.1	01 15 2014
City	State Zip Code CA 94080	Transaction ID : SA11AI.25804
South San Francisco	CA 94080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. John Robinson		Date of Receipt
Mailing Address 4 Medical Pk Dr		01 15 2014
City	State Zip Code	Transaction ID : SA11AI.25805
Asheville	NC 28803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
John W Robinson III DMD PLLC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate real to Date ₹	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line numb	er only)	

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

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTE
Full Name (Last, First, Middle Initial) Henry Robson		Date of Receipt
Mailing Address 1221 Greystone Crst		01 21 2014
City	State Zip Code	Transaction ID : SA11AI.25806
Birmingham	AL 35242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Kenneth Roll		Date of Receipt
Mailing Address 130 N Front St		M = M / D = D / Y = Y = Y
City	State Zip Code	01 10 2014
Kingston	NY 12401	Transaction ID : SA11AI.25807 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Fledelpt tills Fellou
federal political committee.	C	250.00
Name of Employer	Occupation	
OMS Center of Kingston	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gregory Rongione	I.	Date of Receipt
Mailing Address 455 South Washington St Suite 21		01 17 2014
City Gettysburg	State Zip Code PA 17325	Transaction ID : SA11AI.25808 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
		1000.00

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Thomas Sarna		Date of Receipt
Mailing Address 11649 S Holmes Ave		01 20 2014
City	State Zip Code	Transaction ID : SA11AI.25809
Palos Park	IL 60464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Gregory Segraves		Date of Receipt
Mailing Address 4716 W Urbana St		01 28 2014
City	State Zip Code	Transaction ID : SA11AI.25810
Broken Arrow	OK 74012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Eastern Oklahoma OMS	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Timothy Smith		Date of Receipt
Mailing Address 2878 Camino Del Rio S Suite 210		01 20 2014
City	State Zip Code	Transaction ID : SA11AI.25813
San Diego	CA 92108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Mission Valley OMS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Larry Stigall		Date of Receipt
Mailing Address 832 Forestridge Dr		01 23 2014
City	State Zip Code	Transaction ID : SA11AI.25815
Boone	NC 28607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Peter Subach		Date of Receipt
Mailing Address 105 Hobson Dr		01 27 _2014 _
City	State Zip Code	01 27 2014 Transaction ID : SA11AI.25816
Hockessin	DE 19707	Amount of Each Receipt this Period
		, and are of Each Floodipt tills I chied
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) D. Boyd Tomasetti		Date of Receipt
Mailing Address 7889 S Lincoln Ct Ste 201		01 15 2014
City	State Zip Code	Transaction ID : SA11AI.25817
Littleton	CO 80122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Tomasetti, McLain & Plevnia Or	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	I) >	1750.00
TOTAL This Period (last page this line num	ther only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Ryland Traynham		Date of Receipt
Mailing Address 2 Pointe Circle		01 10 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25818
Greenville	SC 29615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Albert Twesme	•	Date of Receipt
Mailing Address 4544 S Pecos Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	01 21 2014
Las Vegas	NV 89121	Transaction ID : SA11AI.25820 Amount of Each Receipt this Period
FEC ID number of contributing	30.12	Amount of Each Heceipt this Fehou
federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) C. Robert Urquhart	•	Date of Receipt
Mailing Address 6800 Montgomery Blvd NE Ste A		01 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albuquerque	State Zip Code NM 87109	Transaction ID : SA11AI.25821 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
OMS Associates of New Mexico	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line numb	per only)	

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

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	PRAL AND MAXILLOFACIAL SURGEONS	
Full Name (Last, First, Middle Initial) David Valauri		Date of Receipt
Mailing Address 333 E 34th St Ste 1M		01 31 2014
City	State Zip Code	Transaction ID : SA11AI.25822
New York	NY 10016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Emily Van Heukelom		Date of Receipt
Mailing Address 12 Parmenter Rd		M = M / D = D / Y = Y = Y
Unit A2	State Zin Code	01 17 2014
City	State Zip Code NH 03053	Transaction ID : SA11AI.25823
Londonderry	NH 03053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Londonderry Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Kingsley Wang		Date of Receipt
Mailing Address 1211 Castec Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	01 19 2014 Transaction ID : SA11AI.25824
Sacramento	CA 95864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	35 5	
Other (specify) ▼	250.00	

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or for commercial purposes, other than usin	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) 1. Damon Watson		Date of Receipt
Mailing Address 13613 Grove Pond Dr		01 02 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25825
Midlothian	VA 23114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Virginia Oral & Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Michael Werner	'	Date of Receipt
Mailing Address 9647 Regency Loop SE		M = M / D = D / Y = Y = Y
City	State Zip Code	01 28 2014 Transaction ID - \$444AL 25927
Olympia	WA 98513	Transaction ID : SA11AI.25827 Amount of Each Receipt this Period
FEC ID number of contributing	333.5	Amount of Lacif neceipt this remod
federal political committee.	C	250.00
Name of Employer	Occupation	
South Sound Oral Surgery PLLC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Robert Wheeler	1	Date of Receipt
Mailing Address 24400 Muirlands Suite C		01 21 2014
City	State Zip Code CA 92630	Transaction ID : SA11AI.25828
Lake Forest	CA 92630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (options	al)	1000.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Daniel Williams		Date of Receipt
Mailing Address 8687 Louetta Road Suite 100		01 22 2014
City	State Zip Code	Transaction ID: SA11AI.25829
Spring	TX 77379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Northwest OMS	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Gregory Williams		Date of Receipt
Mailing Address 330 E Stumer Rd		01 03 2014
City	State Zip Code	Transaction ID : SA11AI.25830
Rapid City	SD 57701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Williams OMS	Oral Surgeon	
Receipt For:		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Cynthia Winne		Date of Receipt
Mailing Address 5 Community Dr Ste 1		01 31 2014
City	State Zip Code	Transaction ID : SA11AI.25831
Augusta	ME 04330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Facial & Oral Surgery Assoc	Oral Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numbe	r only)	

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

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

other than using the name and address of any political committee to solicit contributions from such commit(In Full) CIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMI	ittee.
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Date of Receipt	
x 5549 01 20 2014	Y
State Zip Code Transaction ID : SA11AI.25832	_
TN 37602 Amount of Each Receipt this Period	d
butting e. C 25	0.00
Occupation	
ark Oral Surgeon	
Aggregate Year-to-Date ▼	
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State 7 in Code 01 02 2014	
State Zip Code Transaction ID : SA11Al.25833 VA 23113 Amount of Each Receipt this Period	
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Oral Surgeon	
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State Zip Code Transaction ID : SA11Al.25834 CA 95765 Amount of Each Receipt this Period	d
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Occupation	
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Aggregate Year-to-Date ▼	
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MAXILLOFACIAL SURGEON	NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Mark Wong		Date of Receipt
Mailing Address 7500 Cambridge St Ste 6510		01 02 2014
City	State Zip Code	Transaction ID : SA11AI.25835
Houston	TX 77054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
University of Texas	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Ernest Woodard		Date of Receipt
Mailing Address 103 Noyant Dr		01 28 2014
City	State Zip Code	Transaction ID : SA11AI.25836
Little Rock	AR 72223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 23 Hoyt St Ste 3		01 222014
City	State Zip Code	Transaction ID : SA11AI.25837
Stamford	CT 06905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Oral Surgeon	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	ıl)	750.00
TOTAL This Period (last page this line num	` _	

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or for commercial purposes, other than using	the name and address of any political committee		
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	PRAL AND MAXILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Peter Zagursky	Date of Receipt		
Mailing Address 16 Oscars Ct		01 28 2014	
City	State Zip Code	Transaction ID : SA11AI.25838	
Poquoson	VA 23662	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	1	
Self Employed	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial) Hooman Zarrinkelk	•	Date of Receipt	
Mailing Address 5200 Telegraph Rd		M = M / D = D / Y = Y = Y	
Ste B	State Zip Code	01 14 2014	
Ventura	CA 93003	Transaction ID : SA11AI.25840 Amount of Each Receipt this Period	
FEC ID number of contributing		Amount of Lach Hecelpt this Feriou	
federal political committee.		500.00	
Name of Employer	Occupation		
Self Employed	Oral Surgeon	_	
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	500.00		
Full Name (Last, First, Middle Initial)	'	Date of Receipt	
Mailing Address	Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer Occupation		1	
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General	1.55.55.10 10.10 7		
Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional)) >	750.00	
TOTAL This Period (last page this line numb	per only)	37250.00	

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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 44 OF 49			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only of 21b 27				
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL S	SURGEONS	POLITICAL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)			Data of Dishurasmant			
A. CONGRESSMAN WAXMAN CAM	PAIGN COMMITTEE		Date of Disbursement			
Mailing Address 6380 WILSHIRE BLVD., #1612			01 02 2014			
LOS ANGELES	State Zip Code CA 90048		Transaction ID: SB23.25848			
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period			
Candidate Name	,	Category/ Type	3000.00			
Office Sought: House Disburser	nent For: 2014 Primary General Other (specify)	71				
State: CA District: 33						
Full Name (Last, First, Middle Initial) B. DUFFY FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 538	Mailing Address PO BOX 538					
WAUSAU	State Zip Code WI 54402		Transaction ID : SB23.25851			
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	1000.00			
	nent For: 2014 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) C. FRIENDS OF LOIS CAPPS			Date of Disbursement			
Mailing Address P.O. BOX 23940		01 13 2014				
City SANTA BARBARA						
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period			
Candidate Name	l	Category/ Type	1500.00			
Office Sought: House Disburser	nent For: 2014 Primary General Other (specify)	,				
SUBTOTAL of Disbursements This Page (optional)			5500.00			
TOTAL This Period (last page this line number only)						

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SCHEDULE B (FEC Form 3X)		FOR LINE I	INE NUMBER: PAGE 45 OF 49				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	Lenents may not be sold or use ne and address of any politica	ed by any perso	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL	SURGEONS	POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) A. LOBIONDO FOR CONGRESS			Date of Disbursement				
Mailing Address P. O. BOX 550			01 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
VINELAND	State Zip Code NJ 08362		Transaction ID : SB23.25849				
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	1000.00				
Senate President	nent For: 2014 Primary General Other (specify)						
State: NJ District: 02 Full Name (Last, First, Middle Initial)							
B. RENEE ELLMERS FOR CONGRE	SS COMMITTEE		Date of Disbursement				
Mailing Address PO BOX 99567			01 23 2014				
RALEIGH	State Zip Code NC 27624		Transaction ID : SB23.25854				
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	2500.00				
Senate	nent For: 2014 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) C. RIBBLE FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 7200		01 02 7 2014					
City S APPLETON	State Zip Code WI 54912		Transaction ID : SB23.25850				
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For: 2014 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			4500.00				

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 46 OF 49					
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A							
Full Name (Last, First, Middle Initial)			Data of Dishaus and				
A. RON JOHNSON FOR SENATE IN	C		Date of Disbursement				
Mailing Address 219 E WASHINGTON AVE SUITE 101			01 13 2014				
City SHKOSH	State Zip Code WI 54901		Transaction ID : SB23.25853				
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	1000.00				
	ment For: 2016 Primary General Other (specify)	Туре					
State: WI District: 00							
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City	State Zip Code						
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State: District: Full Name (Last, First, Middle Initial)							
.			Date of Disbursement				
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Office Sought: House Disburser	nent For: Primary General Other (specify)						
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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 for 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 Full Name (Last, First, Middle Initial) A. Neal Coles Mailing Address 1801 Solar Dr Suite 100 City State Zip Code Onnard CA 93030 Purpose of Disbursement Retund of Contribution Cardidate Name Office Sought: House Primary General Purpose of Disbursement State: District Full Name (Last, First, Middle Initial) B. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General District Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period City State Zip Code Purpose of Disbursement State: District Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period City State Zip Code Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House District: Full Name (Last, First, Middle Initial) C. City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Candidate Name Of										Ш	L		
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Mailing Address 1901 Solar Dr Suite 100 City City State Zip Code Onnard CA 93030 Purpose of Disbursement Refund of contribution Candidate Name Office Sought: House President Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category' Type Disbursement Date of Disbursement this Period Category' Type Disbursement Category' Type Disbursement Category' Type Office Sought: House Primary General Primary General Other (specify) ▼ State District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category' Type Office Sought: House Disbursement For: Sanate Primary General Other (specify) ▼ Date of Disbursement Amount of Each Disbursement this Period Category' Type Office Sought: House Disbursement For: Sanate Primary General Other (specify) ▼ Date of Disbursement Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtotal Disbursement This Page (optional)	$\overline{}$	• • • • • • • • • • • • • • • • • • • •					_						
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Candidate Name Category/ Type		City	State Zip Code										
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355 On	_ ا								-	_		25	0.00
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	Т	OTAL This Period (last page this line number only)				•					- T	25	0.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

X	9
	10

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48 OF

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

A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09			
Illinois Department of Revenue				
Mailing Address PO Box 19008				
City State	Zip Code	-		
Springfield	IL 62794-9008			
Outstanding Balance Beginning This Period		Transaction ID : SD9.18338		
175.00				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	175.00		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):		
Illinois Department of Revenue		State Tax Overpymt for 2009 carryover 2010		
Mailing Address PO Box 19008				
City State	Zip Code	1		
Springfield	IL 62794-9008			
Outstanding Balance Beginning This Period		Transaction ID : SD9.19670		
7.00				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	7.00		
C. Full Name (Last, First, Middle Initial) of Debto	or 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		
<u> </u>		400.00		
SUBTOTALS This Period This Page (optional)	>	182.00		
TOTALS This Period (last page this line number	only)	182.00		
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	0.00		
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	182.00		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 49 OF
FOR LINE NUMBER:
(check only one)

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		9
	X	10

49

NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Federal Tax Owed for 2013 activity U. S. Treasury Mailing Address Attention Tax Department State Zip Code Kansas City 64999 Transaction ID: SD10.25697 Outstanding Balance Beginning This Period 20.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20.00 0.00 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 20.00 1) SUBTOTALS This Period This Page (optional)..... 20.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 20.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶