

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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="2014"/>		<input type="text" value="625526.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="625526.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37885.73"/>	<input type="text" value="37885.73"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="663412.23"/>	<input type="text" value="663412.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11317.34"/>	<input type="text" value="11317.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="652094.89"/>	<input type="text" value="652094.89"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="182.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="20.00"/>	

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: / / To: / /

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).....	37250.00	37250.00
(ii) Unitemized	620.00	620.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37870.00	37870.00
(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)	37870.00	37870.00
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	15.73	15.73
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))..... ▶	37885.73	37885.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37885.73	37885.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	67.34	67.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	67.34	67.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	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
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11317.34	11317.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37870.00	37870.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37620.00	37620.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	67.34	67.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	67.34	67.34

**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 49
<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

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

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

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 7 OF 49
	<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. Eric Alltucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 990 Boysen Ave
 City San Luis Obispo State CA Zip Code 93405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Coast Oral & Maxillofa Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : SA11AI.25705
 Amount of Each Receipt this Period
250.00

B. Michael Bagnoli
 Full Name (Last, First, Middle Initial)
 Mailing Address 2020 Union St. Suite 200
 City Lafayette State IN Zip Code 47904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OMS Center of Lafayette Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.25706
 Amount of Each Receipt this Period
250.00

C. James Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 8301 S Walker Suite 101
 City Oklahoma City State OK Zip Code 73139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : SA11AI.25707
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<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

Full Name (Last, First, Middle Initial) A. G Clint Barrett		Date of Receipt
Mailing Address 2420 Quaker Ave Ste 102		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Lubbock	State TX	Zip Code 79410
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.25708
Name of Employer West Texas Oral Facial Surgery		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
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 (Last, First, Middle Initial) B. Tilden Bobbitt		Date of Receipt
Mailing Address 2801 Dudley Ave Ste C		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Parkersburg	State WV	Zip Code 26101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.25711
Name of Employer Oral & Maxillofacial Surgery A		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="500.00"/>
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 (Last, First, Middle Initial) C. Paul Bocciarelli		Date of Receipt
Mailing Address 506 Cromwell Ave Ste 203		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Rocky Hill	State CT	Zip Code 06067
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.25712
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
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="1000.00"/>
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: PAGE 9 OF 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Edward Boos
Full Name (Last, First, Middle Initial)

Mailing Address 4224 Houma Blvd
Suite 670

City Metairie State LA Zip Code 70006

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

Name of Employer OMS Associates Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 08 / 2014
Transaction ID : SA11AI.25713

Amount of Each Receipt this Period
250.00

B. Curtis Bowman
Full Name (Last, First, Middle Initial)

Mailing Address 620 S Madison St
Suite 302

City Enid State OK Zip Code 73701

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 22 / 2014
Transaction ID : SA11AI.25714

Amount of Each Receipt this Period
250.00

C. Ralph Buoncristiani
Full Name (Last, First, Middle Initial)

Mailing Address 2020 Santa Monica Blvd
Suite 530

City Santa Monica State CA Zip Code 90404

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

Name of Employer Santa Monica Oral and Maxillof Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 21 / 2014
Transaction ID : SA11AI.25715

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 49
	(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

Full Name (Last, First, Middle Initial)
A. Christopher Burns

Mailing Address 8170 Oaklandon Rd
Suite B

City Indianapolis State IN Zip Code 46236

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

Name of Employer Geist Oral & Facial Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 13 / 2014
Transaction ID : SA11AI.25717

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Robert Burns

Mailing Address 481 N Harbor City Blvd
Suite 101

City Melbourne State FL Zip Code 32935

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 24 / 2014
Transaction ID : SA11AI.25718

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Lawrence Busino

Mailing Address 2 Executive Park Dr

City Albany State NY Zip Code 12203

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

Name of Employer Albany OMS Group Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 23 / 2014
Transaction ID : SA11AI.25719

Amount of Each Receipt this Period
500.00

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 11 OF 49
	<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. Lionel Candelaria
Full Name (Last, First, Middle Initial)

Mailing Address 6800 A Montgomery Blvd NE

City Albuquerque	State NM	Zip Code 87109
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FEC ID number of contributing federal political committee. **C**

Name of Employer OMS Associates of New Mexico	Occupation Oral Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	09	/	2014

Transaction ID : SA11AI.25720

Amount of Each Receipt this Period
1000.00

B. Michael Cardo
Full Name (Last, First, Middle Initial)

Mailing Address 3 Melrose Dr

City New Rochelle	State NY	Zip Code 10804
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Oral Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	20	/	2014

Transaction ID : SA11AI.25721

Amount of Each Receipt this Period
250.00

C. Angelle Casagrande
Full Name (Last, First, Middle Initial)

Mailing Address 3150 North Swan Road

City Tucson	State AZ	Zip Code 85712
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FEC ID number of contributing federal political committee. **C**

Name of Employer Associates in Oral & Maxillofa	Occupation Oral Surgeon
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2014

Transaction ID : SA11AI.25722

Amount of Each Receipt this Period
250.00

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 12 OF 49
	<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. Patrick Chaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 W High St
 Suite 301
 City State Zip Code
 Lima OH 45801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oral Surgery Associates 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
 01 / 02 / 2014
Transaction ID : SA11AI.25725
 Amount of Each Receipt this Period
 250.00

B. Nicholas Coles
 Full Name (Last, First, Middle Initial)
 Mailing Address 7455 E Tanque Verde Rd
 City State Zip Code
 Tucson AZ 85715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arizona Oral & Maxillofacial S 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
 01 / 28 / 2014
Transaction ID : SA11AI.25726
 Amount of Each Receipt this Period
 250.00

C. Darren Cross
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 O'Neil Court
 City State Zip Code
 Columbia SC 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.25729
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
	<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. Jay Crossland
Full Name (Last, First, Middle Initial)

Mailing Address 3415 5th St

City State Zip Code
Rapid City SD 57701

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

Name of Employer Occupation
Black Hills OMS Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2014
Transaction ID : SA11AI.25730

Amount of Each Receipt this Period
500.00

B. Karen Crowley
Full Name (Last, First, Middle Initial)

Mailing Address 12 Parmenter Rd
Suite A2

City State Zip Code
Londonderry NH 03053

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2014
Transaction ID : SA11AI.25731

Amount of Each Receipt this Period
250.00

C. Gregory Delgado
Full Name (Last, First, Middle Initial)

Mailing Address 3216 NW 29th Ave

City State Zip Code
Camas WA 98607

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2014
Transaction ID : SA11AI.25732

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
	<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. Mary Delsol
 Full Name (Last, First, Middle Initial)
 Mailing Address 32241 Crown Valley Pkwy
 Suite 220
 City Dana Point State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2014
Transaction ID : SA11AI.25733
 Amount of Each Receipt this Period
 250.00

B. Dean DeLuke
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 980566
 Dept of OMS
 City Richmond State VA Zip Code 23298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Commonwealth Universi
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : SA11AI.25734
 Amount of Each Receipt this Period
 500.00

C. Robert Dornauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2355 W Market St
 City Tiffin State OH Zip Code 44883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : SA11AI.25735
 Amount of Each Receipt this Period
 250.00

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

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Brian Dyess

Mailing Address 7777 Hennessy Blvd
Suite 610

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 10 / 2014
Transaction ID : SA11AI.25736

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. William Dymon

Mailing Address 11545 A Nuckols Rd

City Glen Allen State VA Zip Code 23059

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

Name of Employer Occupation
Virginia Oral & Facial Surgery Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 02 / 2014
Transaction ID : SA11AI.25737

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. James Eckstein

Mailing Address 306 Walnut Street
Suite 26

City San Diego State CA Zip Code 92103

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 08 / 2014
Transaction ID : SA11AI.25739

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 49
	(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. Mark Egbert
Full Name (Last, First, Middle Initial)

Mailing Address 15527 61st Ave NE

City Kenmore State WA Zip Code 98028

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

Name of Employer Childrens Hospital & Regional Occupation 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
 01 / 22 / 2014
Transaction ID : SA11AI.25740

Amount of Each Receipt this Period
500.00

B. Jeffrey Elliot
Full Name (Last, First, Middle Initial)

Mailing Address 7400 Brigantine Ln

City Parkland State FL Zip Code 33067

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : SA11AI.25741

Amount of Each Receipt this Period
250.00

C. Howard Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 1755 Lewis Turner Blvd

City Fort Walton Beach State FL Zip Code 32547

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2014
Transaction ID : SA11AI.25742

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
<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. Jeffrey Fister
Full Name (Last, First, Middle Initial)

Mailing Address 224 State St.

City Bangor State ME Zip Code 04401

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 08 / 2014
Transaction ID : SA11AI.25743

Amount of Each Receipt this Period 250.00

B. Larry Franz
Full Name (Last, First, Middle Initial)

Mailing Address 1624 Franklin St. Suite 810

City Oakland State CA Zip Code 94612

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2014
Transaction ID : SA11AI.25744

Amount of Each Receipt this Period 250.00

C. John Gagnon
Full Name (Last, First, Middle Initial)

Mailing Address 3510 N Ridge Rd Suite 500

City Wichita State KS Zip Code 67205

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2014
Transaction ID : SA11AI.25745

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 49
	<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. David Galbraith
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 Hopmeadow St
 City Simsbury State CT Zip Code 06070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 01 / 22 / 2014
Transaction ID : SA11AI.25746
 Amount of Each Receipt this Period
 250.00

B. Allen Glied
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 E 98th St Apt 4E
 City New York State NY Zip Code 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheepshead Bay Oral Surgery Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 01 / 27 / 2014
Transaction ID : SA11AI.25748
 Amount of Each Receipt this Period
 250.00

C. Kristine Grace
 Full Name (Last, First, Middle Initial)
 Mailing Address 2910 S Meridian Suite 120
 City Puyallup State WA Zip Code 98373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 01 / 23 / 2014
Transaction ID : SA11AI.25749
 Amount of Each Receipt this Period
 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 49
	<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. Ralph Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 3809-B Poplar Level Rd
 City Louisville State KY Zip Code 40213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : SA11AI.25750
 Amount of Each Receipt this Period
 250.00

B. David Greenman
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 16491
 City Stamford State CT Zip Code 06905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014
Transaction ID : SA11AI.25751
 Amount of Each Receipt this Period
 500.00

C. Chacon Guillermo
 Full Name (Last, First, Middle Initial)
 Mailing Address 11116 12th Avenue Ct NW
 City Gig Harbor State WA Zip Code 98332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2014
Transaction ID : SA11AI.25723
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
	<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. Jeffrey Halpern
Full Name (Last, First, Middle Initial)

Mailing Address 701 Lee St
Suite 640

City Des Plaines State IL Zip Code 60016

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

Name of Employer Self Employed
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 27 / 2014
Transaction ID : SA11AI.25752

Amount of Each Receipt this Period
250.00

B. Monroe Harris
Full Name (Last, First, Middle Initial)

Mailing Address 11545 A Nickols Rd

City Glen Allen State VA Zip Code 23059

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

Name of Employer Drs. Niamtu Alexander Keeney H
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 02 / 2014
Transaction ID : SA11AI.25753

Amount of Each Receipt this Period
250.00

C. Thomas Helfst
Full Name (Last, First, Middle Initial)

Mailing Address 208 Lifeline Rd
Ste 202

City Stroudsburg State PA Zip Code 18360

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

Name of Employer Stroud Oral & Facial Surgery
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 01 / 2014
Transaction ID : SA11AI.25754

Amount of Each Receipt this Period
1000.00

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 21 OF 49
	<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. David Hill
Full Name (Last, First, Middle Initial)

Mailing Address 77 Vilcom Center Dr
Ste 120

City Chapel Hill State NC Zip Code 27514

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 28 / 2014
Transaction ID : SA11AI.25755

Amount of Each Receipt this Period
250.00

B. Robert Hinkle
Full Name (Last, First, Middle Initial)

Mailing Address 250 W Bridge St
Ste 102

City Dublin State OH Zip Code 43017

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

Name of Employer Hinkle Dental Arts Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
01 / 17 / 2014
Transaction ID : SA11AI.25757

Amount of Each Receipt this Period
375.00

C. Christopher Howard
Full Name (Last, First, Middle Initial)

Mailing Address 6443 W 10th St
Ste 101

City Indianapolis State IN Zip Code 46214

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

Name of Employer Oral Surgery and Dental Implan Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 30 / 2014
Transaction ID : SA11AI.25758

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 49
	(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. Joby Jaber
Full Name (Last, First, Middle Initial)
Mailing Address 2709 Northridge Dr
City Duluth State MN Zip Code 55811
FEC ID number of contributing federal political committee. **C**
Name of Employer Oral & Maxillofacial Surgical Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014
Transaction ID : SA11AI.25760
Amount of Each Receipt this Period
250.00

B. Adam Janette
Full Name (Last, First, Middle Initial)
Mailing Address 77 Casa St Suite 101
City San Luis Obispo State CA Zip Code 93405
FEC ID number of contributing federal political committee. **C**
Name of Employer San Luis OMS & Dental Implant Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2014
Transaction ID : SA11AI.25762
Amount of Each Receipt this Period
250.00

C. Kurt Jensen
Full Name (Last, First, Middle Initial)
Mailing Address 6050 Brynwood Dr Suite 102
City Rockford State IL Zip Code 61114
FEC ID number of contributing federal political committee. **C**
Name of Employer Oral & Facial Surgery Ctr Ltd Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2014
Transaction ID : SA11AI.25763
Amount of Each Receipt this Period
375.00

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 23 OF 49
	<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. Donald Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4025 W Bell Rd
 Suite 9
 City Phoenix State AZ Zip Code 85053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : SA11AI.25764
 Amount of Each Receipt this Period
250.00

B. Doron Kalman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6070 Woodhaven Blvd
 Medical Unit C-2
 City Elmhurst State NY Zip Code 11373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2014
Transaction ID : SA11AI.25765
 Amount of Each Receipt this Period
250.00

C. Kanyon Keeney
 Full Name (Last, First, Middle Initial)
 Mailing Address 11545 A Nuckols Rd
 City Glen Allen State VA Zip Code 23059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Oral & Facial Surgery
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2014
Transaction ID : SA11AI.25766
 Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Gary Koehl

Mailing Address 1015 Shook Ave

City San Antonio State TX Zip Code 78212

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2014
Transaction ID : SA11AI.25768

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. George Kushner

Mailing Address 501 S Preston

City Louisville State KY Zip Code 40292

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

Name of Employer Occupation
Univ of Louisville Schl of Den 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
01 / 08 / 2014
Transaction ID : SA11AI.25769

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Pritchard Lam

Mailing Address 1925 Parkside Dr.

City Concord State CA Zip Code 94519-2525

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

Name of Employer Occupation
Self Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 06 / 2014
Transaction ID : SA11AI.25770

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49
	<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. Jennifer Lane
Full Name (Last, First, Middle Initial)

Mailing Address 4 Vanderbilt Park Dr
Ste 210

City Asheville State NC Zip Code 28803

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 21 / 2014
Transaction ID : SA11AI.25771

Amount of Each Receipt this Period
250.00

B. Calvin Lee
Full Name (Last, First, Middle Initial)

Mailing Address 10055 Miller Ave.
Suite 105

City Cupertino State CA Zip Code 95014

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 22 / 2014
Transaction ID : SA11AI.25773

Amount of Each Receipt this Period
250.00

C. Steve Leighty
Full Name (Last, First, Middle Initial)

Mailing Address 1240 High St
Unit 105

City Auburn State CA Zip Code 95603

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 30 / 2014
Transaction ID : SA11AI.25774

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Paul Levy
Full Name (Last, First, Middle Initial)
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 Central NH Oral Surgery Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.00

Date of Receipt 01 / 20 / 2014
Transaction ID : SA11AI.25775
Amount of Each Receipt this Period 375.00

B. Brad Logie
Full Name (Last, First, Middle Initial)
Mailing Address 3950 Hollywood Rd Ste 290 of Unit 2
City Saint Joseph State MI Zip Code 49085
FEC ID number of contributing federal political committee. **C**
Name of Employer Lake Michigan Oral & Maxillofa Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 31 / 2014
Transaction ID : SA11AI.25776
Amount of Each Receipt this Period 250.00

C. Peter Lyu
Full Name (Last, First, Middle Initial)
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 Self Employed Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 23 / 2014
Transaction ID : SA11AI.25778
Amount of Each Receipt this Period 250.00

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

**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 49
	<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. Harry Mack
Full Name (Last, First, Middle Initial)

Mailing Address 5802 Nolensville Pike
Ste 103

City Nashville State TN Zip Code 37211

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

Name of Employer Nashville Oral Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 04 / 2014
Transaction ID : SA11AI.25779

Amount of Each Receipt this Period
250.00

B. Manuel Matos
Full Name (Last, First, Middle Initial)

Mailing Address 230 W Jersey St
Suite 302

City Elizabeth State NJ Zip Code 07202

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 21 / 2014
Transaction ID : SA11AI.25780

Amount of Each Receipt this Period
250.00

C. James Maxwell
Full Name (Last, First, Middle Initial)

Mailing Address 2210 Olympic St

City Springfield State OH Zip Code 45503

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

Name of Employer James A Maxwell Jr DDS MS Inc Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
01 / 17 / 2014
Transaction ID : SA11AI.25781

Amount of Each Receipt this Period
375.00

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 28 OF 49
	(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

Full Name (Last, First, Middle Initial)
A. Lawrence Metzger

Mailing Address 11545 A Nuckols Rd

City State Zip Code
Glen Allen VA 23059

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

Name of Employer Occupation
Virginia Oral & Facial Surgery 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
01 / 02 / 2014
Transaction ID : SA11AI.25783

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Joseph Miller

Mailing Address 3824 N Elm St
Suite 209

City State Zip Code
Greensboro NC 27455

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

Name of Employer Occupation
The Oral Surgery Center 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
01 / 31 / 2014
Transaction ID : SA11AI.25785

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Gayle Miranda

Mailing Address 488 Madison Ave
Suite 200

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : SA11AI.25786

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 49
	<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. David Molen
 Full Name (Last, First, Middle Initial)
 Mailing Address 16202 64th St E
 Ste 118
 City Sumner State WA Zip Code 98390
 Name of Employer Molen Oral & Facial Surgery Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2014
Transaction ID : SA11AI.25787
 Amount of Each Receipt this Period
 250.00

B. Timothy Monroe
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 E State St
 City Athens State OH Zip Code 45701
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : SA11AI.25788
 Amount of Each Receipt this Period
 250.00

C. G Jack Muller
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 5690
 City Rapid City State SD Zip Code 57709
 Name of Employer Black Hills OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : SA11AI.25789
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 49
	<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. Sasidhar Narra
Full Name (Last, First, Middle Initial)

Mailing Address 710 NW Juniper St
Ste 210

City Issaquah State WA Zip Code 98027

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

Name of Employer: Oral & Maxillofacial Surgery o
Occupation: Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 24 / 2014
Transaction ID : SA11AI.25791

Amount of Each Receipt this Period
500.00

B. Joseph Niamtu
Full Name (Last, First, Middle Initial)

Mailing Address 10230 Cherokee Rd.

City Richmond State VA Zip Code 23235

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

Name of Employer: Virginia Oral & Facial Surgery
Occupation: Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 02 / 2014
Transaction ID : SA11AI.25792

Amount of Each Receipt this Period
250.00

C. Richard Oakley
Full Name (Last, First, Middle Initial)

Mailing Address 5811 Nall Ave

City Mission State KS Zip Code 66202

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

Name of Employer: Richard M Oakley DDS Chartered
Occupation: Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
01 / 17 / 2014
Transaction ID : SA11AI.25793

Amount of Each Receipt this Period
750.00

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 31 OF 49
	<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. George Obeid
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Irving St NW
 City Washington State DC Zip Code 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Hospital Center Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2014
Transaction ID : SA11AI.25794
 Amount of Each Receipt this Period
 250.00

B. Petros Panagos
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Morton Blvd
 City Plainview State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Progressive Oral Surgery and I Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : SA11AI.25798
 Amount of Each Receipt this Period
 250.00

C. Vincent Perciaccante
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 Stevens Entry
 Sutie 2300B
 City Peachtree City State GA Zip Code 30269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : SA11AI.25799
 Amount of Each Receipt this Period
 375.00

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 32 OF 49
	<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

Full Name (Last, First, Middle Initial) A. R Thomas Perry		Date of Receipt MM / DD / YYYY 01 / 09 / 2014 Transaction ID : SA11AI.25800
Mailing Address 5335 Far Hills Ave Suite 118		Amount of Each Receipt this Period 250.00
City Dayton	State Zip Code OH 45429	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Dayton Oral Surgery & Implant	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Reynaldo Reese		Date of Receipt MM / DD / YYYY 01 / 25 / 2014 Transaction ID : SA11AI.25801
Mailing Address 4020 Chapel Hill Rd Ste 101		Amount of Each Receipt this Period 250.00
City Douglasville	State Zip Code GA 30135	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer R&R Dental Specialists PC	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frederick Reinbold		Date of Receipt MM / DD / YYYY 01 / 02 / 2014 Transaction ID : SA11AI.25802
Mailing Address 2000 Abbott Rd Suite 200		Amount of Each Receipt this Period 250.00
City Anchorage	State Zip Code AK 99507	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Anchorage Oral & Maxillofacial	Occupation 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 33 OF 49
	<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

Full Name (Last, First, Middle Initial) A. Stephen Rimer		Date of Receipt MM / DD / YYYY 01 / 27 / 2014 Transaction ID : SA11AI.25803
Mailing Address 825 Meadows Rd Suite 121		Amount of Each Receipt this Period 250.00
City Boca Raton	State FL	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Robert		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 Transaction ID : SA11AI.25804
Mailing Address 2400 Westborough Blvd Suite 211		Amount of Each Receipt this Period 250.00
City South San Francisco	State CA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Robinson		Date of Receipt MM / DD / YYYY 01 / 15 / 2014 Transaction ID : SA11AI.25805
Mailing Address 4 Medical Pk Dr		Amount of Each Receipt this Period 250.00
City Asheville	State NC	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer John W Robinson III DMD PLLC	Occupation 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: PAGE 34 OF 49
(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. Henry Robson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Greystone Crst
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : SA11AI.25806
 Amount of Each Receipt this Period
 250.00

B. Kenneth Roll
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 N Front St
 City Kingston State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OMS Center of Kingston Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 10 / 2014
Transaction ID : SA11AI.25807
 Amount of Each Receipt this Period
 250.00

C. Gregory Rongione
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 South Washington St
 Suite 21
 City Gettysburg State PA Zip Code 17325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 17 / 2014
Transaction ID : SA11AI.25808
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas Sarna			Date of Receipt MM / DD / YYYY 01 / 20 / 2014 Transaction ID : SA11AI.25809
Mailing Address 11649 S Holmes Ave			Amount of Each Receipt this Period 250.00
City Palos Park	State IL	Zip Code 60464	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation 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 (Last, First, Middle Initial) B. Gregory Segraves			Date of Receipt MM / DD / YYYY 01 / 28 / 2014 Transaction ID : SA11AI.25810
Mailing Address 4716 W Urbana St			Amount of Each Receipt this Period 250.00
City Broken Arrow	State OK	Zip Code 74012	
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Oklahoma OMS	Occupation 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 (Last, First, Middle Initial) C. Timothy Smith			Date of Receipt MM / DD / YYYY 01 / 20 / 2014 Transaction ID : SA11AI.25813
Mailing Address 2878 Camino Del Rio S Suite 210			Amount of Each Receipt this Period 250.00
City San Diego	State CA	Zip Code 92108	
FEC ID number of contributing federal political committee. C			
Name of Employer Mission Valley OMS	Occupation 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).....▶	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 36 OF 49
	<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

Full Name (Last, First, Middle Initial) A. Larry Stigall		Date of Receipt
Mailing Address 832 Forestridge Dr		M M M / D D D / Y Y Y Y Y Y 01 / 23 / 2014
City	State	Zip Code
Boone	NC	28607
FEC ID number of contributing federal political committee. C		Transaction ID : SA11Al.25815
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Oral Surgeon		1000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) B. Peter Subach		Date of Receipt
Mailing Address 105 Hobson Dr		M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2014
City	State	Zip Code
Hockessin	DE	19707
FEC ID number of contributing federal political committee. C		Transaction ID : SA11Al.25816
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Oral Surgeon		250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) C. Boyd Tomasetti		Date of Receipt
Mailing Address 7889 S Lincoln Ct Ste 201		M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2014
City	State	Zip Code
Littleton	CO	80122
FEC ID number of contributing federal political committee. C		Transaction ID : SA11Al.25817
Name of Employer Tomasetti, McLain & Plevnia Or		Amount of Each Receipt this Period
Occupation Oral Surgeon		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

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: PAGE 37 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ryland Traynham

Mailing Address 2 Pointe Circle

City Greenville State SC Zip Code 29615

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
01 / 10 / 2014

Transaction ID : SA11AI.25818

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Albert Twesme

Mailing Address 4544 S Pecos Rd

City Las Vegas State NV Zip Code 89121

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
01 / 21 / 2014

Transaction ID : SA11AI.25820

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Robert Urquhart

Mailing Address 6800 Montgomery Blvd NE Ste A

City Albuquerque State NM Zip Code 87109

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

Name of Employer OMS Associates of New Mexico Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
01 / 21 / 2014

Transaction ID : SA11AI.25821

Amount of Each Receipt this Period
500.00

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

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

1000.00

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 49
	(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. David Valauri
Full Name (Last, First, Middle Initial)

Mailing Address 333 E 34th St
Ste 1M

City New York State NY Zip Code 10016

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 31 / 2014
Transaction ID : SA11AI.25822

Amount of Each Receipt this Period
250.00

B. Emily Van Heukelom
Full Name (Last, First, Middle Initial)

Mailing Address 12 Parmenter Rd
Unit A2

City Londonderry State NH Zip Code 03053

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

Name of Employer Londonderry Oral Surgery Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
01 / 17 / 2014
Transaction ID : SA11AI.25823

Amount of Each Receipt this Period
375.00

C. Kingsley Wang
Full Name (Last, First, Middle Initial)

Mailing Address 1211 Castec Dr

City Sacramento State CA Zip Code 95864

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 19 / 2014
Transaction ID : SA11AI.25824

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

**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 49
	<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. Damon Watson
Full Name (Last, First, Middle Initial)

Mailing Address 13613 Grove Pond Dr

City Midlothian State VA Zip Code 23114

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

Name of Employer Virginia Oral & Facial Surgery Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 02 / 2014
Transaction ID : SA11AI.25825

Amount of Each Receipt this Period 250.00

B. Michael Werner
Full Name (Last, First, Middle Initial)

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 South Sound Oral Surgery PLLC Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2014
Transaction ID : SA11AI.25827

Amount of Each Receipt this Period 250.00

C. Robert Wheeler
Full Name (Last, First, Middle Initial)

Mailing Address 24400 Muirlands Suite C

City Lake Forest State CA Zip Code 92630

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2014
Transaction ID : SA11AI.25828

Amount of Each Receipt this Period 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 49
	<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. Daniel Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 8687 Louetta Road
 Suite 100
 City Spring State TX Zip Code 77379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest OMS Occupation Oral Surgeon
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : SA11AI.25829
 Amount of Each Receipt this Period
 500.00

B. Gregory Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 E Stumer Rd
 City Rapid City State SD Zip Code 57701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Williams OMS Occupation 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
 01 / 03 / 2014
Transaction ID : SA11AI.25830
 Amount of Each Receipt this Period
 250.00

C. Cynthia Winne
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Community Dr
 Ste 1
 City Augusta State ME Zip Code 04330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Facial & Oral Surgery Assoc Occupation 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
 01 / 31 / 2014
Transaction ID : SA11AI.25831
 Amount of Each Receipt this Period
 500.00

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: PAGE 41 OF 49
(check only one)

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

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

A. Charles Witkowski
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 5549
City Johnson City State TN Zip Code 37602
FEC ID number of contributing federal political committee. **C**
Name of Employer Northpoint Professional Park Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 20 / 2014
Transaction ID : SA11AI.25832
Amount of Each Receipt this Period 250.00

B. Ross Wlodawsky
Full Name (Last, First, Middle Initial)
Mailing Address 3535 Salles Ridge Ct
City Midlothian State VA Zip Code 23113
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 02 / 2014
Transaction ID : SA11AI.25833
Amount of Each Receipt this Period 250.00

C. Kenneth Wong
Full Name (Last, First, Middle Initial)
Mailing Address 6514 Lonetree Blvd Ste 100
City Rocklin State CA Zip Code 95765
FEC ID number of contributing federal political committee. **C**
Name of Employer King OMS Surgery Center Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 03 / 2014
Transaction ID : SA11AI.25834
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 49
	<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

Full Name (Last, First, Middle Initial) A. Mark Wong		Date of Receipt
Mailing Address 7500 Cambridge St Ste 6510		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Houston	TX	77054
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
University of Texas	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Ernest Woodard		Date of Receipt
Mailing Address 103 Noyant Dr		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Little Rock	AR	72223
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Robert Yudell		Date of Receipt
Mailing Address 23 Hoyt St Ste 3		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Stamford	CT	06905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<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 43 OF 49
	<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. Peter Zagursky
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Oscars Ct
 City Poquoson State VA Zip Code 23662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2014
Transaction ID : SA11AI.25838
 Amount of Each Receipt this Period
 250.00

B. Hooman Zarrinkelk
 Full Name (Last, First, Middle Initial)
 Mailing Address 5200 Telegraph Rd Ste B
 City Ventura State CA Zip Code 93003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : SA11AI.25840
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer
 Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	37250.00

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

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

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 33

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

Transaction ID : **SB23.25848**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DUFFY FOR CONGRESS

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	4

Transaction ID : **SB23.25851**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPP

Mailing Address P.O. BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	4

Transaction ID : **SB23.25852**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. LOBIONDO FOR CONGRESS

Mailing Address P. O. BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

Transaction ID : **SB23.25849**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	4

Transaction ID : **SB23.25854**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. RIBBLE FOR CONGRESS

Mailing Address PO BOX 7200

City APPLETON State WI Zip Code 54912

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

Transaction ID : **SB23.25850**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. RON JOHNSON FOR SENATE INC

Mailing Address 219 E WASHINGTON AVE
SUITE 101

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	4

Transaction ID : SB23.25853

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Category/
Type

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

Full Name (Last, First, Middle Initial)

A. Neal Coles

Mailing Address 1801 Solar Dr
Suite 100

City Oxnard State CA Zip Code 93030

Purpose of Disbursement
Refund of contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 08 / 2014

Transaction ID : SB28A.25819

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

250.00

250.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 49
	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 State Zip Code Springfield IL 62794-9008	

Outstanding Balance Beginning This Period 175.00	Transaction ID : SD9.18338	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 175.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 2009 carryover 2010
Mailing Address PO Box 19008	
City State Zip Code Springfield IL 62794-9008	

Outstanding Balance Beginning This Period 7.00	Transaction ID : SD9.19670	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.00

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	182.00
2) TOTALS This Period (last page this line number only)..... ▶	182.00
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) ▶	182.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 49 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" 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 U. S. Treasury	Nature of Debt (Purpose): Federal Tax Owed for 2013 activity
Mailing Address Attention Tax Department	
City State Zip Code Kansas City MO 64999	

Outstanding Balance Beginning This Period <input type="text" value="20.00"/>	Transaction ID : SD10.25697	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20.00"/>

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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="20.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="20.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="20.00"/>