

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="625526.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="444669.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="96482.62"/>	<input type="text" value="263917.73"/>
(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="541152.49"/>	<input type="text" value="889444.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48701.19"/>	<input type="text" value="396992.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="492451.30"/>	<input type="text" value="492451.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="182.00"/>	
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

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).....	87375.00	233337.49
(ii) Unitemized	1096.00	9173.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	88471.00	242511.00
(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)	88471.00	242511.00
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.....	8000.00	21250.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	11.62	156.73
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))..... ▶	96482.62	263917.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	96482.62	263917.73

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	28201.19	35842.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28201.19	35842.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	360900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48701.19	396992.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48701.19	396992.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	88471.00	242511.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88471.00	242261.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	28201.19	35842.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28201.19	35842.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. James Adams		Date of Receipt
Mailing Address 750 Almar Pkwy Suite 102		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bourbonnais	IL	60914
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26697
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Drs Slaby Adams & Assoc Ltd	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ravi Agarwal		Date of Receipt
Mailing Address 110 Irving St NW Ste GA144		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20010
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26698
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Medstar Washington Hospital Ce	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rafael Alcalde		Date of Receipt
Mailing Address 12531 Grandezza Cir		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Estero	FL	33928
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26592
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Florida OMS Specialists	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Randolph Alexander
Full Name (Last, First, Middle Initial)
Mailing Address 2708 A Aster St
City Lake Charles State LA Zip Code 70601
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 **1125.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : SA11AI.26700
Amount of Each Receipt this Period **375.00**

B. Ali Alijanian
Full Name (Last, First, Middle Initial)
Mailing Address 1150 Civic Dr Ste 101
City Walnut Creek State CA Zip Code 94596
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 04 / 2014**
Transaction ID : SA11AI.26701
Amount of Each Receipt this Period **500.00**

C. J Allen
Full Name (Last, First, Middle Initial)
Mailing Address 2 W Wesley Rd NW Unit 11
City Atlanta State GA Zip Code 30305
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 **1250.00**

Date of Receipt **11 / 04 / 2014**
Transaction ID : SA11AI.26702
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1125.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 8 OF 111
(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. Eric Alltucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 990 Boysen Ave
 City San Luis Obispo State CA Zip Code 93405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Coast Oral & Maxillofa Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2014
Transaction ID : SA11AI.26703
 Amount of Each Receipt this Period
250.00

B. John Alonge
 Full Name (Last, First, Middle Initial)
 Mailing Address 4832 Palomino Ct
 City Erie State PA Zip Code 16506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : SA11AI.26704
 Amount of Each Receipt this Period
250.00

c. Craig Alpha
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 K St Suite 101
 City Sacramento State CA Zip Code 95816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11AI.26593
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 111
<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. John Andersen
Full Name (Last, First, Middle Initial)

Mailing Address 201 Ridge St
Suite 308

City Council Bluffs State IA Zip Code 51503

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

Name of Employer Oral Surgery Associates Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 04 / 2014
Transaction ID : SA11AI.26705

Amount of Each Receipt this Period
500.00

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

Mailing Address 3637 Wilgus Ave

City Sheboygan State WI Zip Code 53081

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

Name of Employer Sheboygan OMS Associates Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 04 / 2014
Transaction ID : SA11AI.26707

Amount of Each Receipt this Period
250.00

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

Mailing Address 707 N Michigan St
Suite 300

City South Bend State IN Zip Code 46601

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

Name of Employer Michiana OMSF Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
10 / 31 / 2014
Transaction ID : SA11AI.26594

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 10 OF 111
(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. Thomas Auyong

Mailing Address 724-B N Diamond Bar

City State Zip Code
 Diamond Bar CA 91765

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

Name of Employer Occupation
 Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26708

Amount of Each Receipt this Period
 250.00

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

Mailing Address 26321 Northwest Fwy Ste 700

City State Zip Code
 Cypress TX 77429

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

Name of Employer Occupation
 Cypress Oral & Maxillofacial S Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11AI.26709

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2224 Pawtucket Ave

City State Zip Code
 East Providence RI 02914

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

Name of Employer Occupation
 East Bay Oral Surgery & Dental Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2014
Transaction ID : SA11AI.26710

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Forrest Bale
Full Name (Last, First, Middle Initial)

Mailing Address 319 S Glenwood Ave

City Russellville State AR Zip Code 72801

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
10 / 23 / 2014
Transaction ID : SA11AI.26595

Amount of Each Receipt this Period
250.00

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

Mailing Address 6112 Merlin Ct

City Midland State MI Zip Code 48640

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

Name of Employer Midland Oral & Maxillofacial S Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 30 / 2014
Transaction ID : SA11AI.26596

Amount of Each Receipt this Period
250.00

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

Mailing Address 189 Northport Ave

City Belfast State ME Zip Code 04915

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
11 / 20 / 2014
Transaction ID : SA11AI.26711

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Baughman
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Polk St

City Houma State LA Zip Code 70360

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
10 / 29 / 2014
Transaction ID : SA11AI.26597

Amount of Each Receipt this Period
250.00

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

Mailing Address 3890 Johns Creek Pkwy Suite 340

City Suwanee State GA Zip Code 30024

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

Name of Employer Atlanta Oral & Facial Surgery Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
11 / 07 / 2014
Transaction ID : SA11AI.26712

Amount of Each Receipt this Period
250.00

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

Mailing Address 2522 Dana St Ste 202

City Berkeley State CA Zip Code 94704

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

Name of Employer Berkeley-Orinda Oral Surgery Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 13 / 2014
Transaction ID : SA11AI.26713

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Lester Beste
 Full Name (Last, First, Middle Initial)
 Mailing Address 19838 S Halsted St
 City Chicago Heights State IL Zip Code 60411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oral Surgery Center Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26714
 Amount of Each Receipt this Period
500.00

B. Mark Billman
 Full Name (Last, First, Middle Initial)
 Mailing Address 372 S Herlong Ave
 City Rock Hill State SC Zip Code 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : SA11AI.26715
 Amount of Each Receipt this Period
250.00

C. Mark Billy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5437 Mahoning Avenue Suite 12
 City Austintown State OH Zip Code 44515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mill Creek Oral & Max Surg Ass Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26716
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Remy Blanchaert		Date of Receipt
Mailing Address 1919 N Webb Rd		M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014
City	State	Zip Code
Wichita	KS	67206
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	
		Amount of Each Receipt this Period
		500.00

Full Name (Last, First, Middle Initial) B. Tilden Bobbitt		Date of Receipt
Mailing Address 2801 Dudley Ave Ste C		M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
City	State	Zip Code
Parkersburg	WV	26101
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Oral & Maxillofacial Surgery A	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	875.00	
		Amount of Each Receipt this Period
		375.00

Full Name (Last, First, Middle Initial) C. Michael Bobo		Date of Receipt
Mailing Address 1109 Poplar St		M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
City	State	Zip Code
Murray	KY	42071
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Oral & Maxillofacial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	
		Amount of Each Receipt this Period
		250.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 111
	<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. Paul Bocciairelli		Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2014 Transaction ID : SA11AI.26718
Mailing Address 506 Cromwell Ave Ste 203		Amount of Each Receipt this Period 250.00
City Rocky Hill	State CT Zip Code 06067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel Boedeker		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014 Transaction ID : SA11AI.26600
Mailing Address 527 W Platte Ave		Amount of Each Receipt this Period 250.00
City Fort Morgan	State CO Zip Code 80701	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. L Jack Bolton		Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2014 Transaction ID : SA11AI.26719
Mailing Address 7040 Chipperton Dr		Amount of Each Receipt this Period 250.00
City Dallas	State TX Zip Code 75225	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Timothy Bonniwell		Date of Receipt
Mailing Address 2377 N Triphammer Rd		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ithaca	NY	14850
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26601
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William Bontempi		Date of Receipt
Mailing Address 4 Falcon Heights Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Wilbraham	MA	01095
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26721
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Berkshire Facial Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Bosack		Date of Receipt
Mailing Address 16011 S 108th Ave		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Orland Park	IL	60467
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Robert C Bosack DDS	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 111
	<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. Brian Bovino
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Hidden Glen Rd
 City State Zip Code
 Upper Saddle River NJ 07458
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : SA11AI.26603
 Amount of Each Receipt this Period
 500.00

B. Charles Bowen
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Court St
 City State Zip Code
 Middlebury VT 05753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2014
Transaction ID : SA11AI.26722
 Amount of Each Receipt this Period
 250.00

C. Rebekah Brevard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4450 Black Horse Pike
 Ste 3970
 City State Zip Code
 Mays Landing NJ 08330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.26723
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Broadbent		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2014 Transaction ID : SA11AI.26724
Mailing Address 3590 Harrison Blvd Ste 2		Amount of Each Receipt this Period 250.00
City Ogden	State Zip Code UT 84403	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matthew Bruksch		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2014 Transaction ID : SA11AI.26725
Mailing Address 7588 Royal Troon Dr		Amount of Each Receipt this Period 250.00
City Rockford	State Zip Code IL 61107	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Rockford OMS	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gerard Bruno		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11AI.26604
Mailing Address 4573 Everhard Rd NW Summa Professional Bldg		Amount of Each Receipt this Period 250.00
City Canton	State Zip Code OH 44718	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Oral and Facial Surgery Ltd	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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. Robert Buch

Mailing Address 6677 W Thunderbird Rd
Ste H120

City Glendale State AZ Zip Code 85306

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

Name of Employer Southwest Center for Oral Faci
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 24 / 2014
Transaction ID : SA11AI.26606

Amount of Each Receipt this Period
250.00

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

Mailing Address 7915 Lake Manassas Dr
Ste 304

City Gainesville State VA Zip Code 20155

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

Name of Employer The Meyer Clinic
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 28 / 2014
Transaction ID : SA11AI.26607

Amount of Each Receipt this Period
500.00

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

Mailing Address 2713 South 74th Street
Suite 201

City Fort Smith State AR Zip Code 72903

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

Name of Employer Fort Smith OMS Group
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 27 / 2014
Transaction ID : SA11AI.26608

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Barton Bycroft		Date of Receipt
Mailing Address 1111 Parkwood Dr		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Salina	KS	67401
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.26727
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roger Byrne		Date of Receipt
Mailing Address 2450 Fondren Suite 130		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Houston	TX	77063
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.26728
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Cahoon		Date of Receipt
Mailing Address 750 Kings Hwy Suite 107		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lewes	DE	19958
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.26729
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Kings Way Professional Bldg	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 21 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Andre Cardoso			Date of Receipt
Mailing Address 4322 Kelsey Dr			<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.26730
Syracuse	NY	13215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Vitkus Scutari and Cardoso Ora	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. J Terry Carlson			Date of Receipt
Mailing Address 651 Helen Keller Blvd.			<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.26609
Tuscaloosa	AL	35404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
University Oral & Facial Surge	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Todd Carter			Date of Receipt
Mailing Address 1063 Lower Main St Suite C221			<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.26610
Wailuku	HI	96793	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Mauai Oral Surgery LLC	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 22 OF 111
<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. Nelson Castellano
Full Name (Last, First, Middle Initial)

Mailing Address 3302 Azelee Street

City Tampa State FL Zip Code 33609

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
11 / 04 / 2014
Transaction ID : SA11AI.26731

Amount of Each Receipt this Period
250.00

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

Mailing Address 11116 12th Avenue Ct NW

City Gig Harbor State WA Zip Code 98332

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
11 / 24 / 2014
Transaction ID : SA11AI.26732

Amount of Each Receipt this Period
250.00

c. Omar Chahal
Full Name (Last, First, Middle Initial)

Mailing Address 2845 36th Ave S Suite F

City Grand Forks State ND Zip Code 58201

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

Name of Employer Occupation Face & Jaw Surgery Center Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 07 / 2014
Transaction ID : SA11AI.26733

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Michael Chan
Full Name (Last, First, Middle Initial)

Mailing Address 219 Clement St

City San Francisco State CA Zip Code 94118

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
11 / 06 / 2014
Transaction ID : SA11AI.26734

Amount of Each Receipt this Period
250.00

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

Mailing Address 219 Clement St

City San Francisco State CA Zip Code 94118

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
11 / 17 / 2014
Transaction ID : SA11AI.26735

Amount of Each Receipt this Period
250.00

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

Mailing Address 2297 N Hill Field Rd
Bldg A Ste 105

City Layton State UT Zip Code 84041

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
11 / 12 / 2014
Transaction ID : SA11AI.26736

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Patrick Chaney

Mailing Address 830 W High St
Suite 301

City State Zip Code
Lima OH 45801

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

Name of Employer Occupation
Oral Surgery Associates Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014
Transaction ID : SA11AI.26737

Amount of Each Receipt this Period
250.00

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

Mailing Address 140 E Division Rd
Ste A1

City State Zip Code
Oak Ridge TN 37830

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

Name of Employer Occupation
Oral Surgery Specialists of TN Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014
Transaction ID : SA11AI.26611

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9912 Westland Dr

City State Zip Code
Knoxville TN 37922

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

Name of Employer Occupation
Oral Surgery Specialists of TN Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2014
Transaction ID : SA11AI.26738

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 111
<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. Robert Ciarallo
Full Name (Last, First, Middle Initial)

Mailing Address 1180 Meridian Dr

City Presto State PA Zip Code 15142

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
11 / 15 / 2014
Transaction ID : SA11AI.26739

Amount of Each Receipt this Period
250.00

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

Mailing Address 1602 N. Randall Ave.

City Janesville State WI Zip Code 53545

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

Name of Employer Occupation
Premier Oral & Maxillafacial S Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 21 / 2014
Transaction ID : SA11AI.26740

Amount of Each Receipt this Period
250.00

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

Mailing Address 9430 Coral St Suite 200

City Tigard State OR Zip Code 97223

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

Name of Employer Occupation
Dennis P Clark DMD PC Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 04 / 2014
Transaction ID : SA11AI.26741

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisa Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 1604 Upshur St NW

City Washington State DC Zip Code 20011

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 11 / 12 / 2014
Transaction ID : SA11Al.26742

Amount of Each Receipt this Period 250.00

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

Mailing Address 1801 Solar Dr Suite 100

City Oxnard State CA Zip Code 93030

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 11 / 03 / 2014
Transaction ID : SA11Al.26743

Amount of Each Receipt this Period 250.00

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

Mailing Address 205 Birdie Dr

City Stanley State NC Zip Code 28164

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 11 / 20 / 2014
Transaction ID : SA11Al.26745

Amount of Each Receipt this Period 250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 111
(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. Kirk Collier
Full Name (Last, First, Middle Initial)
Mailing Address 3700 W 83rd St
Ste 103
City State Zip Code
Prairie Village KS 66208
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Oral & Facial Surgery Associat Oral Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014
Transaction ID : SA11AI.26612
Amount of Each Receipt this Period
250.00

B. Lawrence Cook
Full Name (Last, First, Middle Initial)
Mailing Address 407 S Kentucky Ave
City State Zip Code
Lakeland FL 33801
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Lakeland Center for Oral Surge Oral Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014
Transaction ID : SA11AI.26746
Amount of Each Receipt this Period
250.00

C. Kevin Corry
Full Name (Last, First, Middle Initial)
Mailing Address 990 Rahway Ave
City State Zip Code
Union NJ 07083
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Union Oral & Maxillofacial Sur Oral Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014
Transaction ID : SA11AI.26613
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Stephen Cosentino
Full Name (Last, First, Middle Initial)

Mailing Address 1215 Doctors Drive

City Tyler State TX Zip Code 75701

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
11 / 10 / 2014
Transaction ID : SA11Al.26747

Amount of Each Receipt this Period
250.00

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

Mailing Address 702 River Dr

City Marion State IN Zip Code 46952

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

Name of Employer Occupation
Marion OMS Inc Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 17 / 2014
Transaction ID : SA11Al.26748

Amount of Each Receipt this Period
250.00

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

Mailing Address 1901 Blanding St Suite A

City Columbia State SC Zip Code 29201

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 ▼
500.00

Date of Receipt
11 / 21 / 2014
Transaction ID : SA11Al.26749

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joshua Cross
Full Name (Last, First, Middle Initial)

Mailing Address 4334 E Shady Hollow Rd

City Fayetteville State AR Zip Code 72701

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

Name of Employer Northwest Arkansas Oral & Maxi Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 12 / 2014
Transaction ID : SA11AI.26750

Amount of Each Receipt this Period
250.00

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

Mailing Address 105 Berrywood Dr.

City Columbia State TN Zip Code 38401

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

Name of Employer Paul E Cullum DDS Occupation Oral Surgon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 19 / 2014
Transaction ID : SA11AI.26751

Amount of Each Receipt this Period
500.00

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

Mailing Address 2713 South 74th St Suite 201

City Fort Smith State AR Zip Code 72903

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

Name of Employer William E. Curry DDS PA Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 28 / 2014
Transaction ID : SA11AI.26616

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Michael Cusatis

Mailing Address 1507 S Otsego Ave
Suite B

City Gaylord State MI Zip Code 49735

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

Name of Employer Oral Surgery Specialists of N Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 04 / 2014
Transaction ID : SA11AI.26752

Amount of Each Receipt this Period
250.00

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

Mailing Address 512 Welwyn Rd

City Richmond State VA Zip Code 23229

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
11 / 05 / 2014
Transaction ID : SA11AI.26753

Amount of Each Receipt this Period
250.00

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

Mailing Address 338 S Linden Ave

City Pittsburgh State PA Zip Code 15208

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
10 / 27 / 2014
Transaction ID : SA11AI.26617

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph Deatherage			Date of Receipt
Mailing Address 1140 W Capitol Ave			<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.26619
Bismarck	ND	58501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self Employed	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Delfino			Date of Receipt
Mailing Address 15 Chieftans Rd			<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.26754
Greenwich	CT	06831	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
New York Univ College of Denti	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Manuel Diaz			Date of Receipt
Mailing Address 12600 N Featherwood Dr Suite 220			<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.26620
Houston	TX	77034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self Employed	Oral Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 32 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Anthony DiMango
Full Name (Last, First, Middle Initial)

Mailing Address 135 77th Street

City Brooklyn State NY Zip Code 11209

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
11 / 07 / 2014
Transaction ID : SA11AI.26755

Amount of Each Receipt this Period
250.00

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

Mailing Address 9401 McKnight Rd Ste 201

City Pittsburgh State PA Zip Code 15237

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

Name of Employer Snyder & Dugan Oral & Maxillof Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 29 / 2014
Transaction ID : SA11AI.26621

Amount of Each Receipt this Period
250.00

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

Mailing Address 68 Leonard St

City Belmont State MA Zip Code 02478

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

Name of Employer Belmont OMS Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 11 / 2014
Transaction ID : SA11AI.26756

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 111
	<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. Martin Eichner		Date of Receipt
Mailing Address 5820 Centre Ave Ste 200		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pittsburgh	PA	15206
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.26757
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="375.00"/>
Name of Employer	Occupation	
Pittsburgh Oral Surgery	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) B. Mark Elison		Date of Receipt
Mailing Address 2107 Autumn Ln		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Idaho Falls	ID	83404
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.26622
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Elison Oral & Maxillofacial Su	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Edward Ellis		Date of Receipt
Mailing Address 7703 Floyd Curl Dr MC 7908 Dept of OMS		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78229
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.26758
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
UTHSCSA School of Dentistry	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="875.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 34 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Nasser Emami		Date of Receipt
Mailing Address 4100 Johson Rd Suite 203		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Steubenville	OH	43952
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. Robert Emery		Date of Receipt
Mailing Address 750 Potomac River Rd		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
McLean	VA	22102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Robert W Emery DDS PLLC	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. Stephen Engroff		Date of Receipt
Mailing Address 1155 Outer Dr		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
State College	PA	16801
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Tri-County Oral Facial Surgeon	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 35 OF 111
	<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. Abraham Estess
 Full Name (Last, First, Middle Initial)
 Mailing Address 1072 Aviation Blvd
 City Hermosa Beach State CA Zip Code 90254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2014
Transaction ID : SA11AI.26762
 Amount of Each Receipt this Period
 250.00

B. Erik Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 3443 Saint Johns Pl
 City Cincinnati State OH Zip Code 45208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26764
 Amount of Each Receipt this Period
 250.00

C. Heath Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 7980 S 90th East Ave
 City Tulsa State OK Zip Code 74133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Oklahoma Oral and Maxi Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.26765
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 111
	<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. Joshua Everts

Mailing Address 420 1st Street North

City Alabaster	State AL	Zip Code 35007
-------------------	-------------	-------------------

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

Name of Employer Shelby Oral Facial Surgery	Occupation Oral Surgeon
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2014
Transaction ID : SA11Al.26767

Amount of Each Receipt this Period
250.00

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

Mailing Address 651 Helen Keller Dr

City Tuscaloosa	State AL	Zip Code 35404
--------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Oral Surgeon
-----------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11Al.26625

Amount of Each Receipt this Period
250.00

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

Mailing Address 1221 Madison St
Suite 1116

City Seattle	State WA	Zip Code 98104
-----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Oral Surgeon
-----------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11Al.26626

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 111
	<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. Brett Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Holmes St
 City Kansas City State MO Zip Code 64108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Truman Medical Center Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26768
 Amount of Each Receipt this Period
 250.00

B. Judd Fink
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Retreat Avenue
 City Hartford State CT Zip Code 06106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Judd B Fink DDS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26769
 Amount of Each Receipt this Period
 250.00

C. Raymond Fonseca
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Rockcliff Place
 City Asheville State NC Zip Code 28801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Drs Matheson Fonseca Parworth Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11AI.26770
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 111
	<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. Bruce Fraser
 Full Name (Last, First, Middle Initial)
 Mailing Address 463 Waterbury Ct
 Suite A
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Oral & Maxillofacial Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11AI.26771
 Amount of Each Receipt this Period
 250.00

B. Eric Fried
 Full Name (Last, First, Middle Initial)
 Mailing Address 5825 Landerbrook Dr
 Ste 125
 City Mayfield Heights State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26772
 Amount of Each Receipt this Period
 250.00

C. William Friedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Sills Rd
 Bldg 2 Ste A
 City East Patchogue State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2014
Transaction ID : SA11AI.26773
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 111
	<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. Nicholas Gadler			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014 Transaction ID : SA11AI.26774		
Mailing Address 366 S Pierce St			Amount of Each Receipt this Period 250.00		
City El Cajon	State CA	Zip Code 92020			
FEC ID number of contributing federal political committee. C					
Name of Employer Fletcher Hills Oral Surgery Ct		Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Carmen Gatta			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014 Transaction ID : SA11AI.26775		
Mailing Address 79 Route 59 Suite 1			Amount of Each Receipt this Period 250.00		
City Suffern	State NY	Zip Code 10901			
FEC ID number of contributing federal political committee. C					
Name of Employer Carmen A Gatta DMD		Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Ted George			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 Transaction ID : SA11AI.26776		
Mailing Address 939 Emerald Avenue Suite 501			Amount of Each Receipt this Period 250.00		
City Knoxville	State TN	Zip Code 37917			
FEC ID number of contributing federal political committee. C					
Name of Employer Oral & Maxillofacial Surgery A		Occupation Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James Gift
Full Name (Last, First, Middle Initial)
Mailing Address 10702 Cape Hatteras Dr
City Tampa State FL Zip Code 33615
FEC ID number of contributing federal political committee. **C**
Name of Employer Florida Facial Surgery Center Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
11 / 10 / 2014
Transaction ID : SA11AI.26777
Amount of Each Receipt this Period
250.00

B. Newton Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 52 Donna Way
City Oakland State CA Zip Code 94605
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.00

Date of Receipt
11 / 05 / 2014
Transaction ID : SA11AI.26778
Amount of Each Receipt this Period
375.00

C. Jennifer Gordon-Maloney
Full Name (Last, First, Middle Initial)
Mailing Address 300 Stonecrest Blvd Suite 385
City Smyrna State TN Zip Code 37167
FEC ID number of contributing federal political committee. **C**
Name of Employer Stonecrest OMS Occupation Oral Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
11 / 11 / 2014
Transaction ID : SA11AI.26779
Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Francisco Granda
Full Name (Last, First, Middle Initial)

Mailing Address 8000 SW 117th Ave
Suite 100

City Miami State FL Zip Code 33183

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
10 / 29 / 2014
Transaction ID : SA11AI.26627

Amount of Each Receipt this Period
250.00

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

Mailing Address 2105 E 21st St

City Tulsa State OK Zip Code 74114

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 21 / 2014
Transaction ID : SA11AI.26780

Amount of Each Receipt this Period
500.00

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

Mailing Address 23655 Novi Rd
Ste 103

City Novi State MI Zip Code 48375

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
11 / 20 / 2014
Transaction ID : SA11AI.26781

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. R Bryan Gulley
Full Name (Last, First, Middle Initial)

Mailing Address 6421 Saratogo Blvd
Bldg 101

City Corpus Christi State TX Zip Code 78414

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
11 / 14 / 2014
Transaction ID : SA11AI.26782

Amount of Each Receipt this Period
250.00

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

Mailing Address 9741 North 90th Place
Suite 100

City Scottsdale State AZ Zip Code 85248

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

Name of Employer Occupation
Guyette Facial & Oral Surgery Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
11 / 17 / 2014
Transaction ID : SA11AI.26783

Amount of Each Receipt this Period
375.00

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

Mailing Address 1420 S Lewis Ave

City Tulsa State OK Zip Code 74104

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

Name of Employer Occupation
James W Hackler DDS Inc Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 21 / 2014
Transaction ID : SA11AI.26784

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James Haddad
Full Name (Last, First, Middle Initial)

Mailing Address 1295 E Rock Springs Rd NE
Apt 207

City Atlanta State GA Zip Code 30306

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2014
Transaction ID : SA11AI.26785

Amount of Each Receipt this Period
250.00

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

Mailing Address 9727 Northcross Center Ct

City Huntersville State NC Zip Code 28078

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.26786

Amount of Each Receipt this Period
250.00

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

Mailing Address 6000 Woodland Hills Dr

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014
Transaction ID : SA11AI.26628

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Katherine Haltom
Full Name (Last, First, Middle Initial)

Mailing Address 223 Walnut St
Suite 2

City Framingham State MA Zip Code 01701

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

Name of Employer Self Employed
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : SA11AI.26787

Amount of Each Receipt this Period
375.00

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

Mailing Address 2852 Boudinot Ave
Ste 2

City Cincinnati State OH Zip Code 45238

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

Name of Employer Self Employed
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : SA11AI.26629

Amount of Each Receipt this Period
250.00

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

Mailing Address 3610 N University Ave
Suite 150

City Provo State UT Zip Code 84604

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

Name of Employer Utah Surgical Arts
Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2014
Transaction ID : SA11AI.26788

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Paul Hartmann		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014 Transaction ID : SA11AI.26789
Mailing Address 1323 Jamestown Rd Suite 203		Amount of Each Receipt this Period 250.00
City Williamsburg	State VA Zip Code 23185	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gregory Hatzis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014 Transaction ID : SA11AI.26630
Mailing Address 115 E Tyler St Apt 205		Amount of Each Receipt this Period 250.00
City Longview	State TX Zip Code 75601	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Samuel Hayes		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014 Transaction ID : SA11AI.26790
Mailing Address 5 Rockcliff Place		Amount of Each Receipt this Period 250.00
City Asheville	State NC Zip Code 28801	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Rockcliff Place Oral and Maxil	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sean Healy		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2014 Transaction ID : SA11AI.26792
Mailing Address 1645 Galisteo St		Amount of Each Receipt this Period 250.00
City Santa Fe	State Zip Code NM 87505	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Karl Heggland		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2014 Transaction ID : SA11AI.26631
Mailing Address 975 N Ten Mile Dr Suite E11		Amount of Each Receipt this Period 250.00
City Frisco	State Zip Code CO 80443	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Scott Heitzmann		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2014 Transaction ID : SA11AI.26793
Mailing Address 725 Ohio Ave		Amount of Each Receipt this Period 250.00
City Lynn Haven	State Zip Code FL 32444	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Bay Oral & Facial Surgery	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 111
	<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. Brent Henriksen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 S Southeastern Ave
 City State Zip Code
 Sioux Falls SD 57103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11AI.26795
 Amount of Each Receipt this Period
 250.00

B. Victor Ho
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 S Nogales St
 Suite 106
 City State Zip Code
 Rowland Heights CA 91748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : SA11AI.26796
 Amount of Each Receipt this Period
 250.00

C. Michael Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Graham Rd
 City State Zip Code
 Cuyahoga Falls OH 44223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26797
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 111
	<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. Grant Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1380 Peachtree Industrial Blvd
 Ste 100
 City Suwanee State GA Zip Code 30024
 Name of Employer Georgia Facial & Oral Surgery Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11AI.26632
 Amount of Each Receipt this Period
 250.00

B. Randolph Holly
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 Monroe Street
 City Endicott State NY Zip Code 13760
 Name of Employer Associates in OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.26798
 Amount of Each Receipt this Period
 250.00

C. Dustin Hopkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2180 E 4500 S
 Ste 285
 City Holladay State UT Zip Code 84117
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11AI.26633
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Howell
Full Name (Last, First, Middle Initial)

Mailing Address 2911 E Covenant Drive
Suite B

City Bloomington State IN Zip Code 47401

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

Name of Employer South Central Oral & Maxillofa Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 03 / 2014
Transaction ID : SA11AI.26799

Amount of Each Receipt this Period
250.00

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

Mailing Address 6069 W Bay Ct

City Hudsonville State MI Zip Code 49426

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

Name of Employer West Michigan OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 04 / 2014
Transaction ID : SA11AI.26800

Amount of Each Receipt this Period
250.00

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

Mailing Address 10334 SW 51st Ln

City Gainesville State FL Zip Code 32608

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

Name of Employer East Carolina University Schoo Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
11 / 07 / 2014
Transaction ID : SA11AI.26801

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert Ioppolo
Full Name (Last, First, Middle Initial)

Mailing Address 6108 90th St

City Lubbock State TX Zip Code 79424

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
10 / 28 / 2014
Transaction ID : SA11AI.26635

Amount of Each Receipt this Period
250.00

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

Mailing Address 444 N Northwest Hwy Suite 325

City Park Ridge State IL Zip Code 60068

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
11 / 10 / 2014
Transaction ID : SA11AI.26802

Amount of Each Receipt this Period
250.00

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

Mailing Address 303 West Harris P.O. Box 3706

City San Angelo State TX Zip Code 76902

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
11 / 21 / 2014
Transaction ID : SA11AI.26803

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 51 OF 111
(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. J David Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Laboratory Rd.
 City State Zip Code
 Oak Ridge TN 37830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oral & Maxillofacial Surg Spec Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26804
 Amount of Each Receipt this Period
 1000.00

B. Scott Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5609 Cody Dr
 City State Zip Code
 West Des Moines IA 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11AI.26637
 Amount of Each Receipt this Period
 250.00

C. Jeffrey Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 5985 N Shore Drive
 City State Zip Code
 Eau Claire WI 54703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11AI.26805
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Lawrence Joyce

Mailing Address 689 Fellsway

City Medford State MA Zip Code 02155

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

Name of Employer Medford Oral Surgery Assoc Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2014
Transaction ID : SA11AI.26806

Amount of Each Receipt this Period
250.00

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

Mailing Address 6070 Woodhaven Blvd
Medical Unit C-2

City Elmhurst State NY Zip Code 11373

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11AI.26638

Amount of Each Receipt this Period
250.00

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

Mailing Address 2048 Valley Hill Rd

City Malvern State PA Zip Code 19355

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

Name of Employer Andrew L Kanter DMD Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11AI.26639

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. R Paul Keim
Full Name (Last, First, Middle Initial)

Mailing Address 490 Tavern Cir

City Atlanta State GA Zip Code 30350

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

Name of Employer Atlanta Oral & Facial Surgery Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 07 / 2014
Transaction ID : SA11AI.26807

Amount of Each Receipt this Period
250.00

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

Mailing Address CMR427 Box 0711

City APO State AE Zip Code 09630

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
11 / 13 / 2014
Transaction ID : SA11AI.26808

Amount of Each Receipt this Period
250.00

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

Mailing Address 2530 North 8th Street Suite 103

City Grand Junction State CO Zip Code 81501

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

Name of Employer Colorado West OMS Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 05 / 2014
Transaction ID : SA11AI.26809

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 111
	<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. George Kevorkian
 Full Name (Last, First, Middle Initial)
 Mailing Address 895 Washington Avenue
 City Vinton State VA Zip Code 24179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2014
Transaction ID : SA11AI.26810
 Amount of Each Receipt this Period
 250.00

B. Jeong Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 20505 Via Tenorio
 City Yorba Linda State CA Zip Code 92887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11AI.26640
 Amount of Each Receipt this Period
 250.00

C. Phil Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 4865 Hedgcoxe Rd Ste 300
 City Plano State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preston Creek Oral Surgery
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2014
Transaction ID : SA11AI.26811
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carl Kimbler
Full Name (Last, First, Middle Initial)

Mailing Address 820 1st Ave SE
Ste 400

City Aberdeen State SD Zip Code 57401

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

Name of Employer Northern Plains OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2014
Transaction ID : SA11AI.26812

Amount of Each Receipt this Period
1000.00

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

Mailing Address 114 East Diamond St

City Butler State PA Zip Code 16001

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

Name of Employer Quad County OMS Inc Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2014
Transaction ID : SA11AI.26813

Amount of Each Receipt this Period
375.00

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

Mailing Address 2580 Foxfield Road
Suite 100

City St. Charles State IL Zip Code 60174

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

Name of Employer Kruzan & Kloberdanz DDS Ltd Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.26816

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1625.00

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 56 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Timothy Koob		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2014 Transaction ID : SA11AI.26817
Mailing Address 5801 Research Park Blvd Suite 110		Amount of Each Receipt this Period 500.00
City Madison	State WI	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Madison Oral & Maxillofacial S	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gerard Koobusch		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.26818
Mailing Address 43 Shadagee Rd Unit 3		Amount of Each Receipt this Period 250.00
City Saco	State ME	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary Kreitzer		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014 Transaction ID : SA11AI.26819
Mailing Address 123 Dwight Road Ste 203		Amount of Each Receipt this Period 250.00
City Longmeadow	State MA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 57 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael Kremer
Full Name (Last, First, Middle Initial)

Mailing Address 1304 N Broom St

City State Zip Code
Wilmington DE 19806

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

Name of Employer Occupation
OMFS Associates Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2014
Transaction ID : SA11AI.26820

Amount of Each Receipt this Period
250.00

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

Mailing Address 2522 Dana St
Suite 202

City State Zip Code
Berkeley CA 94704

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

Name of Employer Occupation
Berkeley-Orinda Surgery Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.26821

Amount of Each Receipt this Period
250.00

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

Mailing Address 85 North St

City State Zip Code
Danbury CT 06810

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

Name of Employer Occupation
Danbury Oral and Maxillofacial Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014
Transaction ID : SA11AI.26641

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Edward Laga
Full Name (Last, First, Middle Initial)

Mailing Address 175 Academy St
Suite 1

City Presque Isle State ME Zip Code 04769

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

Name of Employer Edward A Laga Jr DDS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
11 / 17 / 2014
Transaction ID : SA11Al.26823

Amount of Each Receipt this Period
250.00

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

Mailing Address 3501 N Scottsdale Rd
Ste 226

City Scottsdale State AZ Zip Code 85251

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
11 / 18 / 2014
Transaction ID : SA11Al.26824

Amount of Each Receipt this Period
250.00

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

Mailing Address 1004 Medical Park Blvd

City Edmond State OK Zip Code 73013

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
11 / 17 / 2014
Transaction ID : SA11Al.26826

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Lance
Full Name (Last, First, Middle Initial)

Mailing Address 3015 S Providence Rd

City Columbia State MO Zip Code 65203

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

Name of Employer John C Lance DDS PA Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : SA11AI.26827

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2030 S Patrick Dr Ste 1

City Indian Harbor Beac State FL Zip Code 32937

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

Name of Employer Timothy C Lang DDS MD PA Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11AI.26829

Amount of Each Receipt this Period
 250.00

C. Michael La Puma
Full Name (Last, First, Middle Initial)

Mailing Address 683 California Blvd Ste 110

City San Luis Obispo State CA Zip Code 93401

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11AI.26822

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel Laskin
Full Name (Last, First, Middle Initial)

Mailing Address 10802 Chipewyan Dr.

City Richmond State VA Zip Code 23238

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

Name of Employer Virginia Commonwealth Universi Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.26830

Amount of Each Receipt this Period
 250.00

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

Mailing Address 31100 Telegraph Rd. Suite 100

City Bingham Farms State MI Zip Code 48025

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

Name of Employer Jamestowne Office Center Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11AI.26642

Amount of Each Receipt this Period
 250.00

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

Mailing Address 18501 SE 41nd Circle

City Vancouver State WA Zip Code 98683

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

Name of Employer Vancouver Oral Surgery Group Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2014
Transaction ID : SA11AI.26643

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Paul Levy

Mailing Address 187 N State St

City Concord	State NH	Zip Code 03301
-----------------	-------------	-------------------

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

Name of Employer Central New Hampshire Oral Sur	Occupation Oral Surgeon
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.26644

Amount of Each Receipt this Period
375.00

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

Mailing Address 110 Spalding Ridge Way

City Atlanta	State GA	Zip Code 30350
-----------------	-------------	-------------------

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

Name of Employer Atlanta Oral and Facial Surger	Occupation Oral Surgeon
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2014

Transaction ID : SA11AI.26645

Amount of Each Receipt this Period
375.00

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

Mailing Address 21 Harvey Ln

City Upper Saddle River	State NJ	Zip Code 07458
----------------------------	-------------	-------------------

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

Name of Employer South Bedford OMS LLC	Occupation Oral Surgeon
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2014

Transaction ID : SA11AI.26831

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 111
	<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. Stuart Lieblich
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Dale Road
 Suite 105
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Avon OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11AI.26646
 Amount of Each Receipt this Period
 375.00

B. Norman Lippman
 Full Name (Last, First, Middle Initial)
 Mailing Address 20421 Jeb Dr
 Unit 50
 City Rehoboth Beach State DE Zip Code 19971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2014
Transaction ID : SA11AI.26832
 Amount of Each Receipt this Period
 250.00

C. Todd Liston
 Full Name (Last, First, Middle Initial)
 Mailing Address 2297 N Hill Field Rd
 Ste 105
 City Layton State UT Zip Code 84041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11AI.26833
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 111
(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. William Logan

Mailing Address 76 Duncan Estate Dr

City State Zip Code
 Fletcher NC 28732

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

Name of Employer Occupation
 Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11AI.26834

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5801 Research Park Blvd
 Suit 110

City State Zip Code
 Madison WI 53719

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

Name of Employer Occupation
 Madison Oral & Maxillofacial S Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11AI.26835

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1701 Bur Oak Dr

City State Zip Code
 Southlake TX 76092

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

Name of Employer Occupation
 Metroplex Oral & Facial Surger Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26837

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Killian MacCarthy		Date of Receipt
Mailing Address 20 Long Creek Dr Ste 2		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
South Portland	ME	04106
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26838
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Oral & Maxillofacial Surgery A	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Shibly Malouf		Date of Receipt
Mailing Address 366 Broadway		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Somerville	MA	02145
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26840
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Sorbera & Malouf DDS Inc	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Marciani		Date of Receipt
Mailing Address Albert B Sabin Way & Eden Ave Holmes Hospital Ste 2221		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cincinnati	OH	45267
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26841
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Univ of Cincinnati/ Division O	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 65 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Taylor Markle
Full Name (Last, First, Middle Initial)

Mailing Address 1010 Carondelet Drive
Suite 316

City Kansas City State MO Zip Code 64114

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

Name of Employer Ennis Allen Pannell & Markle Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
10 / 29 / 2014
Transaction ID : SA11AI.26647

Amount of Each Receipt this Period
375.00

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

Mailing Address 3700 W 83rd St
Ste 203

City Prairie Village State KS Zip Code 66208

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

Name of Employer Oral & Facial Surgery Associat Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2014
Transaction ID : SA11AI.26648

Amount of Each Receipt this Period
250.00

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

Mailing Address 3075 Smith Rd
Suite 102

City Akron State OH Zip Code 44333

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

Name of Employer Edward T Marshall Jr DDS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 10 / 2014
Transaction ID : SA11AI.26842

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 111
	<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. Alan Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6440 Ruth Dr
 City Seven Hills State OH Zip Code 44131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amherst Oral Surgery and Impla Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11AI.26650
 Amount of Each Receipt this Period
 250.00

B. John Matheson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Rockcliff Pl
 City Asheville State NC Zip Code 28801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Drs Matheson Fonseca Parworth Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11AI.26843
 Amount of Each Receipt this Period
 250.00

C. Michael Matzkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Beacon St Apt 5C
 City Boston State MA Zip Code 02116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2014
Transaction ID : SA11AI.26844
 Amount of Each Receipt this Period
 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mark McConnell

Mailing Address 5925 Wyoming NE
Suite B

City Albuquerque State NM Zip Code 87109

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2014
Transaction ID : SA11AI.26845

Amount of Each Receipt this Period
250.00

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

Mailing Address 1704 E Herbert Ave

City Salt Lake City State UT Zip Code 84108

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

Name of Employer Occupation
Oral and Maxillofacial Surgeon Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2014
Transaction ID : SA11AI.26846

Amount of Each Receipt this Period
250.00

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

Mailing Address 2513 West Andover Rd

City Florence State SC Zip Code 29501

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014
Transaction ID : SA11AI.26848

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 111
	<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. Pushkar Mehra
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E Newton St
 Suite G407
 City Boston State MA Zip Code 02118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston University of Dental Me Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2014
Transaction ID : SA11AI.26849
 Amount of Each Receipt this Period
250.00

B. Edward Meszaros
 Full Name (Last, First, Middle Initial)
 Mailing Address 1736 E Edgewood Dr
 City Lakeland State FL Zip Code 33803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26850
 Amount of Each Receipt this Period
250.00

C. Gregory Michaels
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 N Columbus St
 City Lancaster State OH Zip Code 43130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Oral & Maxillofacial Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11AI.26851
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 111
	<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. Kenneth Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 Northern Blvd
 Suite 5
 City Clarks Summit State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11AI.26852
 Amount of Each Receipt this Period
 250.00

B. Mark Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Cool Water Ct
 City Hopkinsville State KY Zip Code 42240
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : SA11AI.26853
 Amount of Each Receipt this Period
 250.00

C. Michael Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Chappaqua Rd
 City Briarcliff Manor State NY Zip Code 10510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11AI.26854
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dale Misiek
Full Name (Last, First, Middle Initial)

Mailing Address 8738 University City Blvd

City	State	Zip Code
Charlotte	NC	28213

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

Name of Employer	Occupation
University OMS	Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.26653

Amount of Each Receipt this Period
250.00

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

Mailing Address 154 W Schrock Rd
Suite B

City	State	Zip Code
Westerville	OH	43081

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

Name of Employer	Occupation
Self Employed	Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.26855

Amount of Each Receipt this Period
250.00

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

Mailing Address 715 Downtowner Blvd

City	State	Zip Code
Mobile	AL	36609

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

Name of Employer	Occupation
Self Employed	Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

Transaction ID : SA11AI.26654

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ramesh Narang		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2014 Transaction ID : SA11AI.26856
Mailing Address 1300 Hospital Dr Suite 100		Amount of Each Receipt this Period 500.00
City Mount Pleasant	State SC	Zip Code 29464
FEC ID number of contributing federal political committee.	C	
Name of Employer Ambulatory Oral & Maxillofacia	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) B. Timothy Neuner		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.26857
Mailing Address 5110 Grove St		Amount of Each Receipt this Period 250.00
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee.	C	
Name of Employer Oral & MaxillofaciaI Surgical	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	250.00

Full Name (Last, First, Middle Initial) C. Bryan Neuwirth		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2014 Transaction ID : SA11AI.26859
Mailing Address 2753 Birdie Ln NE		Amount of Each Receipt this Period 1000.00
City Conover	State NC	Zip Code 28613
FEC ID number of contributing federal political committee.	C	
Name of Employer Brown & Neuwirth Oral & Cosmet	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Nickel		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 Transaction ID : SA11AI.26860
Mailing Address 1240 Meadow Rd Ste 300		Amount of Each Receipt this Period 250.00
City Northbrook	State IL	
Zip Code 60062		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer North Suburban Oral Surgery, L	Occupation Oral Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Michael Noble		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 Transaction ID : SA11AI.26861
Mailing Address 701 The Hamptons Ln		Amount of Each Receipt this Period 250.00
City Town and Country	State MO	
Zip Code 63017		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Oral Facial Surgery Institute	Occupation Oral Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Miriam O'Malley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 Transaction ID : SA11AI.26864
Mailing Address 103 Stone Crest Cir		Amount of Each Receipt this Period 250.00
City Clarks Summit	State PA	
Zip Code 18411		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Oral Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 73 OF 111
(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. James O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address 12010 Crossway Dr
 City Fort Wayne State IN Zip Code 46814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11AI.26865
 Amount of Each Receipt this Period
 250.00

B. Terry Olejko
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 Copeland Mill Rd. Suite 2A
 City Westerville State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11AI.26862
 Amount of Each Receipt this Period
 250.00

C. Steven Oltean
 Full Name (Last, First, Middle Initial)
 Mailing Address 18745 Meadow Grass Dr
 City Villa Park State IL Zip Code 60046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Lakes Oral Surgery &
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.26655
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gary Orentlicher
Full Name (Last, First, Middle Initial)

Mailing Address 495 Central Park Avenue
Suite 201

City Scarsdale State NY Zip Code 10583

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

Name of Employer New York Oral Maxillofacial & Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 29 / 2014
Transaction ID : SA11AI.26656

Amount of Each Receipt this Period
250.00

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

Mailing Address 4435 W 95th St

City Oak Lawn State IL Zip Code 60453

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

Name of Employer Kasper Heaton Wright Pagni & A Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 06 / 2014
Transaction ID : SA11AI.26866

Amount of Each Receipt this Period
250.00

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

Mailing Address 2176 Park Boundary Rd

City Louisville State KY Zip Code 40205

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

Name of Employer Greater Louisville OMS Assoca Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 20 / 2014
Transaction ID : SA11AI.26867

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David Park
Full Name (Last, First, Middle Initial)

Mailing Address 3610 N University Ave
Suite 150

City Provo State UT Zip Code 84604

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 ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014
Transaction ID : SA11AI.26868

Amount of Each Receipt this Period
250.00

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

Mailing Address 5 Rockcliff Pl

City Asheville State NC Zip Code 28801

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

Name of Employer Occupation
Rockcliff Place Oral & Maxillo Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2014
Transaction ID : SA11AI.26869

Amount of Each Receipt this Period
250.00

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

Mailing Address 2760 Forgue Dr
Ste 106

City Naperville State IL Zip Code 60564

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

Name of Employer Occupation
Oral Maxillofacial & Implant S Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014
Transaction ID : SA11AI.26870

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 155 W 68th St
Apt 1202

City New York State NY Zip Code 10023

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
11 / 03 / 2014
Transaction ID : SA11AI.26871

Amount of Each Receipt this Period
250.00

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

Mailing Address 5800 Coit Rd
Ste 400

City Plano State TX Zip Code 75023

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
11 / 03 / 2014
Transaction ID : SA11AI.26872

Amount of Each Receipt this Period
250.00

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

Mailing Address 400 Townline Road
Ste 135

City Hauppauge State NY Zip Code 11788

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

Name of Employer Dental Implants of Long Island Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 29 / 2014
Transaction ID : SA11AI.26657

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Scott Podlesh		Date of Receipt
Mailing Address 885 Scott Blvd Suite 1		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City Santa Clara	State CA	Zip Code 95050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.26873
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="375.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) B. Steven Pollack		Date of Receipt
Mailing Address 1463 Klondike Rd Suite C		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Conyers	State GA	Zip Code 30094
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.26874
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Kevin Porter		Date of Receipt
Mailing Address 4667 Somerset		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Odessa	State TX	Zip Code 79761
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.26658
Name of Employer Permian Basin Oral & Maxillofa		Amount of Each Receipt this Period
Occupation Oral Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="875.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 78 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Richard Poupard
Full Name (Last, First, Middle Initial)

Mailing Address 6112 Merlin Ct

City Midland State MI Zip Code 48640

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

Name of Employer Midland Oral & Maxillofacial S Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.26659

Amount of Each Receipt this Period
 250.00

B. L Eric Pulver
Full Name (Last, First, Middle Initial)

Mailing Address 2629 45th St

City Highland State IN Zip Code 46322

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : SA11AI.26875

Amount of Each Receipt this Period
 250.00

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

Mailing Address 8 Carmichael St Suite 102

City Essex State VT Zip Code 05452

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

Name of Employer Northern Vermont Oral & Surger Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2014
Transaction ID : SA11AI.26876

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Aaron Quitmeyer

Mailing Address 11800 Old Georgetown Rd
Apt 1534

City State Zip Code
Rockville MD 20852

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

Name of Employer Occupation
US Navy Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2014

Transaction ID : SA11AI.26877

Amount of Each Receipt this Period
250.00

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

Mailing Address 1855 San Miguel Dr
Suite 25

City State Zip Code
Walnut Creek CA 94596

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SA11AI.26878

Amount of Each Receipt this Period
250.00

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

Mailing Address 425 Roxbury Rd

City State Zip Code
Rockford IL 61107

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

Name of Employer Occupation
Rockford OMS Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.26879

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 111
	<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. Irving Riley
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Alamo Dr
 Ste E
 City Vacaville State CA Zip Code 95688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11Al.26880
 Amount of Each Receipt this Period
 250.00

B. Stephen Rimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 Meadows Rd
 Suite 121
 City Boca Raton State FL Zip Code 33486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2014
Transaction ID : SA11Al.26881
 Amount of Each Receipt this Period
 250.00

C. R David Roden
 Full Name (Last, First, Middle Initial)
 Mailing Address 1771 Independence Ct
 Ste 2
 City Birmingham State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11Al.26661
 Amount of Each Receipt this Period
 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Michael Rollert

Mailing Address 6850 E Hampton Ave
Suite 202

City State Zip Code
Denver CO 80224

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

Name of Employer Occupation
Nelson & Rollert Associates in Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2014
Transaction ID : SA11AI.26883

Amount of Each Receipt this Period
250.00

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

Mailing Address 1365 Clifton Rd NE Ste 2300B

City State Zip Code
Atlanta GA 30322

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

Name of Employer Occupation
Emory Univ School of Medicine Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2014
Transaction ID : SA11AI.26884

Amount of Each Receipt this Period
500.00

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

Mailing Address 197 W El Portal Dr
Ste B

City State Zip Code
Merced CA 95348

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 ▼
375.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014
Transaction ID : SA11AI.26885

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Carl Runyon
Full Name (Last, First, Middle Initial)

Mailing Address 1855 San Miguel Dr.
Suite 25

City Walnut Creek State CA Zip Code 94596

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
11 / 17 / 2014
Transaction ID : SA11AI.26888

Amount of Each Receipt this Period
250.00

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

Mailing Address 945 Main St
Suite 310

City Manchester State CT Zip Code 06040

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

Name of Employer Occupation
Oral Facial Surgery Center Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 27 / 2014
Transaction ID : SA11AI.26662

Amount of Each Receipt this Period
250.00

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

Mailing Address 123 W Francis Ave

City Spokane State WA Zip Code 99205

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

Name of Employer Occupation
Oral Surgery Plus Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 27 / 2014
Transaction ID : SA11AI.26663

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Louis Scannura
 Full Name (Last, First, Middle Initial)
 Mailing Address 3007 Spring Mill Dr
 City Springfield State IL Zip Code 62704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springfield Associates in OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : SA11AI.26889
 Amount of Each Receipt this Period
250.00

B. Curtis Schalit
 Full Name (Last, First, Middle Initial)
 Mailing Address 549 Health Blvd
 City Daytona Beach State FL Zip Code 32114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Oral & Facial Surgical Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **875.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2014
Transaction ID : SA11AI.26890
 Amount of Each Receipt this Period
500.00

C. Keith Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 2547 Eaton Rd
 City University Heights State OH Zip Code 44118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schneider OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2014
Transaction ID : SA11AI.26891
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 111
	<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. Dr. Gary Schopfer
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 2nd St
 City Liverpool State NY Zip Code 13088
 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 11 / 05 / 2014
Transaction ID : SA11AI.26892
 Amount of Each Receipt this Period 250.00

B. Kirk Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 5757 Warren Pkwy Suite 320
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stonebrair Facial & Oral Surge Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11AI.26664
 Amount of Each Receipt this Period 500.00

C. Steven Sedaros
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 W Eau Gallie Blvd Ste 101
 City Melbourne State FL Zip Code 32935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sedaros Oral Facial Surg & Den Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.26893
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Priveer Sharma
 Full Name (Last, First, Middle Initial)
 Mailing Address 12312 Cooper Way
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharma Oral Surgery Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.26894
 Amount of Each Receipt this Period
 250.00

B. Earl Shufford
 Full Name (Last, First, Middle Initial)
 Mailing Address 3524 Boulevard
 City Colonial Heights State VA Zip Code 23834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11AI.26895
 Amount of Each Receipt this Period
 250.00

C. Larry Skoczylas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6112 Merlin Ct
 City Midland State MI Zip Code 48640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midland Oral & Maxillofacial S Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.26665
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 86 OF 111
(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. Edwin Slade

Mailing Address 101 Progress Dr.
 Ste 1

City Doylestown State PA Zip Code 18901

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

Name of Employer Oral & Maxillofacial Surgeons Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11AI.26667

Amount of Each Receipt this Period
 500.00

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

Mailing Address 901 Sunset Dr
 Ste 5

City Hollister State CA Zip Code 95023

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11AI.26896

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5820 Centre Ave
 Ste 200

City Pittsburgh State PA Zip Code 15206

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

Name of Employer Pittsburgh Oral Surgery PC Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2014
Transaction ID : SA11AI.26897

Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brian Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1002 W Pointe Cir

City Shreveport State LA Zip Code 71106

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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26898

Amount of Each Receipt this Period
 1000.00

B. W King Smith
Full Name (Last, First, Middle Initial)

Mailing Address 136 E Broadway

City Bel Air State MD Zip Code 21014

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26899

Amount of Each Receipt this Period
 250.00

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

Mailing Address 440 W Lyndon B Johnson Fwy Ste 445

City Irving State TX Zip Code 75063

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2014
Transaction ID : SA11AI.26900

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 111
	<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 Stanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2331 Tyler Pkwy
 Ste 4
 City Bismarck State ND Zip Code 58503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Institute of Facial Surgery Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 11 / 05 / 2014
Transaction ID : SA11AI.26902
 Amount of Each Receipt this Period
 250.00

B. 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
 10 / 27 / 2014
Transaction ID : SA11AI.26669
 Amount of Each Receipt this Period
 250.00

C. Kris Stegmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 431 Munson Avenue
 Ste C
 City Traverse City State MI Zip Code 49686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeside Oral Surgery & Dental Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 10 / 31 / 2014
Transaction ID : SA11AI.26670
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark Steinberg
Full Name (Last, First, Middle Initial)

Mailing Address 1240 Meadow Rd
Ste 300

City Northbrook State IL Zip Code 60062

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

Name of Employer North Suburban Oral & Facial S Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
11 / 18 / 2014
Transaction ID : SA11AI.26904

Amount of Each Receipt this Period
375.00

B. W Frederick Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 301 S. Fair Oaks Ave.
Suite 107

City Pasadena State CA Zip Code 91105

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

Name of Employer The Pacific Coast Center for O Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
11 / 21 / 2014
Transaction ID : SA11AI.26905

Amount of Each Receipt this Period
375.00

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

Mailing Address PO Box 83

City Crystal Beach State FL Zip Code 34681

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

Name of Employer Bay Area Oral & Facial Surgery Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 05 / 2014
Transaction ID : SA11AI.26906

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 111
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Stoker
Full Name (Last, First, Middle Initial)

Mailing Address 4190 S Highland Dr
Ste 112

City State Zip Code
Salt Lake City UT 84124

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : SA11AI.26908

Amount of Each Receipt this Period
250.00

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

Mailing Address 2550 Elkton Trl

City State Zip Code
Tyler TX 75703

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

Name of Employer Occupation
Southern Surgical Arts Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2014
Transaction ID : SA11AI.26671

Amount of Each Receipt this Period
250.00

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

Mailing Address 3500 SW 2nd Ave
Suite 2

City State Zip Code
Gainesville FL 32607

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

Name of Employer Occupation
William C Storie IV DDS PA Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2014
Transaction ID : SA11AI.26672

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 111
	(check only one)	
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		<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. Marwood Stout
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Solar Dr
Suite 291

City Oxnard State CA Zip Code 93030

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : SA11AI.26909

Amount of Each Receipt this Period
250.00

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

Mailing Address 101 Stone Harbor Blvd
PO Box 898

City Cape May Court House State NJ Zip Code 08210

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

Name of Employer Occupation
Cape Atlantic OMS Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.26910

Amount of Each Receipt this Period
250.00

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

Mailing Address 145 Railroad Ave.

City Norwood State MA Zip Code 02062

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2014
Transaction ID : SA11AI.26911

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 111
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 T Mountain Blvd
 City Warren State NJ Zip Code 07059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.26912
 Amount of Each Receipt this Period
375.00

B. Stephen Sutley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 Sadler Way Ste 202
 City Fairbanks State AK Zip Code 99701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alaska Oral & Facial Surgery C
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11AI.26673
 Amount of Each Receipt this Period
250.00

C. Jay Swanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Medical Park Dr Suite 200
 City Effingham State IL Zip Code 62401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : SA11AI.26913
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 111
	(check only one)	
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		<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. Patrick Sweeney

Mailing Address 9401 McKnight Rd
Ste 201

City Pittsburgh State PA Zip Code 15237

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

Name of Employer Occupation
Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014
Transaction ID : SA11AI.26674

Amount of Each Receipt this Period
250.00

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

Mailing Address 2118 Ashley Oaks Cir

City Wesley Chapel State FL Zip Code 33544

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

Name of Employer Occupation
New Tampa Oral & Facial Surger Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : SA11AI.26675

Amount of Each Receipt this Period
250.00

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

Mailing Address 7125 Marvin D Love Fwy
Suite 360

City Dallas State TX Zip Code 75237

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 ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014
Transaction ID : SA11AI.26676

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 111
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	<input type="checkbox"/> 17	

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

A. Craig Thatcher
Full Name (Last, First, Middle Initial)

Mailing Address 930 16th Ave

City Moline State IL Zip Code 61265

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

Name of Employer River Valley Oral & Maxillofac Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11AI.26915

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1801 NW Market St Suite 108

City Seattle State WA Zip Code 98107

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11AI.26916

Amount of Each Receipt this Period
 500.00

C. B D Tiner
Full Name (Last, First, Middle Initial)

Mailing Address 4499 Medical Dr Suite 190

City San Antonio State TX Zip Code 78229

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

Name of Employer Alamo Maxillofacial Surgical A Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11AI.26917

Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 111
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Richard Ting		Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2014 Transaction ID : SA11AI.26677
Mailing Address 2020 Santa Monica Blvd Ste 530		Amount of Each Receipt this Period 250.00
City Santa Monica	State Zip Code CA 90404	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J Alex Tomaich		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2014 Transaction ID : SA11AI.26918
Mailing Address 116 B Street		Amount of Each Receipt this Period 375.00
City Davis	State Zip Code CA 95616	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 375.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ryland Traynham		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014 Transaction ID : SA11AI.26919
Mailing Address 2 Pointe Circle		Amount of Each Receipt this Period 250.00
City Greenville	State Zip Code SC 29615	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed	Occupation Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 96 OF 111
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kevin Trombly
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Wilbraham Rd

City Springfield State MA Zip Code 01119

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 11 / 13 / 2014
Transaction ID : SA11AI.26920

Amount of Each Receipt this Period 250.00

B. Reed Van Wagenen
Full Name (Last, First, Middle Initial)

Mailing Address 7055 N. Fresno St Suite 202

City Fresno State CA Zip Code 93720

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

Name of Employer Northrop Van Wagenen & Noordma Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2014
Transaction ID : SA11AI.26921

Amount of Each Receipt this Period 250.00

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

Mailing Address 1000 E First Ave Ste 302

City Duluth State MN Zip Code 55805

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

Name of Employer OMS Associates Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.26922

Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

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

FOR LINE NUMBER: PAGE 97 OF 111
(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. Carlos Villarreal
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601 Trenton Rd
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reconstructive Oral & Maxillof Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11Al.26924
 Amount of Each Receipt this Period
 250.00

B. Peter Waite
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 3rd Ave S/SDB419 Dept of OMS
 City Birmingham State AL Zip Code 35294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama School o Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2014
Transaction ID : SA11Al.26926
 Amount of Each Receipt this Period
 250.00

C. Peter Waite
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 3rd Ave S/SDB419 Dept of OMS
 City Birmingham State AL Zip Code 35294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama School o Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11Al.26927
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 111
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Richard Walls
Full Name (Last, First, Middle Initial)

Mailing Address 2155 Post Oak Tritt Rd
Suite 500

City Marietta State GA Zip Code 30062

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014
Transaction ID : SA11AI.26928

Amount of Each Receipt this Period
250.00

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

Mailing Address 4579 Bishops Ct

City Middletown State WI Zip Code 53562

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014
Transaction ID : SA11AI.26678

Amount of Each Receipt this Period
250.00

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

Mailing Address 1025 N. Military Trl
Suite 110

City Jupiter State FL Zip Code 33458

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

Name of Employer South Florida OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014
Transaction ID : SA11AI.26679

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Timothy Welch
Full Name (Last, First, Middle Initial)

Mailing Address 911 Country Club Rd
Suite 100

City Eugene State OR Zip Code 97401

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

Name of Employer Northwest Surgical Arts Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 13 / 2014
Transaction ID : SA11AI.26929

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1271 7th St

City Slidell State LA Zip Code 70458

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

Name of Employer Northlake OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 17 / 2014
Transaction ID : SA11AI.26930

Amount of Each Receipt this Period
250.00

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

Mailing Address 3313 N Ohio St

City Arlington State VA Zip Code 22207

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
11 / 11 / 2014
Transaction ID : SA11AI.26931

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 100 OF 111
(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. Scott Wietecha
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Saluda Ridge Ct
 Ste 400
 City West Columbia State SC Zip Code 29169
 Name of Employer Associates in OMS PA Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2014
Transaction ID : SA11AI.26932
 Amount of Each Receipt this Period
 250.00

B. Christopher Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 N Lakemont Ave
 Suite 2200
 City Winter Park State FL Zip Code 32792
 Name of Employer Self Employed Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.26933
 Amount of Each Receipt this Period
 250.00

C. Daniel Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 8687 Louetta Rd
 Suite 100
 City Spring State TX Zip Code 77379
 Name of Employer Northwest OMS Occupation Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11AI.26934
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gregory Williams
Full Name (Last, First, Middle Initial)

Mailing Address 330 E Stumer Rd

City Rapid City State SD Zip Code 57701

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

Name of Employer Williams OMS Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11AI.26935

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1870 Links Glen Dr

City Dubuque State IA Zip Code 52003

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.26936

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1502 Forsyth St Ste A

City Macon State GA Zip Code 31201

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2014
Transaction ID : SA11AI.26938

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Wright		Date of Receipt
Mailing Address 1502 Forsyth St Ste A		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City Macon	State GA	Zip Code 31201
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26939
Name of Employer Self Employed	Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Craig Yamamoto		Date of Receipt
Mailing Address 1441 Kapiolani Blvd Suite 1720		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Honolulu	State HI	Zip Code 96814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26680
Name of Employer Craig A. Yamamoto DDS Inc	Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. George Yellich		Date of Receipt
Mailing Address 1663 Dominican Way Suite 112		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Santa Cruz	State CA	Zip Code 95065
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26940
Name of Employer Santa Cruz Oral and Maxillofac	Occupation Oral Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 103 OF 111
(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. Monte Zysset

Mailing Address 7555 S 57th St
 Ste 1

City Lincoln State NE Zip Code 68516

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

Name of Employer Occupation
 Self Employed Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 17 / 2014
Transaction ID : SA11AI.26941

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	87375.00

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

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

FOR LINE NUMBER: PAGE 104 OF 111
(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. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 WILSHIRE BLVD., #1612

City State Zip Code
 LOS ANGELES CA 90048

FEC ID number of contributing federal political committee. **C** C00013128

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA16.26693

Amount of Each Receipt this Period
 5000.00

Refund of Contribution

Full Name (Last, First, Middle Initial)
B. MARK PRYOR FOR US SENATE

Mailing Address PO BOX 2720

City State Zip Code
 LITTLE ROCK AR 72203

FEC ID number of contributing federal political committee. **C** C00366401

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA16.26691

Amount of Each Receipt this Period
 3000.00

Refund of Contribution

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
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Association of Oral and Maxillofacial Surgeons

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Mailing Address 9700 W. Bryn Mawr

Transaction ID : SB21B.26696

City Rosemont State IL Zip Code 60018

Amount of Each Disbursement this Period

28046.96

Purpose of Disbursement
Staff Support

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Paypal

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Mailing Address 2211 N. First Street

Transaction ID : SB21B.26683

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

14.80

Purpose of Disbursement
Paypal collection fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Paypal

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

Mailing Address 2211 N. First Street

Transaction ID : SB21B.26944

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

15.10

Purpose of Disbursement
Paypal collection fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

28076.86

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

--

: 97 `A -G79 @05 B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFHZG7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SB21B

Transaction ID : SB21B.26696

OMSPAC paid money directly to AAOMS for reimbursement of the following items: Adam Brenman 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$814.34, Tracy Macino 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$2,096.06, Kim Molley 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$197.56, Jeanne Tuerk 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$1,289.71, Karin Wittich 9700 W Bryn Mawr Ave, Rosemont IL portion of salary \$449.58, Sand Guenther 9700 W Bryn Mawr Ave, Rosemont IL salary \$16,188.50, Blue Cross 25550 Network Pl, Chicago IL Health Insurance \$3,690.76, Flexible Benefits 10275 W. Higgins, Rosemont IL HRA \$643.89, Guardian P.O. Box 677458, Dallas TX Dental Insurance \$263.28, Assurant 2323 Grand Blvd Kansas City, MO LTD, STD & Life \$284.08, Principal Group 711 High Street, Des Moines IA Pension/401K \$2,129.20

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. The Northern Trust Company

Mailing Address P.O. Box 92000

City Chicago State IL Zip Code 60675-2000

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2014			

Transaction ID : SB21B.26943

Amount of Each Disbursement this Period

124.33

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

124.33

28201.19

**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. CARPER FOR SENATE

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB23.26686

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. COFFMAN FOR CONGRESS

Mailing Address 4950 S YOSEMITE STREET F2 #511

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2014			

Transaction ID : SB23.26692

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GARRET GRAVES FOR CONGRESS

Mailing Address PO BOX 64845

City BATON ROUGE State LA Zip Code 70896

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

Transaction ID : SB23.26948

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. GRACE FOR NEW YORK

Mailing Address 49-04 43RD AVE

City WOODSIDE State NY Zip Code 11377

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB23.26687

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. 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: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB23.26688

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB23.26689

Amount of Each Disbursement this Period

4000.00

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

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

11500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ralph Abraham for Congress

Mailing Address P.O. Box 270

City Archibald State LA Zip Code 71218

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Runoff

State: LA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

Transaction ID : SB23.26950

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ROB WOODALL FOR CONGRESS

Mailing Address POST OFFICE BOX 1871

City LAWRENCEVILLE State GA Zip Code 30046

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Runoff

State: GA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB23.26690

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) Runoff

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

4000.00

20500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 111 OF 111
	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 175.00	Transaction ID : SD9.18338	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 175.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 2009 carryover 2010
Mailing Address PO Box 19008	
City State Zip Code Springfield IL 62794-9008	

Outstanding Balance Beginning This Period 7.00	Transaction ID : SD9.19670	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.00

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)..... ▶	182.00
2) TOTALS This Period (last page this line number only)..... ▶	182.00
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) ▶	182.00