

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 9700 WEST BRYN MAWR AVE.

Check if different than previously reported. (ACC) ROSEMONT IL 60018

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00005660

3. IS THIS REPORT [X] NEW (N) OR [] AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period [02] / [01] / [2015] through [02] / [28] / [2015]

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

Type or Print Name of Treasurer Murray Jacobs

Signature of Treasurer Murray Jacobs [Electronically Filed] Date [03] / [19] / [2015]

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

**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="2015"/>		571982.86
(b) Cash on Hand at Beginning of Reporting Period.....	589608.02	
(c) Total Receipts (from Line 19)	10149.28	37992.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	599757.30	609975.01
7. Total Disbursements (from Line 31).....	97.75	10315.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	599659.55	599659.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	166.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / 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).....	8750.00	36125.00
(ii) Unitemized	399.28	854.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9149.28	36979.28
(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)	9149.28	36979.28
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.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	12.87
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))..... ▶	10149.28	37992.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10149.28	37992.15

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	97.75	315.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	97.75	315.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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)) ..	97.75	10315.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97.75	10315.46

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)	9149.28	36979.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9149.28	36979.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	97.75	315.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	97.75	315.46

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

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

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

A. Robert Burns
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : SA11AI.27356
 Amount of Each Receipt this Period
 500.00

B. Christine Coke
 Full Name (Last, First, Middle Initial)
 Mailing Address 590 Forest Oaks Ct
 City Fairview State TX Zip Code 75069
 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
 02 / 04 / 2015
Transaction ID : SA11AI.27358
 Amount of Each Receipt this Period
 250.00

C. J Brett Comstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 S 11th St
 Suite 320
 City Boise State ID Zip Code 83702
 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
 02 / 06 / 2015
Transaction ID : SA11AI.27359
 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 7 OF 17
	<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 Esposito
Full Name (Last, First, Middle Initial)

Mailing Address 6179 S Balsom Way
Suite 100

City Littleton State CO Zip Code 80123

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

Name of Employer Daniel E Esposito DMD MD Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 26 / 2015
Transaction ID : SA11AI.27362

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
02 / 01 / 2015
Transaction ID : SA11AI.27363

Amount of Each Receipt this Period
250.00

C. Jack Gotcher
Full Name (Last, First, Middle Initial)

Mailing Address 1928 Alcoa Hwy
Suite 305

City Knoxville State TN Zip Code 37920

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
02 / 17 / 2015
Transaction ID : SA11AI.27364

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 17
	<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. Lubor Hlousek
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 Arbutus Dr
 City Annapolis State MD Zip Code 21403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Drs Walzer Sullivan Hlousek & Occupation Oral Sugeon
 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
 02 / 03 / 2015
Transaction ID : SA11AI.27368
 Amount of Each Receipt this Period
 500.00

B. Dick Hom
 Full Name (Last, First, Middle Initial)
 Mailing Address 1925 Parkside Dr
 City Concord State CA Zip Code 94519
 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 M / D D D / Y Y Y Y Y Y
 02 / 12 / 2015
Transaction ID : SA11AI.27369
 Amount of Each Receipt this Period
 375.00

C. Johnathan Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 12718 W Ridge Cir
 City Freeland State MI Zip Code 48623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hennig Woodbury & Howard PC 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
 02 / 06 / 2015
Transaction ID : SA11AI.27370
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 9 OF 17
	(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. Donald Johnson

Mailing Address 4716 W Urbana St

City Broken Arrow State OK Zip Code 74012

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 **02 / 12 / 2015**

Transaction ID : SA11AI.27371

Amount of Each Receipt this Period **250.00**

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

Mailing Address 2560 Dixwell Ave Suite 2A

City Hamden State CT Zip Code 06514

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 **02 / 18 / 2015**

Transaction ID : SA11AI.27372

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
C. Gary Jones

Mailing Address 1295 Oliver St

City Fayetteville State NC Zip Code 28304

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 **02 / 06 / 2015**

Transaction ID : SA11AI.27373

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 10 OF 17
	<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. Joseph LaSpisa
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W Church St
 City Elmhurst State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Joseph A LaSpisa Ltd 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
 02 / 27 / 2015
Transaction ID : SA11AI.27374
 Amount of Each Receipt this Period
 250.00

B. Julie Lesnick
 Full Name (Last, First, Middle Initial)
 Mailing Address 8025 Club Crest Dr
 City Arvada State CO Zip Code 80005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colorado Regional Oral Surgery 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
 02 / 26 / 2015
Transaction ID : SA11AI.27377
 Amount of Each Receipt this Period
 500.00

C. Mulokozi Lugakingira
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Chestnut Hills Pkwy
 City Fort Wayne State IN Zip Code 46814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Wayne Oral Maxillofacial 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
 02 / 11 / 2015
Transaction ID : SA11AI.27378
 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 11 OF 17
	<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. Gayle Miranda
 Full Name (Last, First, Middle Initial)
 Mailing Address 488 Madison Ave
 Suite 200
 City New York State NY Zip Code 10022
 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
 02 / 19 / 2015
Transaction ID : SA11AI.27380
 Amount of Each Receipt this Period
250.00

B. Kent Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 2711 Randolph Rd
 Ste 510
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Oral Surgery
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : SA11AI.27381
 Amount of Each Receipt this Period
1000.00

C. Tyler Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 N Academy Blvd
 Ste 213
 City Colorado Springs State CO Zip Code 80917
 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
 02 / 26 / 2015
Transaction ID : SA11AI.27382
 Amount of Each Receipt this Period
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: (check only one)	PAGE 12 OF 17
<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. George Obeid		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : SA11AI.27384
Mailing Address 110 Irving St NW Dept of OMS		Amount of Each Receipt this Period 250.00
City Washington	State DC	
Zip Code 20010		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Washington Hospital Center	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. Kenneth Patrician		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 Transaction ID : SA11AI.27385
Mailing Address 583 Saybrook Rd		Amount of Each Receipt this Period 250.00
City Middletown	State CT	
Zip Code 06457		Aggregate Year-to-Date ▼ 250.00
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) ▼

Full Name (Last, First, Middle Initial) C. Julia Plevnia		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 Transaction ID : SA11AI.27386
Mailing Address 8209 S Country Club Pkwy		Amount of Each Receipt this Period 250.00
City Aurora	State CO	
Zip Code 80016		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Tomasetti, McLain & Plevnia Or	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 13 OF 17
	<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. Reynaldo Reese
 Full Name (Last, First, Middle Initial)
 Mailing Address 4020 Chapel Hill Rd
 Ste 101
 City Douglasville State GA Zip Code 30135
 Name of Employer R&R Dental Specialists PC 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
 02 / 05 / 2015
Transaction ID : SA11AI.27390
 Amount of Each Receipt this Period
 250.00

B. Henry Robson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Greystone Crst
 City Birmingham State AL Zip Code 35242
 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
 02 / 04 / 2015
Transaction ID : SA11AI.27392
 Amount of Each Receipt this Period
 250.00

C. James Sikes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2811 Tuscan Cir
 City Shreveport State LA Zip Code 71106
 Name of Employer Highland 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
 02 / 26 / 2015
Transaction ID : SA11AI.27395
 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 14 OF 17
	<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. Paul Sims
Full Name (Last, First, Middle Initial)

Mailing Address 775 W Gold

City Butte State MT Zip Code 59701

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
 02 / 26 / 2015
Transaction ID : SA11AI.27396

Amount of Each Receipt this Period
 500.00

B. Gregory Zoghby
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 71930

City Richmond State VA Zip Code 23255

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

Name of Employer Commonwealth Oral & Facial Sur 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
 02 / 12 / 2015
Transaction ID : SA11AI.27398

Amount of Each Receipt this Period
 250.00

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 / 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).....▶	8750.00

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 17
(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. RAND PAUL FOR US SENATE 2016
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 72928
 City NEWPORT State KY Zip Code 41072
 FEC ID number of contributing federal political committee. **C** C00496075
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : SA16.27408
 Amount of Each Receipt this Period
 1000.00
 Refund of Contribution

B.
 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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. The Northern Trust Company

Mailing Address P.O. Box 92000

City Chicago State IL Zip Code 60675-2000

Purpose of Disbursement
Wire transfer bank fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

Transaction ID : SB21B.27404

Amount of Each Disbursement this Period

30.00

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 M	/	D 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 M	/	D 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)..... ▶

30.00

30.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 17
	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 <input type="text" value="166.00"/>	Transaction ID : SD9.18338	
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="166.00"/>

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"/>

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"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="166.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="166.00"/>
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="166.00"/>