

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.

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

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

3. IS THIS REPORT 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)
- 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)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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 / / through / /

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 / /

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)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		571982.86
(b) Cash on Hand at Beginning of Reporting Period.....	570585.43	
(c) Total Receipts (from Line 19)	15442.53	100768.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	586027.96	672751.77
7. Total Disbursements (from Line 31).....	24430.20	111154.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	561597.76	561597.76
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).....	14750.00	91583.00
(ii) Unitemized	655.00	5186.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15405.00	96769.28
(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)	15405.00	96769.28
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.....	0.00	3750.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	37.53	249.63
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))..... ▶	15442.53	100768.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15442.53	100768.91

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	430.20	6704.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	430.20	6704.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	104200.00
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	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)).....	0.00	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)) ..	24430.20	111154.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24430.20	111154.01

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)	15405.00	96769.28
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15405.00	96519.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	430.20	6704.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	430.20	6704.01

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

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

FOR LINE NUMBER: PAGE 6 OF 24
(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

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. John Akers
Full Name (Last, First, Middle Initial)
Mailing Address 549 Health Blvd
City Daytona Beach State FL Zip Code 32114
FEC ID number of contributing federal political committee. **C**
Name of Employer Florida Oral & Facial Surgical Occupation Oral Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 26 / 2015**
Transaction ID : SA11AI.27662
Amount of Each Receipt this Period **500.00**

B. Shawn Bailey
Full Name (Last, First, Middle Initial)
Mailing Address 11 Sandstone Ct
City Le Claire State IA Zip Code 52753
FEC ID number of contributing federal political committee. **C**
Name of Employer Spring Park OMS Associates Occupation Oral Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 17 / 2015**
Transaction ID : SA11AI.27667
Amount of Each Receipt this Period **500.00**

C. Anthony Bennett
Full Name (Last, First, Middle Initial)
Mailing Address 1425 N McLean Blvd Suite 200
City Elgin State IL Zip Code 60123
FEC ID number of contributing federal political committee. **C**
Name of Employer Elgin Oral & Maxillofacial Sur Occupation Oral Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 13 / 2015**
Transaction ID : SA11AI.27670
Amount of Each Receipt this Period **250.00**

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 7 OF 24
	<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. Stanton Braid
Full Name (Last, First, Middle Initial)

Mailing Address 275 S 19th St
FI 3

City Philadelphia State PA Zip Code 19103

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

Name of Employer L Reichman Associates PC Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 17 / 2015
Transaction ID : SA11AI.27673

Amount of Each Receipt this Period
250.00

B. Deborah Cooper-Newland
Full Name (Last, First, Middle Initial)

Mailing Address 5001 Bissonnet
Suite 103

City Bellaire State TX Zip Code 77401

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
08 / 13 / 2015
Transaction ID : SA11AI.27679

Amount of Each Receipt this Period
375.00

C. Larry Cunningham
Full Name (Last, First, Middle Initial)

Mailing Address 800 Rose St
Suite D508

City Lexington State KY Zip Code 40536

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

Name of Employer University of Kentucky OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 25 / 2015
Transaction ID : SA11AI.27680

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 8 OF 24
	(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. Matthew Dennis

Mailing Address P.O. Box 100416

City State Zip Code
Gainesville FL 32610

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
08 / 13 / 2015
Transaction ID : SA11AI.27684

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Douglas Fain

Mailing Address 19211 Mohawk St

City State Zip Code
Stilwell KS 66085

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

Name of Employer Occupation
Douglas W Fain DDS MD PA 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
08 / 31 / 2015
Transaction ID : SA11AI.27685

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Eric Geist

Mailing Address 2003 Forsythe Ave

City State Zip Code
Monroe LA 71201

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2015
Transaction ID : SA11AI.27688

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<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. Harold Hargis
 Full Name (Last, First, Middle Initial)
 Mailing Address 11740 Wilshire Blvd
 Apt A410
 City Los Angeles State CA Zip Code 90025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA-School of Dentistry Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 11 / 2015
Transaction ID : SA11AI.27689
 Amount of Each Receipt this Period
 250.00

B. Richard Haug
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Abbey Pl
 Suite 220
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas Ctr for Oral Health Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 17 / 2015
Transaction ID : SA11AI.27691
 Amount of Each Receipt this Period
 250.00

C. Barry Hendler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Germantown Pike Ste D2
 City Plymouth Meeting State PA Zip Code 19462
 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
 08 / 17 / 2015
Transaction ID : SA11AI.27692
 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 10 OF 24
	<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. John Hillgen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1389 W Main St
 Ste 320
 City Waterbury State CT Zip Code 06708
 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
 08 / 31 / 2015
Transaction ID : SA11AI.27693
 Amount of Each Receipt this Period
250.00

B. Sachin Jamdar
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 Nesconset Hwy
 Bldg 24A
 City Stony Brook State NY Zip Code 11790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suffolk Oral Surgery Associate
 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
 08 / 26 / 2015
Transaction ID : SA11AI.27694
 Amount of Each Receipt this Period
250.00

C. David Krigbaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 2620 Stewart Ave
 Suite 218
 City Wausau State WI Zip Code 54401
 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
 08 / 17 / 2015
Transaction ID : SA11AI.27697
 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 11 OF 24
	<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 Lambert
 Full Name (Last, First, Middle Initial)
 Mailing Address 5398 N Brookmeadow Way
 City Boise State ID Zip Code 83713
 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 ▼ 2000.00

Date of Receipt
 08 / 13 / 2015
Transaction ID : SA11AI.27698
 Amount of Each Receipt this Period
 1000.00

B. Numa Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 11842 Rock Landing Dr Suite 105
 City Newport News State VA Zip Code 23606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oyster Point Oral & Facial Sur Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 25 / 2015
Transaction ID : SA11AI.27700
 Amount of Each Receipt this Period
 250.00

C. Fulton Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1826 Flagler Ave NE
 City Atlanta State GA Zip Code 30309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oral & Maxillofacial Surgery A Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 13 / 2015
Transaction ID : SA11AI.27701
 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: PAGE 12 OF 24
(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. Richard Mayo

Mailing Address 750 Boardman Poland Rd
Ste 2

City Boardman State OH Zip Code 44512

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
08 / 17 / 2015
Transaction ID : SA11AI.27702

Amount of Each Receipt this Period
250.00

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

Mailing Address 6577 Plesenton Dr S

City Worthington State OH Zip Code 43085

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
08 / 31 / 2015
Transaction ID : SA11AI.27708

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Philip Pandolfi

Mailing Address 2105 Evelyn Byrd Ave

City Harrisonburg State VA Zip Code 22801

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
08 / 13 / 2015
Transaction ID : SA11AI.27711

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 13 OF 24
(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. Scott Preisler

Mailing Address 4344 20th Ave S
Suite 2

City Fargo State ND Zip Code 58103

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

Name of Employer Face & Jaw Surgery Center Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 25 / 2015
Transaction ID : SA11AI.27712

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Christopher Saal

Mailing Address 1608 Polk St

City Houma State LA Zip Code 70360

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

Name of Employer Oral Facial Surgery Center Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 25 / 2015
Transaction ID : SA11AI.27713

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Brian Schmidt

Mailing Address 6521 Crabtree Ln

City Brecksville State OH Zip Code 44141

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

Name of Employer Benninger Schween & Schmidt Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 17 / 2015
Transaction ID : SA11AI.27714

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 14 OF 24
	<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 Scioscia
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Saluda Springs Rd
 City Lexington State SC Zip Code 29072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lexington Facial & Oral Surger Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 08 / 25 / 2015
Transaction ID : SA11AI.27715
 Amount of Each Receipt this Period
250.00

B. Adam Serlo
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Eastowne Dr Ste 110
 City Chapel Hill State NC Zip Code 27514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oral & Maxillofacial Surgery A Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 08 / 31 / 2015
Transaction ID : SA11AI.27716
 Amount of Each Receipt this Period
1000.00

C. Steven Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 N Lincoln Blvd Ste 2000
 City Oklahoma City State OK Zip Code 73104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oral Facial Surgery Center Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 08 / 13 / 2015
Transaction ID : SA11AI.27717
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 24
(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. Marcus Tanabe

Mailing Address 1165 C S Columbia Rd
Ste C

City Grand Forks State ND Zip Code 58201

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

Name of Employer Valley Oral & Facial Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 26 / 2015
Transaction ID : SA11AI.27718

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Charles Tentinger

Mailing Address P.O. Box 67

City Prescott State WI Zip Code 54021

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

Name of Employer St Paul Oral Surgery PA Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 17 / 2015
Transaction ID : SA11AI.27719

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Anthony Tortorich

Mailing Address 4220 N Rodney Parham
Ste 103

City Little Rock State AR Zip Code 72212

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

Name of Employer Anthony L Tortorich DDS PA Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 13 / 2015
Transaction ID : SA11AI.27721

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 16 OF 24
	<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. Timothy Turvey

Mailing Address Dept of OMS
CB-7450

City Chapel Hill State NC Zip Code 27599

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

Name of Employer University of North Carolina Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 13 / 2015
Transaction ID : SA11AI.27722

Amount of Each Receipt this Period
250.00

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

Mailing Address 1200 48th Ave N
Suite 101

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Atlantic Oral Surgery & Implan Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 13 / 2015
Transaction ID : SA11AI.27727

Amount of Each Receipt this Period
1000.00

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

Mailing Address 300 20th Ave N
Suite 606

City Nashville State TN Zip Code 37203

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

Name of Employer John R Werther DMD MD Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
08 / 13 / 2015
Transaction ID : SA11AI.27730

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional).....▶	1625.00
TOTAL This Period (last page this line number only).....▶	14750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 24
(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. MB Financial Bank

Mailing Address 6111 North River Rd

City Rosemont State IL Zip Code 60018

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.52

Date of Receipt
08 / 31 / 2015
Transaction ID : SA17.27735

Amount of Each Receipt this Period
37.53

Interest

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	37.53
TOTAL This Period (last page this line number only).....▶	37.53

**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. MB Financial Bank

Mailing Address 6111 North River Rd

City Rosemont State IL Zip Code 60018

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : **SB21B.27736**

Amount of Each Disbursement this Period

141.78

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Collection Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2015

Transaction ID : **SB21B.27737**

Amount of Each Disbursement this Period

111.45

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Collection Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2015

Transaction ID : **SB21B.27738**

Amount of Each Disbursement this Period

12.74

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

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

265.97

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**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. Paypal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Collection Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2015

Transaction ID : SB21B.27739

Amount of Each Disbursement this Period

63.45

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Collection Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : SB21B.27740

Amount of Each Disbursement this Period

20.48

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Collection Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : SB21B.27741

Amount of Each Disbursement this Period

80.30

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

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

164.23

430.20

**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. COURTNEY FOR CONGRESS

Mailing Address PO BOX 1372

City VERNON State CT Zip Code 06066

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SB23.27743

Amount of Each Disbursement this Period

3500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SAM JOHNSON

Mailing Address P.O. BOX 860096

City PLANO State TX Zip Code 75086

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : SB23.27748

Amount of Each Disbursement this Period

2000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. JEFF DUNCAN FOR CONGRESS

Mailing Address PO BOX 845

City LAURENS State SC Zip Code 29360

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: SC District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : SB23.27747

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

6500.00

**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. MULVANEY FOR CONGRESS

Mailing Address P.O. BOX 1975

City LANCASTER State SC Zip Code 29721

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: SC District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2015

Transaction ID : SB23.27750

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2015

Transaction ID : SB23.27742

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. SANFORD FOR CONGRESS

Mailing Address P. O. BOX 160

City SULLIVANS ISLAND State SC Zip Code 29482

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: SC District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2015

Transaction ID : SB23.27752

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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**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. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : SB23.27753

Amount of Each Disbursement this Period

4000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. TOM RICE FOR CONGRESS

Mailing Address 1107 48TH AVE., N.
SUITE 310-A

City MYRTLE BEACH State SC Zip Code 29577

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : SB23.27751

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. TREY GOWDY FOR CONGRESS

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: SC District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : SB23.27749

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

7500.00

**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. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: MI District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 13 / 2015

Transaction ID : SB23.27744

Amount of Each Disbursement this Period

5000.00

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 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 Y Y

Amount of Each Disbursement this Period

Category/
Type

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

5000.00

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

24000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 24
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <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"/>