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Image# 201610149032498987

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Authoriz	ed Committee	Office Use Only
NAME OF COMMITTEE (in full)		example: If typing, type ver the lines.	12FE4M5
AMERICAN ASSOCIATIO	ON OF ORAL AND MAXILLOR	FACIAL SURGEONS F	POLITICAL ACTION COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MAWR AVE.		
Check if different than previously reported. (ACC)	ROSEMONT		IL 60018 –
2. FEC IDENTIFICATION NU	JMBER ▼ CITY ▲		STATE ▲ ZIP CODE ▲
C C00005660	3. IS THIS REPOR		AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On: Mar 20 (M Apr 20 (M	Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S) Jan 31 (YE) Runoff (12R)
January 31 Year-End Report (Y	Floation on	M = M / D = D /	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-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 09		through 09	30 2016
I certify that I have examined th Type or Print Name of Treasure	is Report and to the best of my kr Friedman, Joel, , , r	nowledge and belief it is tr	ue, correct and complete.
Signature of Treasurer Fried	lman, Joel, , ,	[Electronically Filed]	Date 10 / 14 / 2016
NOTE: Submission of false, erron	eous, or incomplete information may	subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE 09 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 684564.42 January 1. 2016 (b) Cash on Hand at 490546.41 Beginning of Reporting Period..... 11855.04 127377.07 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 811941.49 502401.45 6(a) and 6(c) for Column B)..... 5247.10 314787.14 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 497154.35 497154.35 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 135.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

11. Contributions (other than loans) From:		Calendar Year-to-Date
	Total This Period	Calendal Teal-to-Date
(a) Individuals/Persons Other		
Than Political Committees	40.405.00	
(i) Itemized (use Schedule A)	10425.00	110923.32
(ii) Unitemized	395.00	3061.68
(iii) TOTAL (add	Apr. 1 Apr. 1 Apr. 1	4 4
Lines 11(a)(i) and (ii)▶	10820.00	113985.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4	4 4
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	40000 00	442005.00
Totals to Line 33, page 5)▶	10820.00	113985.00
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
	7 7 7	
4. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal Candidates and Other		
Political Committees	1000.00	13000.00
17. Other Federal Receipts	1000.00	10000.00
(Dividends, Interest, etc.)	35.04	392.07
18. Transfers from Non-Federal and Levin Funds	4 4	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
Г		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transiers (add Tota) and Toto))		0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	11855.04	127377.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	11855.04	127377.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) Federal Share	4 4 4	
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	247.10	6037.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	247.10	6037.14
. Transfers to Affiliated/Other Party	247.10	3007.1
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5000.00	307500.00
. Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	1250.00
(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	1250.00
. Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
 Federal Election Activity (52 U.S.C. § 30101(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
T. I.B. 1	7 7	4 4
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5047.40	24 4707 4 4
	5247.10	314787.14
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	5247.10	314787.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		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)	10820.00	113985.00				
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10820.00	112735.00				
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	247.10	6037.14				
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
88. Net Operating Expenditures (subtract Line 37 from Line 36)	247.10	6037.14				

Use separate schedule(s) for each category of the

				MBER	:	PAGE	:	6	OF		21	
(check only one)												
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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Bell, Colin,,, Date of Receipt Mailing Address 4015 Worth St 2016 City Zip Code State Transaction ID: SA11AI.29100 TX 75246 **Dallas** Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Boerman, Paul, , , Date of Receipt Mailing Address 44 Timber Ln 09 14 2016 City State Zip Code Transaction ID: SA11AI.29101 South Burlington VT 05403 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vermont Oral & Maxillofacial S Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Burton, Richard, , , Date of Receipt Mailing Address 200 Hawkins Dr 30 2016 Div of OMS UIHC City State Zip Code Transaction ID: SA11AI.29104 IΑ Iowa City 52242 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Univ of Iowa Hospitals & Clini Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1625.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Receipt For:

Primary

Other (specify)

General

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

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

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(check only one) X 11a 11b 13 14 14 15 16 16 16 16 16 16 16						15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Card, Aaron Sterling, , , Date of Receipt Mailing Address 24642 W 111th PI 2016 07 City Zip Code State Transaction ID: SA11AI.29105 KS Olathe 66061 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LOMS Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clark, Robert, , , Date of Receipt Mailing Address 2533 Larkin Rd 2016 Suite 101 City State Zip Code Transaction ID: SA11AI.29106 KY Lexington 40503 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kentucky Center for OMS Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Crago, Charles, , , Date of Receipt Mailing Address 4344 20th Ave S 14 2016 Ste 2 City State Zip Code Transaction ID: SA11AI.29109 ND Fargo 58103 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Face & Jaw Surgery Center Oral Surgeon

Aggregate Year-to-Date ▼

375.00

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

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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Crowley, John, , , Date of Receipt Mailing Address 417 State St 2016 Webber Bldg Ste 340 City Zip Code State Transaction ID: SA11AI.29110 ME Bangor 04401 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oral Surgeon Eastern Maine Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Evans, Erik, , , Date of Receipt Mailing Address 1404 E McMillan St 09 2016 Apt 19 City State Zip Code Transaction ID: SA11AI.29112 OH Cincinnati 45206 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Facy, Rebecca, , , Date of Receipt Mailing Address 595 Chapel Hills Dr 14 2016 Suite 300 City State Zip Code Transaction ID: SA11AI.29113 CO Colorado Springs 80920 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

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

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

875.00

Use separate schedule(s) for each category of the

						:	PAGE		9	OF	21
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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Flint, Robert, , , Date of Receipt Mailing Address 501 S Preston St 30 2016 City Zip Code State Transaction ID: SA11AI.29115 KY Louisville 40292 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University of Louisville Schoo Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Garel, H James, , , Date of Receipt Mailing Address P.O. Box 4507 09 14 2016 City State Zip Code Transaction ID: SA11AI.29116 CO Edwards 81632 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hale, Michael, , , Date of Receipt Mailing Address 400 S Colorado Blvd 14 2016 Ste 450 City State Zip Code Transaction ID: SA11AI.29117 CO Denver 80246 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Colorado Oral Surgery Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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,	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle In Jeong, Daniel, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1201 Main St		M = M / D = D / Y = Y = Y
Advanced Surgical Associates		09 14 2016
City	State Zip Code MA 01876	Transaction ID : SA11AI.29120
Tewksbury	MA 01876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self Employed	Oral Surgeon	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle In Jones, Sam , , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1218 E 9th St		M M / D D / Y Y Y Y
Suite 7	State 7in Code	09 30 2016
City	State Zip Code OK 73034	Transaction ID : SA11AI.29123
Edmond	OK 73034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt
Mailing Address 2500 Nesconset Hwy		M = M / D = D / Y = Y = Y
Bldg 24A		09 30 2016
City	State Zip Code	Transaction ID : SA11AI.29125
Stony Brook	NY 11790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Suffolk Oral Surgery Associate	Occupation (for Individual) Oral Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)	····	1000.00
TOTAL This Period (last page this line number	only)	

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

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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Keeley, Katherine, , , Date of Receipt Mailing Address 2649 Wigwam Pkwy Suite 102 2016 City Zip Code State Transaction ID: SA11AI.29126 NV Henderson 89074 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Katherine A Keeley MD DDS Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kelling, Timothy, , , Date of Receipt Mailing Address 4 Fairfield Dr 09 2016 City State Zip Code Transaction ID: SA11AI.29127 NY Queensbury 12804 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Northeast Surgical Specialists Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mellin, Richard, , , Date of Receipt Mailing Address 3400 W 16th St 14 2016 Suite 1A City State Zip Code Transaction ID: SA11AI.29135 CO Greeley 80634 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Bittersweet Square Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	·····		Ī		I		,	105	0.00	
TOTAL This Period (last page this line number	only)		_	7	_	_	-	_	_	

Receipt For:

C.

Primary

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEI

FOR LINE NUMBER: PAGE 12 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(che	eck only	<u></u>	,						
	Detailed Summary Page	×	11a 13		11b 14		1c 5	1:		7	7
Any information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson 1	or the	purp	ose o	f solic	citing	contr	ributio	ns	

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 of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Patricia, , , Date of Receipt Mailing Address 3 Valerie Drive 2016 City Zip Code State Transaction ID: SA11AI.29137 NY Chester 10918 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oral Surgeon Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Morrison, J David, , , Date of Receipt Mailing Address 221 Glen Lake Rd 09 2016 City State Zip Code Transaction ID: SA11AI.29139 Loveland OH 45140 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oral & Facial Surgery Assoc Oral Surgeon

Other (specify) ▼	4	875.00	
Full Name of Individual (Last, First, Middle In Nannini, Victor, , , Mailing Address 2131 Valentines Rd	itial) or Full Orç	ganization Name	Date of Receipt 09 30 2016
City Westbury	State NY	Zip Code 11590	Transaction ID : SA11AI.29140 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer (for Individual) Nassau Univ Medical Center		pation (for Individual) Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	'ear-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)			1375.00

Aggregate Year-to-Date ▼

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

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Nix, Ned, , , Date of Receipt Mailing Address 704 Blossom Hill Rd Suite 102 2016 City State Zip Code Transaction ID: SA11AI.29141 CA San Jose 95123 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Plevnia, Julia, , , Date of Receipt Mailing Address 46796 Silver Fir St 09 2016 City State Zip Code Transaction ID: SA11AI.29143 CO Parker 80138 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Tomasetti, McLain & Plevnia Or Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rubin, Steven, , , Date of Receipt Mailing Address 35 Sutton Rd 07 2016 City State Zip Code Transaction ID: SA11AI.29149 MA Needham 02492 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Receipt For:

C.

Primary

General

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

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

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

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		13		14		15	16		17	

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 of Individual (Last, First, Middle Initial) or Full Organization Name Sacco, Debra, , , Date of Receipt Mailing Address 501 Eastowne Dr Ste 110 2016 City Zip Code State Transaction ID: SA11AI.29151 NC Chapel Hill 27514 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Saunders, Daniel, , , Date of Receipt Mailing Address 945 Main St 09 2016 Suite 310 City State Zip Code Transaction ID: SA11AI.29152 CT Manchester 06040 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oral Facial Surgery Center Oral Surgeon

Other (specify)		250.00	
Full Name of Individual (Last, First, Middle In Swift, James, , ,	iitial) or Full Org	anization Name	Date of Receipt
Mailing Address Moos Tower 7-174 515 Delaware St SE			09 30 2016
City	State	Zip Code	Transaction ID : SA11AI.29153
Minneapolis	MN	55455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
University of Minnesota	Oral S	urgeon	
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 500.00	
LIPTOTAL of Descripto This Descriptoral			1125.00

Aggregate Year-to-Date ▼

10425.00

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	F	OR	LINE	NU	MBER	:	PAGE	1	15 OF	=	21
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for each category of the Detailed Summary Page			11a		11b		11c		12		
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not be sold or used by any pe							_				

Any information copied from such Reports and Statements may 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 of Individual (Last, First, Middle Initial) or Full Organization Name MB Financial Bank Date of Receipt Mailing Address 6111 North River Rd 2016 30 City State Zip Code Transaction ID: SA17.29092 IL Rosemont 60018 Amount of Each Receipt this Period FEC ID number of contributing C 35.04 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Interest Receipt For: Aggregate Year-to-Date ▼ Primary General 392.07 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)			,	I		,		35.04	Ī
TOTAL This Period (last page this line number on	nly)		7	Ξ	_	7	_	35.04	

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Johanna Garrinary : age		13		14		15	X	16		17
not be said or used by any person for the purpose of soliciting contributions										

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 of Individual (Last, First, Middle Initial) or Full Organization Name MULVANEY FOR CONGRESS Date of Receipt Mailing Address P.O. BOX 1975 2016 14 City Zip Code State Transaction ID: SA16.29091 SC LANCASTER 29721 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C00471292 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Refund of Campaign Contribution Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)	11	augha a de a d'Ari	FOR LINE	FOR LINE NUMBER: PAGE 17 OF 21						
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			Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b						
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	for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full)	A N I D	/!!! 0540:::	0115050	0 DOLUTION A 0710N 000 000						
$ \rangle$	AMERICAN ASSOCIATION OF ORAL	AND MAX	KILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE						
<u></u>	Full Name (Last, First, Middle Initial)										
Α.	MB Financial Bank				Date of Disbursement						
	Mailing Address 6111 North River Rd				09 06 2016						
					20 00 2010						
	City	State IL	Zip Code 60018		FEC Identification Number						
	Rosemont Purpose of Disbursement	IL	00016								
	credit card processing fees				C Specific ID SPORT SPORT						
	Candidate Name			Category/	Transaction ID : SB21B.29093 Amount of Each Disbursement this Period						
				Type							
	Office Sought: House Disburse Senate	ment For: Primary	General		132.48						
	President	Other (spe			П м и						
_	State: District:	1 (-1-2	• • •		Memo Item						
	Full Name (Last, First, Middle Initial)										
B.	Paypal				Date of Disbursement						
	Mailing Address 2211 N. First Street				09 07 2016						
	ZZITIN.TIISt Stieet				2010						
	City	State CA	Zip Code		FEC Identification Number						
	San Jose Purpose of Disbursement	UA .	95131		C						
	Paypal collection fees				Transaction ID : SB21B.29094						
	Candidate Name			Category/	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ment For:		Туре	49.51						
	Senate Dispulse	Primary	General		70.01						
	President	Other (spe			Memo Item						
_	State: District:	-			Wome for						
C	Full Name (Last, First, Middle Initial)				Date of Disbursement						
J .	Paypal				M M / D D / Y Y Y Y						
	Mailing Address 2211 N. First Street				09 14 2016						
	City	State	Zip Code								
	San Jose	CA	95131		FEC Identification Number						
	Purpose of Disbursement Paypal collection fees										
	Candidate Name				Transaction ID : SB21B.29095						
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ment For:			33.01						
	Senate	Primary	General								
	State: President	Other (spe	cify) ▼		Memo Item						
	District.										
s	UBTOTAL of Disbursements This Page (optional).				215.00						
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I T	OTAL This Period (last page this line number only	·)									

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S	CHEDULE B (FEC Form 3X)		T FC	OR	LINE	NUMBE	R.		_	F	PAGE	18 OF 2	21	
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hec	k only	nly one)							
			Summary Page		X	21b	22		23		26		27	
_		1				28a	281		28c	Ţ	29		30b	
	y information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full)		0540141	0. ID		-0110		- .0						_
\angle	AMERICAN ASSOCIATION OF ORAL	AND MAX	XILLOFACIAL S	SUR	GE	ONS	POLI	HC	AL A	СI	HON		MMILLE	
Δ	Full Name (Last, First, Middle Initial)						Date	of D	isburse	۵m،	△nt			
Λ.	Paypal						M		/ D		_		Y Y Y	
	Mailing Address 2211 N. First Street						09			30]		2016	
	City	State	Zip Code				FFC	lden	tificatio	1 nc	Numb	er		
	San Jose	CA	95131						inodilo				-	
	Purpose of Disbursement Paypal collection fees			г.			C							
	Candidate Name				_				action		_			
	Canadate Name			Cate	egor ype	ry/	Amou	int o	t Each	Di	isburs	semer	nt this Period	J .
	Office Sought: House Disburse	ment For:			,,,,		Ι.						32.10	н
	Senate	Primary	General						7		,		45	
	President	Other (spe	ecify) 🔻				N	1em) Item					
	State: District:													
В.	Full Name (Last, First, Middle Initial)						Data	-4 5	·: - l- · · · · - ·					
О.								_	isburse					
	Mailing Address						M	M	/ D	D	/	Y	Y Y Y Y	
	ag / taa. coo													
	City	State	Zip Code				FFC	lden	tificatio	1 n_1	Numb	er		
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	Purpose of Disbursement			г.			С							
	Candidate Name			Cat		21	A mai	ınt o	f Cook	Б:	iobura		at this Davies	٦
				Cate	egor ype	y/	AIIIOU	init o	Laci	- DI	isburs	semer	nt this Period	J
	Office Sought: House Disburse	ment For:												н
	Senate	Primary	General						7		-			
	President	Other (spe	ecify)				N	1em	o Item					
_	State: District:									_				
C.	Full Name (Last, First, Middle Initial)						Date	of D	isburse	em.	ent			
Ο.							M		/ D			V	Y	
	Mailing Address							IVI]			
	City	State	Zip Code				FEC	lden	tificatio	n ſ	Numb	er		
	Purpose of Disbursement				_		С							
									_					
	Candidate Name			Cate	egor ype	ry/	Amou	ınt o	f Each	Di	isburs	semer	nt this Period	d —
	Office Sought: House Disburse	ment For:		13	, PC									7
	Senate	Primary	General						7		- 7		-	1
	President	Other (spe	ecify) 🔻				N	/lem/	o Item					
	State: District:						<u> </u>	.01110						
9	UBTOTAL of Disbursements This Page (optional).										_	_	32.10	Ī
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 	OTAL This Period (last page this line number only	()											247.10	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 x 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial) A. JOSH GOTTHEIMER FOR CONG	RESS		Date of Disbursement
Mailing Address PO BOX 584			09 14 2016
RIDGEWOOD Purpose of Disbursement	State Zip Code NJ 07451		FEC Identification Number
Federal Campaign Contribution Candidate Name		Category/ Type	Transaction ID : SB23.29086 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary	Турс	1000.00 Memo Item
State: NJ District: 05			Wello item
Full Name (Last, First, Middle Initial) B. JUDY CHU FOR CONGRESS Mailing Address 16633 VENTURA BLVD # 1008			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ENCINO	State Zip Code CA 91436		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	C C00458125 Transaction ID: SB23.29087 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary	1,500	1000.00
State: CA District: 27			Memo Item
Full Name (Last, First, Middle Initial) C. LOBIONDO FOR CONGRESS			Date of Disbursement
Mailing Address P. O. BOX 550			09 14 2016
City VINELAND Purpose of Disbursement	State Zip Code NJ 08362		FEC Identification Number
Federal Campaign Contribution Candidate Name		Category/	C C00269340 Transaction ID : SB23.29088 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General Other (specify)	Type	1000.00
State: NJ District: 02			Memo Item
SUBTOTAL of Disbursements This Page (optional)		······	3000.00

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SCHEDULE B (FEC Form 3X)	Hoo conserts as basis (1)	FOR LINE		PAGE 20 OF 21
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 X 23	26 27
	Detailed Summary Page	210 28a	28b 28c 28c	29 27 30b
Any information copied from such Reports and Statem	nents may not be sold or us	sed by any perso	on for the purpose of se	Diciting contributions
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL	. SURGEONS	S POLITICAL ACTI	ON COMMITTEE
Full Name (Last, First, Middle Initial) A. MULVANEY FOR CONGRESS			Date of Disbursemen	nt / Y Y Y Y
Mailing Address P.O. BOX 1975			09 14	2016
,	State Zip Code SC 29721		FEC Identification No	umber
Federal Campaign Contribution			C C00471292	
Candidate Name		Category/ Type	Transaction ID : Amount of Each Dis	bursement this Period
	nent For: 2016 Primary General		7	1000.00
State: SC District: 05	Other (specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)				
B. SHERMAN FOR CONGRESS			Date of Disbursemen	nt
Mailing Address 777 S. FIGUEROA ST., STE. 4050).		09 14	2016
,	State Zip Code		FEC Identification No	umber
LOS ANGELES Purpose of Disbursement Federal Campaign Contribution	CA 90017		C C00308742	
Candidate Name		Category/ Type	Transaction ID : Amount of Each Dis	SB23.29090 bursement this Period
	nent For: 2016 Primary X General	,,	7	1000.00
State: CA District: 30	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial) C.			Date of Disbursemen	nt
Mailing Address			M M / D D	
City	State Zip Code		FEC Identification No	umber
Purpose of Disbursement	I		С	
Candidate Name		Category/ Type	Amount of Each Dis	oursement this Period
Office Sought: House Disburser Senate	nent For: Primary General		4	4-1-4-1
State: President District:	Other (specify) ▼		Memo Item	
SUBTOTAL of Disbursements This Page (optional)			1 25	2000.00
TOTAL This Period (last page this line number only).				5000.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 21 OF
FOR LINE NUMBER:
(check only one)

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	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	Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09			
Illinois Department of Revenue	State Tax Overpyint for 2000 carryover 03			
Mailing Address PO Box 19008				
City	State	Zip Code	_	
Springfield	IL	62794-9008		
Outstanding Balance Beginning This Period			Transaction ID : SD9.18338	
135.00				
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period	
0.00		0.00	135.00	
	7	7 7	7 7 7	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
Mailing Address				
City	State	Zip Code	_	
		,		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
			7 7	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
Mailing Address				
Sity State Zip Code		_		
Outstanding Balance Beginning This Period				
Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period		
7 7	7	7 7	7 7	
) SUBTOTALS This Period This Page (optional)			135.00	
			405.00	
) TOTALS This Period (last page this line number	135.00			
) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				