Image# 201509179002689974				PAGE 1 / 24
	PORT OF RI ND DISBURS Other Than An Authori	EMENTS	Offic	e Use Only
1. NAME OF TYP COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	700 WEST BRYN MAWR AVE.			
Check if different than previously reported. (ACC)				D018
2. FEC IDENTIFICATION NUMB	ER ▼ CITY ▲		STATE 🔺	ZIP CODE
С соооо5660	3. IS TH REPC		AMEND (A)	ED
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Apr 20 (	M3) Jun 20 (M	6) 🗙 Sep 20 (N	A9)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Outoteche Report (Q2)	(c) 12-Day <b>PRE</b> -Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M = M / D = D		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D		in the State of
5. Covering Period 08	01 / Y Y Y Y 01 2015	through 08	M / D D / Y 31	2015
I certify that I have examined this Re Type or Print Name of Treasurer	eport and to the best of my /urray Jacobs	knowledge and belief it is	true, correct and com	nplete.
Signature of Treasurer	cobs	[Electronically Filed]	Date 09	D D / Y Y Y Y Y 17 2015
NOTE: Submission of false, erroneous	, or incomplete information ma	y subject the person signing	g this Report to the per	nalties of 2 U.S.C. §437g.
Office Use Only			F	EC FORM 3X Rev. 12/2004

09/17/2015 15 : 20

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
Wr	ite or Type Committee Name		
A	MERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL SURGEONS POL	ITICAL ACTION COMMITTEE
Re	port Covering the Period: From:	08 / D D / Y Y Y Y 01 2015 To:	M         /         D         /         Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015	[	571982.86
	(b) Cash on Hand at Beginning of Reporting Period	570585.43	
	(c) Total Receipts (from Line 19)	15442.53	100768.91
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	586027.96	672751.77
7.	Total Disbursements (from Line 31)	24430.20	111154.01
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	561597.76	561597.76
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	166.00	
	Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From: 08	/ D D / Y Y Y Y 01 2015	To: 08 / 0 0 / 9 9 9 9
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Contributions (other than loans) From:         <ul> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> <li>(i) Itemized (use Schedule A)</li> <li>(ii) Unitemized</li></ul></li></ol>	14750.00 7 655.00	91583.00 5186.28 96769.28
Lines 11(a)(i) and (ii)▶	15405.00	
(b) Political Party Committees	0.00	0.00
<ul> <li>(c) Other Political Committees <ul> <li>(such as PACs)</li> </ul> </li> <li>(d) Total Contributions (add Lines <ul> <li>(d) Total Contributions (add Lines)</li> </ul> </li> </ul>	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15405.00	96769.28
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures (Refunds, Rebates, etc.)</li> </ol>	0.00	0.00
<ul> <li>(Carry Totals to Line 37, page 5)</li> <li>6. Refunds of Contributions Made to Federal Candidates and Other</li> </ul>	0.00	0.00
Political Committees	0.00	3750.00
<ol> <li>Other Federal Receipts (Dividends, Interest, etc.)</li> <li>Transfers from Non-Federal and Levin Funds (a) Non-Federal Account</li> </ol>	37.53	249.63
(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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	15442.53	100768.91
0. Total Federal Receipts (subtract Line 18(c) from Line 19)►	15442.53	100768.91

I

#### DETAILED SUMMARY PAGE

		COLUMN A	COLUMN B			
	II. Disbursements	Total This Period	Calendar Year-to-Date			
	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			
	<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	430.20	6704.0 <sup>.</sup>			
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00			
	Contributions to Federal Candidates/Committees					
	and Other Political Committees Independent Expenditures	24000.00	104200.00			
5.	(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
6.	Loan Repayments Made	0.00	0.00			
	Loans Made	0.00	0.00			
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	250.00			
		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			
_						
9.	Other Disbursements	0.00	0.00			
).	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			
	Total Disbursements (add Lines 21(c), 22,					
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24430.20	111154.0			
<u>.</u>	Total Federal Disbursements					
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	24430.20	111154.01			

FE6AN026

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#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
8. Total Contributions (other than loans) (from Line 11(d), page 3)	15405.00	96769.28
<ul> <li>Total Contribution Refunds (from Line 28(d))</li> </ul>	0.00	250.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15405.00	96519.28
add Line 21(a)(i) and Line 21(b))	430.20	6704.01
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	430.20	6704.01

#### Image# 201509179002689979

#### SCHEDULE A (FEC Form 3X) I

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

24

	-	Use separate schedule(s)	(check	only	one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	H	11b	11c	12	17			
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any po ddress of any political committee	erson for t	he pu	urpose o	f solicitin	g contribu	tions			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C	ORAL AND M	AXILLOFACIAL SURGEO	NS POL	.ITIC	CAL AC	CTION (	COMMI	TTEE			
Full Name (Last, First, Middle Initial) A. John Akers			Date	e of F	Receipt						
Mailing Address 549 Health Blvd	State	Zip Code	C	08 26 2015 Transaction ID : SA11AI.27662							
City Daytona Beach											
FEC ID number of contributing federal political committee.	С				,	7	500	0.00			
Name of Employer Florida Oral & Facial Surgical	Occupation Oral Surge										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1								
Full Name (Last, First, Middle Initial) B. Shawn Bailey			Date	e of F	Receipt						
Mailing Address 11 Sandstone Ct	21.1			M 08	/ D 17		2015	Y			
City Le Claire	State IA	Zip Code 52753				: SA11AI Receipt t	<b>.27667</b> his Period				
FEC ID number of contributing federal political committee.	С				7	7	500	.00			
Name of Employer Spring Park OMS Associates	Occupation Oral Surgeo										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
Full Name (Last, First, Middle Initial) C. Anthony Bennett			Date	e of F	Receipt						
Mailing Address 1425 N McLean Blvd Suite 200			(	M 08	/ D	3	2015	Y			
City Elgin	State IL	Zip Code 60123				: SA11AI Receipt tl	l <b>.27670</b> his Period				
FEC ID number of contributing federal political committee.	С				7	7	250	0.00			
Name of Employer	Occupation	I									
Elgin Oral & Maxillofacial Sur	Oral Surge	on									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
SUBTOTAL of Receipts This Page (optional)	)	•••••			3	5	1250	.00			

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

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## Use separate schedule(s)

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	nly one)								
11			for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c		12 16	17			
Ar	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma	ay not be sold or used by any pe ddress of any political committee	erson	for the	purp ntrib	bose of	f solicitir	ng cor ch co	ntribut	ions			
<u>,</u>	NAME OF COMMITTEE (In Full)			- 10 0										
$\left \right\rangle$	AMERICAN ASSOCIATION OF OF	RAL AND M	AXILLOFACIAL SURGEO	NS I	POLIT	ICA	AL AC	TION	CON	MMIT	TEE			
Α.	Full Name (Last, First, Middle Initial) Stanton Braid				Date of	f Re	ceipt							
	Mailing Address 275 S 19th St FI 3				08 17 _ 2015 _									
	City Philadelphia	State PA	Zip Code 19103	_				SA11A Receipt 1						
	FEC ID number of contributing federal political committee.	С					7	1.9	_	250.	00			
	Name of Employer	Occupation												
	L Reichman Associates PC Receipt For:	Oral Surgeo		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
— В.	Full Name (Last, First, Middle Initial) Deborah Cooper-Newland				Date of	f Re	ceipt							
	Mailing Address 5001 Bissonnet Suite 103				08	/	13			)15	Y			
	City	State	Zip Code		Trans	acti	on ID :	SA11A	1.2767	79				
	Bellaire	ТХ	77401	_	Amount	t of	Each F	Receipt 1	this P	Period				
	FEC ID number of contributing federal political committee.	С				9		_	375.	00				
	Name of Employer	Occupation												
	Self Employed	Oral Surgeo	n											
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00											
<u> </u>	Full Name (Last, First, Middle Initial) Larry Cunningham				Date of	f Re	ceipt							
	Mailing Address 800 Rose St Suite D508				м м 08	/	25			) 15	Y			
	City Lexington	State KY	Zip Code 40536					: SA11A Receipt 1						
	FEC ID number of contributing federal political committee.	С					7			250	00			
	Name of Employer	Occupation												
	University of Kentucky OMS	Oral Surge	วท											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		250.00											
s	<b>UBTOTAL</b> of Receipts This Page (optional)		•••••	•			7		+	875.	00			

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#### SCHEDULE A (FEC Form 3X) ľ

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т	<b>EMIZED RECEIPTS</b> Use separate schedule(s) for each category of the	(check only one)											
			for each category of the Detailed Summary Page		X 11a		11b 14	11c		12 16		17	
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane name and a	ay not be sold or used by any pe ddress of any political committee	ersor e to s	for the	pur	pose of	solicitir	ng co ch co	ontributi	ons	17	
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND M	AXILLOFACIAL SURGEO	NS	POLIT	-ICA	AL AC	TION	со	MMIT	TE	Ξ	
Α.	Full Name (Last, First, Middle Initial) Matthew Dennis				Date o	of Re	eceipt						
	Mailing Address P.O. Box 100416				08 13 2015								
	City Gainesville	State FL	Zip Code 32610		Transaction ID : SA11AI.27684 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					,		_	250.	00		
	Name of Employer Self Employed	Occupation Oral Surgeo											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		250.00										
в.	Full Name (Last, First, Middle Initial) Douglas Fain				Date c	of Re	eceipt						
	Mailing Address 19211 Mohawk St				08	/	31			015	Y		
	City Stilwell	State KS	Zip Code 66085					SA11A					
	FEC ID number of contributing federal political committee.	C			Amour		Fach F	Receipt 1	.nis i	1000.	00		
	Name of Employer Douglas W Fain DDS MD PA	Occupation Oral Surgeo											
	Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 1000.00										
_	Full Name (Last, First, Middle Initial) Eric Geist				Date o	of Be	aceint						
0.	Mailing Address 2003 Forsythe Ave				08		17			015	Y		
	City Monroe	State LA	Zip Code 71201				ion ID :	SA11A	1.276	688			
	FEC ID number of contributing federal political committee.	С					ŋ		_	1000.	00		
	Name of Employer	Occupation											
	Oral Surgery Associates	Oral Surge	n										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
s	UBTOTAL of Receipts This Page (optional)						7			2250.0	00		

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

FEC Schedule A (Form 3X) Rev. 02/2003

## Use separate schedule(s)

FOR LINE NUMBER:

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24

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	nly one)	)	L							
		for each category of the Detailed Summary Page	X 11a		1b	11c	12 16	17					
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any po ddress of any political committee	erson for the	e purpo:	se of so	bliciting c	ontribut	ions					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C													
Full Name (Last, First, Middle Initial) A. Harold Hargis			Date	of Rece	eipt								
Mailing Address 11740 Wilshire Blvd Apt A410 City	State	Zip Code	08	08 / 11 2015 Transaction ID : SA11AI.27689									
Los Angeles	CA	90025				eipt this							
FEC ID number of contributing federal political committee.	С					7	250.	.00					
Name of Employer UCLA-School of Dentistry	Occupation Oral Surgeo												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1										
Full Name (Last, First, Middle Initial) B. Richard Haug			Date	of Rece	eipt								
Mailing Address 1601 Abbey PI Suite 220	01-1-	Zip Code	M         M         /         D         D         /         Y										
City Charlotte	State NC				A11AI.27 ceipt this								
FEC ID number of contributing federal political committee.	С		250.00										
Name of Employer Carolinas Ctr for Oral Health	Occupation Oral Surgeo		_										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]										
Full Name (Last, First, Middle Initial) C. Barry Hendler			Date	of Rece	eipt								
Mailing Address 1000 Germantown Pike St	te D2		08	M /	D D 17		y 2015	Y					
City Plymouth Meeting	State PA	Zip Code 19462				A11AI.27 ceipt this							
FEC ID number of contributing federal political committee.	С			. ,		7	250.	.00					
Name of Employer	Occupation												
Self Employed Receipt For:	Oral Surge		_										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
SUBTOTAL of Receipts This Page (optional)	)			7		7	750.	00					

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

FEC Schedule A (Form 3X) Rev. 02/2003

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## Use separate schedule(s)

FOR LINE NUMBER:

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	RECEIPTS	-	Use separate schedule(s)	(check d	(check only one)								
			for each category of the Detailed Summary Page	X 11a	a 🗌	11b 14	11c		12 16	17			
Any informatic or for commen	on copied from such Reports and rcial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any pe ddress of any political committee	erson for th	ne pu contri	rpose of	solicitin	g con	ntributi	ons			
	COMMITTEE (In Full) CAN ASSOCIATION OF O	RAL AND M	AXILLOFACIAL SURGEO	NS POL	ITIC	AL AC	TION (	CON	1MIT	TEE			
A. John Hil	0					eceipt							
Mailing Address 1389 W Main St <u>Ste 320</u> City Waterbury		State	Zip Code	0	08 / 31 / 2015 Transaction ID : SA11AI.27693								
	mber of contributing tical committee.	СТ	06708	_ Amo	unt of	f Each F	Receipt t	his Pe	eriod 250.0	00			
Name of E Self Employ Receipt Fo	yed r:	Occupation Oral Surged Aggregate		_									
	r (specify) 🔻		250.00										
B. Sachin				<b>—</b>		eceipt							
City	Mailing Address 2500 Nesconset Hwy Bldg 24A City		State Zip Code			08 26 2015 Transaction ID : SA11AI.27694							
Stony Broo	k	NY	11790	Amo	unt of	Each F	Receipt t	his Pe	eriod				
	mber of contributing tical committee.	С	E		5	7	_	250.0	00				
	I Surgery Associate		Occupation Oral Surgeon										
Receipt Fo Prima Other		Aggregate	Year-to-Date ▼ 250.00										
Full Name C. David K	(Last, First, Middle Initial) Krigbaum			Date	of R	eceipt							
	dress 2620 Stewart Ave Suite 218	<b>2</b>		м 0	8	/ D E		201		Y			
City Wausau		State WI	Zip Code 54401			tion ID : FEach F							
federal poli	mber of contributing tical committee.	С				<b>y</b>	7		500.	00			
Name of E		Occupation											
Self Employ Receipt Fo		Oral Surge		_									
Prima		Aggregate	Year-to-Date ▼ 500.00										
SUBTOTAL	of Receipts This Page (optional)					3		1	1000.0	00			

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

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## Use separate schedule(s)

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IТ.			Use separate schedule(s)	(check o	nly or	ne)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	17				
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for th	e pur contrit	pose of	soliciting	g contribu	utions				
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND M	AXILLOFACIAL SURGEON	NS POLI	TIC/	AL AC	TION C	COMMI	TTEE				
Α.	Full Name (Last, First, Middle Initial) Paul Lambert			Date of Receipt									
	Mailing Address 5398 N Brookmeadow Way			08		13	) / Y	2015	Y				
City Boise FEC ID number of contributing federal political committee.		State ID	Zip Code 83713	Transaction ID : SA11AI.27698 Amount of Each Receipt this Period									
		С							0.00				
	Name of Employer Self Employed	Occupation Oral Surgeo		_									
	Receipt For:	-	Year-to-Date ▼										
	Other (specify)		2000.00										
в.	Full Name (Last, First, Middle Initial) Numa Lee			Date	of Re	eceipt							
	Mailing Address 11842 Rock Landing Dr Suite 105	08	™ /	25	/ Y	у у 2015	Y						
	City	State	Zip Code	Trar	nsact	ion ID :	SA11AI.	27700					
	Newport News	VA	23606	Amou	int of	Each R	Receipt th	nis Perioo	k				
	FEC ID number of contributing federal political committee.	С						250	0.00				
	Name of Employer Oyster Point Oral & Facial Sur	Occupation Oral Surgeo											
	Receipt For:		Year-to-Date ▼	-									
	Primary General Other (specify) ▼		250.00										
	Full Name (Last, First, Middle Initial) Fulton Lewis			Date	of Br	eceint							
0.	Mailing Address 1826 Flagler Ave NE			08	M /	13		_2015	Y				
	City Atlanta	State GA	Zip Code 30309	Trai	nsact	tion ID :	SA11AI. Receipt th	27701	4				
	FEC ID number of contributing federal political committee.	С							0.00				
	Name of Employer	_											
	Oral & Maxillofacial Surgery A	Oral Surgeo	on										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		250.00										
5	UBTOTAL of Receipts This Page (optional)		••••••	Γ.		7	1 1	1500	0.00				

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

## Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)			NUMBER: PAGE 12 OF 24							
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only							
			Detailed Summary Page	× 11a	11b 11c 12 14 15 16 17						
Ar	y information copied from such Reports and St	atements ma	ay not be sold or used by any pe	erson for the	purpose of soliciting contributions						
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to solicit cor	ntributions from such committee.						
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	L AND M	AXILLOFACIAL SURGEO	NS POLITI	ICAL ACTION COMMITTEE						
<u>А.</u>	Full Name (Last, First, Middle Initial) Richard Mayo			Date of Receipt							
	Mailing Address 750 Boardman Poland Rd Ste 2			м м 08	M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Trans	saction ID : SA11AI.27702						
	Boardman	OH	44512	Amount	t of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			250.00						
	Name of Employer	Occupation	1								
	Self Employed	Oral Surgeo	วท								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
В.	Full Name (Last, First, Middle Initial) Gregory Ness			Date of	f Receipt						
	Mailing Address 6577 Plesenton Dr S			M = M	/ D D / Y Y Y Y						
	<u></u>	Otata	7	08	31 2015						
	City Worthington	State OH	Zip Code 43085		action ID : SA11AI.27708						
	FEC ID number of contributing		+0000	Amount	t of Each Receipt this Period						
	federal political committee.	С			250.00						
	Name of Employer	Occupation									
	Self Employed	Oral Surgeo		_							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 250.00								
<u> </u>	Full Name (Last, First, Middle Initial) Philip Pandolfi			Date of	f Receipt						
	Mailing Address 2105 Evelyn Byrd Ave			М М 08	/ D D / Y Y Y Y 13 2015						
	City Harrisonburg	State VA	Zip Code 22801		saction ID : SA11AI.27711 t of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			250.00						
	Name of Employer	1	_								
	Self Employed	Oral Surgeo	on								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)				750.00						

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

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9

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

24

ITEMIZED RECEIPTS			Use separate schedule(s)	(cł	(check only one)									
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13	11b	11c		12 16	17				
Aı or	ny information copied from such Reports and s for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson e to s	for the	purpose o	f solicitin	g cor	ntributi	ions				
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND M	AXILLOFACIAL SURGEO	NS	POLITI	CAL AC	CTION (	CON	лміт	TEE				
Α.					Date of	Receipt								
	Mailing Address 4344 20th Ave S Suite 2 City	State	Zip Code		08 Trans	25 action ID		20	)15 1 <b>2</b>	Y				
	Fargo	ND	58103	_		of Each I								
	FEC ID number of contributing federal political committee.	С				7	7		250.	00				
	Name of Employer Face & Jaw Surgery Center	Occupation Oral Surgeo												
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
в.	Full Name (Last, First, Middle Initial) Christopher Saal				Date of	Receipt								
	Mailing Address 1608 Polk St	State	Zip Code		08	/ D 25	5	20		Y				
	City Houma	LA	70360			of Each I								
	FEC ID number of contributing federal political committee.	C				- 7			1000.(	00				
	Name of Employer Oral Facial Surgery Center	Occupation Oral Surgeo												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
С.	Full Name (Last, First, Middle Initial) Brian Schmidt	I			Date of	Receipt								
	Mailing Address 6521 Crabtree Ln				м – м 08	/ D 17			9 15	Y				
	City Brecksville	State OH	Zip Code 44141	_		action ID of Each I								
	FEC ID number of contributing federal political committee.	C				- 7			250.	00				
	Name of Employer	Occupation												
	Benninger Schween & Schmidt Receipt For:	Oral Surge	on Year-to-Date ▼											
	Primary General Other (specify) ▼	Aggregate	250.00											
5	SUBTOTAL of Receipts This Page (optional)		•	 ►	Ľ.	-7			1500.0	00				

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## Use separate schedule(s)

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PAGE 14 OF

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IТ			Use separate schedule(s)	(C	(check only one)									
			for each category of the Detailed Summary Page		X 11a		11b 14	11c		12 16	17			
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	L ay not be sold or used by any pe Iddress of any political committee	ersoi e to :	n for the	pur ntrib	pose o	f solicitir	ng co ch cc	ntributi	ions			
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND M	AXILLOFACIAL SURGEO	NS	POLIT	ICA	AL AC	TION	COI	MMIT	TEE			
Α.	Full Name (Last, First, Middle Initial) Patrick Scioscia				Date of Receipt									
	Mailing Address 230 Saluda Springs Rd				M = M         /         D = D         /         Y = Y = Y = Y         Y           08         25         2015         2015									
	City Lexington	State SC	Zip Code 29072					SA11A Receipt 1						
	FEC ID number of contributing federal political committee.	С					7			250.	00			
	Name of Employer Lexington Facial & Oral Surger Receipt For: Primary General Other (specify)	Occupation Oral Surged Aggregate		]										
В.	Full Name (Last, First, Middle Initial) Adam Serlo				Date of	f Re	eceipt							
	Mailing Address 501 Eastowne Dr Ste 110	<b>0</b> 1.1			м м 08	/	D 31			у 015	Y			
	City Chapel Hill	State NC	Zip Code 27514				-	SA11A Receipt		-				
	FEC ID number of contributing federal political committee.	С					7	- 7	_	1000.0	00			
	Name of Employer Oral & Maxillofacial Surgery A	Occupation Oral Surgeo												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Steven Sullivan				Date of	f Re	eceipt							
	Mailing Address 1000 N Lincoln Blvd Ste 2000				м м 08	/	D 13			ү 015	Y			
	City Oklahoma City	State OK	Zip Code 73104					: SA11A Receipt 1						
	FEC ID number of contributing federal political committee.				7		_	1000.	00					
	Name of Employer	Occupation	l											
	Oral Facial Surgery Center	Oral Surge	on											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
s	<b>SUBTOTAL</b> of Receipts This Page (optional)			<u> </u>			1			2250.0	00			

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

## Use separate schedule(s)

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PAGE 15 OF

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ITEMIZED RECEIPTS			Use separate schedule(s)	(C	(check only one)								
			for each category of the Detailed Summary Page		X 11a 13	11b	110		12 16	17			
Ar or	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any po ddress of any political committee	ersor e to s	n for the	purpose	of solicit	ting co	ontribut	ions			
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND M	AXILLOFACIAL SURGEO	NS	POLITI	CAL A		1 CO	MMIT	TEE			
Α.	Full Name (Last, First, Middle Initial) Marcus Tanabe				Date of	Receipt	t						
	Mailing Address 1165 C S Columbia Rd <u>Ste C</u> City	State	Zip Code	08 26 2015 Transaction ID : SA11AI.27718									
	Grand Forks	ND	58201		Amount	of Each	n Receipt	this	Period				
	FEC ID number of contributing federal political committee.	С				7	,		500.	.00			
	Name of Employer Valley Oral & Facial Surgery	Occupation Oral Surgeo											
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
в.	Full Name (Last, First, Middle Initial) Charles Tentinger				Date of	Receipt	t						
	Mailing Address P.O. Box 67		м м 08		17 /	2	2015	Y					
	City Prescott	State WI	Zip Code 54021	$\vdash$			<b>D : SA11</b> n Receipt		-				
	FEC ID number of contributing federal political committee.	С							250.	00			
	Name of Employer St Paul Oral Surgery PA	Occupation Oral Surgeo											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Anthony Tortorich				Date of	Receipt	t						
	Mailing Address 4220 N Rodney Parham Ste 103				м м 08		D / 13		y y 2015	Y			
	City Little Rock	State AR	Zip Code 72212				<b>D : SA11</b> n Receipt						
	FEC ID number of contributing federal political committee.	С							250	.00			
	Name of Employer	Occupation											
	Anthony L Tortorich DDS PA	Oral Surge	on										
	Receipt For:         Primary       General         Other (specify) ▼												
s	UBTOTAL of Receipts This Page (optional)		•••••	_ ►	<u> </u>				1000.	00			

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

FEC Schedule A (Form 3X) Rev. 02/2003

18

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## Use separate schedule(s)

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PAGE 16 OF

24

			Use separate schedule(s)	(ch	(check only one)							
			for each category of the Detailed Summary Page		< 11a 13	11b	11c	12	Г	17		
Any or fo	information copied from such Reports and or commercial purposes, other than using t	I Statements mather the name and a	ay not be sold or used by any pound any pound by any pound by any political committee	erson e to so	for the	purpose o	f solicitin	g contril	oution	ns		
	JAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND M	AXILLOFACIAL SURGEO	NS F	POLITI	CAL AC	TION (	COMM	1177	ΈE		
A	-ull Name (Last, First, Middle Initial) Timothy Turvey				Date of	Receipt						
_	Vailing Address Dept of OMS CB-7450				м м 08	/ D 13	D / Y	2015				
	Dity Chapel Hill	State NC	Zip Code 27599			action ID : of Each F			od			
	EC ID number of contributing ederal political committee.	С						2	50.00	D		
ι	Name of Employer Jniversity of North Carolina	Occupation Oral Surgeo										
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
<b>B</b>	Full Name (Last, First, Middle Initial) Jeffrey Wallen				Date of	Receipt						
_	Aailing Address 1200 48th Ave N Suite 101		7.0.1		08	/ 13	D / Y	2015	Y			
	City Myrtle Beach	State SC	Zip Code 29577	_		action ID :	-		1			
F	EC ID number of contributing ederal political committee.	C			Amount	of Each F	Receipt ti		00.00	)		
	Jame of Employer tlantic Oral Surgery & Implan	Occupation Oral Surgeo										
Ē	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00									
	<sup>-</sup> ull Name (Last, First, Middle Initial) <b>John Werther</b>				Date of	Receipt						
_	Aailing Address 300 20th Ave N Suite 606				м м 08	/ 13	5	2015	Y			
	City Nashville	State TN	Zip Code 37203			of Each F			bd			
	EC ID number of contributing ederal political committee.	С							75.0	0		
Ī	Name of Employer	Occupation	I	_								
	John R Werther DMD MD	Oral Surge	on									
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00									
SU	BTOTAL of Receipts This Page (optional).			<u> </u>			T	162	25.00	)		
	TAL This Pariod (last page this line number	or only)		_				1475	50.00	)		

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

FEC Schedule A (Form 3X) Rev. 02/2003

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### 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

24

11a 11b 12 11c X 17 13 14 15 16 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) MB Financial Bank Α. Date of Receipt Mailing Address 6111 North River Rd M M / 31 2015 08 City State Zip Code Transaction ID : SA17.27735 Rosemont IL 60018 Amount of Each Receipt this Period FEC ID number of contributing С 37.53 federal political committee. Interest Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 236.52 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Date of Receipt Mailing Address M M City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 37.53 SUBTOTAL of Receipts This Page (optional).....

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37.53

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

SCHEDULE B (FEC Form 3X)				NE NUMBER: PAGE 18 OF 24
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 2 2	7 28a 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL S	SURGEO	NS POLITICAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) MB Financial Bank			Date of Disbursement
	Mailing Address 6111 North River Rd			08 04 2015
	City Rosemont	State Zip Code IL 60018		Transaction ID : SB21B.27736
	Purpose of Disbursement Credit Card Processing Fees			Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	141.78
	Office Sought:     House     Disburse       Senate     President     Image: Senate	ement For: Primary General Other (specify) ▼		
	State: District:	1		
B.	Full Name (Last, First, Middle Initial) Paypal			Date of Disbursement
	Mailing Address 2211 N. First Street		08 13 2015	
	City San Jose	StateZip CodeCA95131		Transaction ID : SB21B.27737
	Purpose of Disbursement Paypal Collection Fees			Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	111.45
	Office Sought:     House     Disburse       Senate     President     Image: Senate	ment For: Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Paypal			Date of Disbursement
	Mailing Address 2211 N. First Street			08 17 2015
	City San Jose	StateZip CodeCA95131		Transaction ID : SB21B.27738
	Purpose of Disbursement Paypal Collection Fees Candidate Name		Category/ Type	Amount of Each Disbursement this Period 12.74
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) <del>V</del>	1390	
Г				
⊢	<b>UBTOTAL</b> of Disbursements This Page (optional). <b>OTAL</b> This Period (last page this line number only		-	

SC	CHEDULE B (FEC Form 3X)			F	DR I	INE N	UMBEF	<u>}:</u>		PA	GE 19	OF 24
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		heck	only			23 28b	24 28c	25	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan				any	persor	for the		oose d	of solicitin	g contrib	utions
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAX	ILLOFACIAL	SUR	GE	ONS	POLI	ΓICA	AL AC	CTION	COMM	ITTEE
Α.	Full Name (Last, First, Middle Initial) Paypal						Date o		sburse		Y Y	Y
	Mailing Address 2211 N. First Street						08		2	5	2015	
	San Jose	State CA	Zip Code 95131				Tran	sacti	on ID	: SB21B.	27739	
	Purpose of Disbursement Paypal Collection Fees						Amour	nt of	Each	Disburser	nent this	Period
	Candidate Name				egory /pe	/			,	- 7	6	3.45
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼									
_	State: District:											
В.	Paypal						Date o	_	sburse		YY	Y
	Mailing Address 2211 N. First Street						08			6	2015	
	San Jose	State CA	Zip Code 95131				Tran	sacti	ion ID	: SB21B.	27740	
	Purpose of Disbursement Paypal Collection Fees						Amour	nt of	Each	Disburser	nent this	Period
	Candidate Name				egory /pe	/			,	7	2	20.48
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼									
	State:     District:       Full Name (Last, First, Middle Initial)											
C.	Paypal						Date o		sburse		YY	Y
	Mailing Address 2211 N. First Street						08	, ,	3		2015	
	San Jose	State CA	Zip Code 95131				Tran	sacti	ion ID	: SB21B.	27741	
	Purpose of Disbursement Paypal Collection Fees Candidate Name				egory	/	Amour	nt of	Each	Disburser		Period
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼	Ту	/pe				7			
	State: District:						_	_				
s	UBTOTAL of Disbursements This Page (optional)						Ļ	_	7		16	4.23
Т	OTAL This Period (last page this line number only)	)							,		43	0.20

SCHE	EDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 20 OF 24
	ZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 27	v one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	ormation copied from such Reports and State commercial purposes, other than using the na				
	IE OF COMMITTEE (In Full) IERICAN ASSOCIATION OF ORAL	AND MAX	XILLOFACIAL	SURGEON	S POLITICAL ACTION COMMITTEE
A. CC	Name (Last, First, Middle Initial)				Date of Disbursement
Mail	ing Address PO BOX 1372				08 13 2015
	NON	State CT	Zip Code 06066		Transaction ID : SB23.27743
	ose of Disbursement Jeral Campaign Contribution			· · · · ]	Amount of Each Disbursement this Period
Can	didate Name			Category/ Type	3500.00
	Senate X President	ement For: Primary Other (spe	General		
	e: CT District: 02 Name (Last, First, Middle Initial) RIENDS OF SAM JOHNSON				Date of Disbursement
Mail	ing Address P.O. BOX 860096				08 / D D / Y Y Y Y 2015
City PLA	NO	State TX	Zip Code 75086		Transaction ID : SB23.27748
	ose of Disbursement deral Campaign Contribution				Amount of Each Disbursement this Period
Can	didate Name			Category/ Type	2000.00
Offic	Senate President	ement For: Primary Other (spe	General		
	Name (Last, First, Middle Initial)	5			Date of Disbursement
Mail	ing Address PO BOX 845				08 / D D / Y Y Y Y 2015
City LAU	RENS	State SC	Zip Code 29360		Transaction ID : SB23.27747
Fed	ose of Disbursement Jeral Campaign Contrubution didate Name			Category/ Type	Amount of Each Disbursement this Period
Offic	Senate President	ement For: Primary Other (spe	General	211-1	
	OTAL of Disbursements This Page (optional).				6500.00
	This Period (last page this line number only				

3	CHEDULE B (FEC Form 3X)			EOP		IUMBER: PAGE 21 OF 24						
	EMIZED DISBURSEMENTS		arate schedule(s) category of the	-	k only o	one)						
			Summary Page		21b 27	22         X         23         24         25         26           28a         28b         28c         29         30b						
	y information copied from such Reports and State for commercial purposes, other than using the nar											
$\left \right\rangle$	NAME OF COMMITTEE (In Full)											
Ź	AMERICAN ASSOCIATION OF ORAL	AND MA)	XILLOFACIAL :	SURGE	ONS							
Δ	Full Name (Last, First, Middle Initial)					Date of Disbursement						
Π.	MULVANEY FOR CONGRESS											
	Mailing Address P.O. BOX 1975					08 17 2015						
	City LANCASTER	State SC	Zip Code 29721			Transaction ID : SB23.27750						
	Purpose of Disbursement Federal Campaign Contribution					Amount of Each Disbursement this Period						
	Candidate Name			Categor		1000.00						
	Office Sought: Y House Disburse	ment For:	2016	Туре		100.00						
	Senate President	Primary Other (spe	General									
	State: SC District: 05		<i>J)</i> ▼									
_	Full Name (Last, First, Middle Initial)											
В.	ROSKAM FOR CONGRESS COM	IMITTE	=			Date of Disbursement						
	Mailing Address P. O. BOX 713					08 / D D / Y Y Y Y 2015						
	City WHEATON	State IL	Zip Code 60187			Transaction ID : SB23.27742						
	Purpose of Disbursement Federal Campaign Contribution											
						Amount of Each Disbursement this Period						
	Candidate Name			0 ·								
	Candidate Name			Categor Type		3000.00						
	Office Sought: X House Disburse	ment For: Primary Other (spe	General			3000.00						
	Office Sought: House Disburse Senate President State: IL District: 06	Primary	General			3000.00						
	Office Sought:       House       Disburse         Senate       President       Image: Construct to the senate       Image: Construct to the senate         State:       IL       District:       06         Full Name (Last, First, Middle Initial)       Image: Construct to the senate       Image: Construct to the senate	Primary	General			Date of Disbursement						
 C.	Office Sought:       House       Disburse         Senate       President       Image: Construct to the senate         State:       IL       District:       06         Full Name (Last, First, Middle Initial)       Image: Construct to the senate       Image: Construct to the senate	Primary	General									
 C.	Office Sought:       House       Disburse         Senate       President       Image: Construct of the senate         State:       IL       District:       06         Full Name (Last, First, Middle Initial)       SANFORD FOR CONGRESS         Mailing Address       P. O. BOX 160	Primary	General			Date of Disbursement						
C.	Office Sought:       House       Disburse         Senate       President       Image: Construct to the senate         State:       IL       District:       06         Full Name (Last, First, Middle Initial)       SANFORD FOR CONGRESS       Mailing Address       P. O. BOX 160         City       SULLIVANS ISLAND       Purpose of Disbursement	Primary Other (spe	General ecify) v			Date of Disbursement 08 / 17 / 2015 Transaction ID : SB23.27752						
 C.	Office Sought:       House       Disburse         Senate       President       Image: Construct to the senate         State:       IL       District:       06         Full Name (Last, First, Middle Initial)       SANFORD FOR CONGRESS         Mailing Address       P. O. BOX 160         City       SULLIVANS ISLAND	Primary Other (spe	General ecify) v	Type	ry/	Date of Disbursement M = M / D D / Y Y Y Y Y 08 / 17 / 2015						
C.	Office Sought:       House       Disburse         Senate       President       Image: Construct to the senate         State:       IL       District:       06         Full Name (Last, First, Middle Initial)       SANFORD FOR CONGRESS         Mailing Address       P. O. BOX 160         City       SULLIVANS ISLAND         Purpose of Disbursement       Federal Campaign Contribution         Candidate Name	Primary Other (spe	General ecify) ▼ Zip Code 29482	Type	ry/	Date of Disbursement M = M = M = M = M = M = M = M = M = M =						
 C.	Office Sought:       House       Disburse         Senate       President       Image: Senate       Image: Senate         President       District:       06       Image: Senate       Image: Senate         Full Name (Last, First, Middle Initial)       SANFORD FOR CONGRESS       Image: Senate       Image: Senate	Primary Other (spe State SC	Ceneral ccify) ▼ Zip Code 29482 2016 General	Type	ry/	Date of Disbursement M = M = M = M = M = M = M = M = M = M =						
 c.	Office Sought:       House       Disburse         Senate       President       Image: Senate       Image: Senate         State:       IL       District:       06       Image: Senate       Image: Senate         Full Name (Last, First, Middle Initial)       SANFORD FOR CONGRESS       Image: Senate       Image: Se	Primary Other (spe State SC ment For: Primary	Ceneral ccify) ▼ Zip Code 29482 2016 General	Type	ry/	Date of Disbursement 08 / 17 / 2015 Transaction ID : SB23.27752 Amount of Each Disbursement this Period						
Г	Office Sought:       House       Disburse         Senate       President       Image: Senate       Image: Senate         President       District:       06       Image: Senate       Image: Senate         Full Name (Last, First, Middle Initial)       SANFORD FOR CONGRESS       Image: Senate       Image: Senate	Primary Other (spe State SC ment For: Primary Other (spe	General ecify) ▼ Zip Code 29482 2016 General ecify) ▼	Type Categor Type	ry/	Date of Disbursement 08 / 17 / 2015 Transaction ID : SB23.27752 Amount of Each Disbursement this Period						

S	CHEDULE B (FEC Form 3X)			FO	RII		JMBER:	:		PA	AGE	22 (	DF 24
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) category of the Summary Page	-	eck	only o 21b		$\mathbf{X}$	23 28b	24 28c		25 29	26 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan												
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MA	XILLOFACIAL	SURG	GEC	ONS	POLIT	ICAI	L AC		COI	MMI	ITEE
Α.	Full Name (Last, First, Middle Initial) TIM SCOTT FOR SENATE						Date of	_	ourser		YV	Ŷ	Ŷ
	Mailing Address 1405 ASHLEY RIVER ROAD						08		17			015	
	CHARLESTON	State SC	Zip Code 29407				Trans	actio	on ID	: SB23.2	27753		
	Purpose of Disbursement Federal Campaign Contribution					ור	Amoun	t of E	Each I	Disburse	ement	this I	Period
	Candidate Name			Cateo Typ		/						4000	
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General										
	State: SC District: 00												
В.	Full Name (Last, First, Middle Initial) TOM RICE FOR CONGRESS						Date of				V	V -	V
	Mailing Address 1107 48TH AVE., N. SUITE 310-A					08 / 17				015	Y		
	MYRTLE BEACH	State SC	Zip Code 29577				Trans	sactio	on ID	: SB23.:	27751		
	Purpose of Disbursement Federal Campaign Contribution			<u> </u>		ור	Amoun	t of E	Each I	Disburse	ement	this I	Period
	Candidate Name			Categ Typ		/		,				2500	
		nent For: Primary Other (spe	General										
<u> </u>	Full Name (Last, First, Middle Initial) TREY GOWDY FOR CONGRESS						Date of	f Dist	oursei	ment			
	Mailing Address PO BOX 3324						м м 08	/	D 17			)15	Y
	City SPARTANBURG	State SC	Zip Code 29304				Trans	sactio	on ID	: SB23.2	27749	)	
	Purpose of Disbursement Federal Campaign Contribution Candidate Name			Categ		/	Amoun	t of E	Each I	Disburse	ement	this I	
		ment For: Primary Other (spe	General	Тур	pe			7	n1	7			
s	SUBTOTAL of Disbursements This Page (optional)					►						7500	.00
T	OTAL This Period (last page this line number only)	)				•		,		,			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 23 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (IN Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL S	SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. UPTON FOR ALL OF US			Date of Disbursement
Mailing Address P.O. BOX 490			08 13 2015
City ST. JOSEPH	StateZip CodeMI49085		Transaction ID : SB23.27744
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: X House Disburse Senate President	ment For: 2016 Primary General Other (specify) ▼		
State: MI District: 06 Full Name (Last, First, Middle Initial)			Data ( Distances and
B. Mailing Address			Date of Disbursement
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate President	ment For: Primary General Other (specify) ▼		
State:       District:         Full Name (Last, First, Middle Initial)         C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement		Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	
SUBTOTAL of Disbursements This Page (optional).			5000.00

SCHEDULE D (FEC Form 3X)			PAGE 24 OF 24
· · · ·	(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each	(check only one) X 9
Excluding Loans		numbered line)	10
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AN	ND MAXILLOFACIAL SURGE	ONS POLITICA	L ACTION COMMITTEE
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		ebt (Purpose):
Illinois Department of Revenue		State Tax 0	Overpymt for 2008 carryover 09
Mailing Address PO Box 19008			
City State	Zip Code		
Springfield	IL 62794-9008		
Outstanding Balance Beginning This Period		Transacti	on ID : SD9.18338
166.00			
Amount Incurred This Period	Payment This Period	Outstandır	ng Balance at Close of This Period
0.00	0	0.00	166.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
			7
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
7	7 7		7 7 7 7
1) SUBTOTALS This Period This Page (optional)			166.00
2) TOTALS This Period (last page this line number	r only)		166.00
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		0.00
			166.00
4) ADD 2) and 3) and carry forward to appropriate	Ine of Summary Page (last page of	nly) 🕨	7 7 7