

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 9700 WEST BRYN MAWR AVE. Check if different than previously reported. (ACC) ROSEMONT IL 60018

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00005660 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2016 through 05 / 31 / 2016

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

Type or Print Name of Treasurer Joel Friedman

Signature of Treasurer Joel Friedman [Electronically Filed] Date 06 / 03 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="684564.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="693541.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7274.31"/>	<input type="text" value="70385.17"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="700815.48"/>	<input type="text" value="754949.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53432.80"/>	<input type="text" value="107566.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="647382.68"/>	<input type="text" value="647382.68"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="135.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6725.00	61275.00
(ii) Unitemized	501.68	1876.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7226.68	63151.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7226.68	63151.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	47.63	233.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7274.31	70385.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7274.31	70385.17

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	182.80	4816.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	182.80	4816.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53000.00	102500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	250.00	250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	53432.80	107566.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53432.80	107566.91

DETAILED SUMMARY PAGE
of Disbursements

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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)	7226.68	63151.68
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6976.68	62901.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	182.80	4816.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	182.80	4816.91

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

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

FOR LINE NUMBER: PAGE 6 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. William Aughton

Mailing Address 90 Cypress Way E
 Suite 30

City Naples State FL Zip Code 34110

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

Name of Employer Providence Cancer Center Occupation Oral Surgeon

Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 02 / 2016
Transaction ID : SA11AI.28761

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. R Bryan Bell

Mailing Address 4805 NE Glisan St
 Ste 2N35

City Portland State OR Zip Code 97213

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

Name of Employer Providence Cancer Center Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 18 / 2016
Transaction ID : SA11AI.28762

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 2900 Frank Scott Pkwy W
 Suite 960

City Belleville State IL Zip Code 62223

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

Name of Employer Southern Illinois OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 05 / 2016
Transaction ID : SA11AI.28763

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 7 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Andrew Campbell

Mailing Address 211 Liz Ln

City State Zip Code
 Georgetown TX 78633

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

Name of Employer Occupation
 Killen Oral and Maxillofacial Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 13 / 2016
Transaction ID : SA11AI.28766

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 3415 5th St

City State Zip Code
 Rapid City SD 57701

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

Name of Employer Occupation
 Black Hills Oral & Maxillofaci Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 31 / 2016
Transaction ID : SA11AI.28767

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 287 Fischer Cir

City State Zip Code
 Portsmouth RI 02871

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

Name of Employer Occupation
 Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 05 / 2016
Transaction ID : SA11AI.28769

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James Freeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 Charles Rd
 City Williston State VT Zip Code 05495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Champlain Valley OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA11AI.28770
 Amount of Each Receipt this Period **125.00**
 Memo Item

B. Reed Gibbins
 Full Name (Last, First, Middle Initial)
 Mailing Address 10748 Saint Lazare Dr
 City Dallas State TX Zip Code 75229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : SA11AI.28771
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Robert Goeckermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 4811 S 76th St Ste 304
 City Greenfield State WI Zip Code 53220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oral & Maxillofacial Surgery C Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : SA11AI.28772
 Amount of Each Receipt this Period **500.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Hackenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1052 Yorkshire Rd
 City Grosse Pointe Park State MI Zip Code 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Oral & Maxillofacial Su Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 05 / 31 / 2016
Transaction ID : SA11AI.28774
 Amount of Each Receipt this Period 500.00
 Memo Item

B. James Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Yorktowne Place
 City Charleston State WV Zip Code 25309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 05 / 2016
Transaction ID : SA11AI.28775
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Michael Hesterberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 Frank Scott Pkwy W Suite 960
 City Belleville State IL Zip Code 62223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Illinois OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 05 / 2016
Transaction ID : SA11AI.28777
 Amount of Each Receipt this Period 250.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<p>A. John Hillgen Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1389 W Main St Ste 320</p> <p>City Waterbury State CT Zip Code 06708</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed</p> <p>Occupation Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 16 / 2016 Transaction ID : SA11AI.28778</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>
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<p>B. David Kessler Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 183 North Sixth St</p> <p>City Brooklyn State NY Zip Code 11211</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed</p> <p>Occupation Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 16 / 2016 Transaction ID : SA11AI.28782</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>
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<p>C. Albert Lin Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 12630 Monte Vista Rd Ste 205</p> <p>City Poway State CA Zip Code 92064</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Boulder Oral & Maxillofacial S</p> <p>Occupation Oral Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 05 / 2016 Transaction ID : SA11AI.28784</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>
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SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 24
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Mugdha Patwardhan

Mailing Address 660 King St
Unit 242

City San Francisco State CA Zip Code 94107

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2016

Transaction ID : SA11AI.28786

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4948 Kipling Dr

City Carmichael State CA Zip Code 95608

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2016

Transaction ID : SA11AI.28787

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 201 N College Dr
Suite 202

City Santa Maria State CA Zip Code 93454

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

Name of Employer Occupation
Coastal Maxillofacial Group Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2016

Transaction ID : SA11AI.28788

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 12 OF 24
(check only one)

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

A. Lee Pollan
Full Name (Last, First, Middle Initial)

Mailing Address 2400 S Clinton Ave
Bldg H, Ste 125

City Rochester State NY Zip Code 14618

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

Name of Employer Strong Memorial Hospital Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SA11AI.28789

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7913 Allison Way
Ste 101

City Arvada State CO Zip Code 80005

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

Name of Employer Mountain Oral Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SA11AI.28790

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5122 Olympic Drive NW
Suite B106

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Harbor OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2016

Transaction ID : SA11AI.28792

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 13 OF 24
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Edmund Watkins

Mailing Address 1507 Gessner Dr
Ste A

City Houston State TX Zip Code 77080

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

Name of Employer Acorn Dental Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 14 / 2016
Transaction ID : SA11AI.28793

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1924 Glasgow Ave

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
05 / 31 / 2016
Transaction ID : SA11AI.28795

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	6725.00

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

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

FOR LINE NUMBER: PAGE 14 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MB Financial Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address 6111 North River Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 233.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : SA17.28818
 Amount of Each Receipt this Period
 47.63
 Memo Item
 Interest

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	47.63
TOTAL This Period (last page this line number only).....▶	47.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MB Financial Bank

Mailing Address 6111 North River Rd

City Rosemont State IL Zip Code 60018

Purpose of Disbursement
credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2016

Transaction ID : SB21B.28821

Amount of Each Disbursement this Period

148.97

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

148.97

148.97

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SB23.28799

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : SB23.28810

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DOYLE FOR CONGRESS COMMITTEE

Mailing Address 205 HAWTHORNE CT

City State Zip Code
PITTSBURGH PA 15221

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : SB23.28812

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ENGEL FOR CONGRESS

Mailing Address 462 CALIFORNIA ROAD

City BRONXVILLE State NY Zip Code 10708

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SB23.28807

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : SB23.28811

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369
250 PRAIRIE CENTER DRIVE

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : SB23.28813

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 129 CHURCH ST, STE 818

City NEW HAVEN State CT Zip Code 06510

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : **SB23.28806**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : **SB23.28816**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GREGG HARPER FOR CONGRESS

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : **SB23.28803**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE S
ROOM 428

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SB23.28817

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address PO BOX 261172

City HARTFORD State CT Zip Code 06126

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : SB23.28814

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE GALLAGHER FOR WISCONSIN

Mailing Address PO BOX 1027

City GREEN BAY State WI Zip Code 54305

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SB23.28801

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB23.28804**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB23.28805**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RALPH ABRAHAM FOR CONGRESS

Mailing Address P.O. BOX 14062

City MONROE State LA Zip Code 71207

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB23.28809**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : SB23.28802

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SALUD CARBAJAL FOR CONGRESS

Mailing Address PO BOX 1290

City SANTA BARBARA State CA Zip Code 93102

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : SB23.28800

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City PTTSBURGH State PA Zip Code 15234

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2016

Transaction ID : SB23.28815

Amount of Each Disbursement this Period

3500.00

Memo Item

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

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 24
<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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

Full Name (Last, First, Middle Initial) A. WALORSKI FOR CONGRESS INC	Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	4		2	0	1	6												
Mailing Address PO BOX 954	Transaction ID : SB23.28808 Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td style="width:80%;"></td> <td style="width:20%;">5000.00</td> </tr> </table> <input type="checkbox"/> Memo Item		5000.00																		
		5000.00																			
City MISHAWAKA State IN Zip Code 46546																					
Purpose of Disbursement Federal Campaign Contribution																					
Candidate Name	Category/Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: IN District: 02																					

Full Name (Last, First, Middle Initial) B.	Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y												
Mailing Address	Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td style="width:80%;"></td> <td style="width:20%;"></td> </tr> </table> <input type="checkbox"/> Memo Item																				
City State Zip Code																					
Purpose of Disbursement																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

Full Name (Last, First, Middle Initial) C.	Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y												
Mailing Address	Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td style="width:80%;"></td> <td style="width:20%;"></td> </tr> </table> <input type="checkbox"/> Memo Item																				
City State Zip Code																					
Purpose of Disbursement																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)..... ▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td style="width:80%;"></td> <td style="width:20%;">5000.00</td> </tr> </table>		5000.00
	5000.00		
TOTAL This Period (last page this line number only)..... ▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td style="width:80%;"></td> <td style="width:20%;">53000.00</td> </tr> </table>		53000.00
	53000.00		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Jeffrey Kosman

Mailing Address 5319 Meadow Ln

City Sheffield Village State OH Zip Code 44035

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.28783

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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

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

Outstanding Balance Beginning This Period 135.00	Transaction ID : SD9.18338	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135.00

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	135.00
2) TOTALS This Period (last page this line number only)..... ▶	135.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	135.00