FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE 9700 WEST BRYN MAWR AVE. ADDRESS (number and street) (Check if address is changed) **ROSEMONT** 60018 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tmacino@aaoms.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00005660 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Roser, Steven, M,, Roser, Steven, M., Date 01 17 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

C Form	1 (Revised 03/2022)	Page 2
TYPE C	OF COMMITTEE:	
Candid	late Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name Candid		
Candid Party	date Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate	
Party (Committee:	
(d)	This committee is a (National, State (Democra	tic, n, etc.) Party
Politica	al Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is
	n	
		Organization
	Membership Organization Trade Association Coope	rative
	X In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ed fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g)	This committee is an independent expenditure-only political committee (Super PAC).	
(3)	In addition, this committee is a Lobbyist/Registrant PAC.	
(L)		340)
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	undraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Com	mittees Participating in Joint Fundraiser	
COIII	C	

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٧	Vrite or Type Committee Name				
	AMERICAN ASSOCIATI	ON OF ORAL AND MAXILLOFACIAL SUR	RGEONS PO	OLITICAL ACTIO	ON COMMITTEE
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundrais	sing Repres	entative, or Leade	rship PAC Sponsor
	American Association	of Oral and Maxillofacial Surgeons			1
	Mailing Address	9700 W. Bryn Mawr			
	3				
		Pagement		II 00040	
		Rosemont		IL 60018	
		CITY ▲	S	TATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint	Fundraising F	Representative	Leadership PAC Sponso
				_	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and	d position of t	he person in posses	ssion of committee
	books and records.				
	Roser, Stev	en, M, ,			
	ruii Name	,1365 Clifton Rd NE Ste 2300B			
	Mailing Address	1303 GIII OI I RU NE SIE 2300B			
		Living	1 1 1 1 1		
		Atlanta		GA 30322	
	-	CITY ▲	S	TATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer	Tele	phone numbe	er <u>847</u> – [678 - 6200
8.		address (phone number optional) of the treas	surer of the co	ommittee; and the i	name and address of
	any designated agent (e.g., a	ssistant treasurer).			
	Full Name Roser, Stev	ren, M, ,			
	of Treasurer				
	Mailing Address	1365 Clifton Rd NE Ste 2300B			
		ıAtlanta		GA 30322	, ,
				50022	
		CITY ▲	S	TATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer	Tele	phone numbe	er 847 – [678

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Tuerk, Jeanne, , ,		
Mailing Address	9700 W Bryn Mawr Ave		
	Rosemont	IL 60018	
Title or Position	CITY ▲	STATE ▲ Z	IP CODE ▲
Assistant Treasu	rer	one number 847 - 67	78 6200
	Depositories: List all banks or other depositories in which the cases or maintains funds.	committee deposits funds, holds a	accounts, rents
Name of Bank, D	Depository, etc.		
	Fifth Third Bank		
Mailing Address	6111 North River Rd		
	Rosemont	IL 60018	
	CITY ▲	STATE ▲ Z	P CODE ▲
Name of Bank, D	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲ Z	P CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ig Participant:				
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	С
4.			FEC	ID number	С
lame of Any Connected	Organization, Aff	iliated Committee, Joint	Fundraising R	epresentativ	re, or Leadership PAC Spon
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
	d Organization y by name, addres	Affiliated Committee	Joint Fundraisi	ng Represen	tative Leadership PAC Sp
esignated Agent: Identif		Affiliated Committee es (phone number – option		ng Represen	tative Leadership PAC Sp
esignated Agent: Identif	y by name, addres			ng Represen	tative Leadership PAC Sp
esignated Agent: Identii Roser, S Full Name	y by name, addres	ss (phone number – option		ng Represen	tative Leadership PAC Sp
esignated Agent: Identii Roser, S Full Name	y by name, addres	ss (phone number – option		ng Represen	Leadership PAC Sp
esignated Agent: Identification Roser, S Full Name Mailing Address	y by name, addresseteven, M, , 1365 Clifton R. Atlanta	ss (phone number – option			
esignated Agent: Identii Roser, S Full Name	y by name, addresseteven, M, , 1365 Clifton R. Atlanta	d NE Ste 2300B		GA STATE A	30322
resignated Agent: Identification Roser, Section Full Name Mailing Address TITLE OR POSITION Treasurer	y by name, address Steven, M, , 1365 Clifton R Atlanta	ss (phone number – option d NE Ste 2300B	Telephone	GA STATE A	30322 ZIP CODE ▲ 847 – 678 – 620
resignated Agent: Identification Roser, Secondary Full Name Mailing Address TITLE OR POSITION Treasurer Lanks or Other Depositor	y by name, address Steven, M, , 1365 Clifton R Atlanta Tories: List all banks	ss (phone number – option d NE Ste 2300B	Telephone	GA STATE A	30322 ZIP CODE ▲
Roser, S Full Name Mailing Address TITLE OR POSITION Treasurer Tanks or Other Deposite afety deposit boxes or marks and marks.	y by name, address Steven, M, , 1365 Clifton R Atlanta Tories: List all banks	ss (phone number – option d NE Ste 2300B	Telephone	GA STATE A	30322 ZIP CODE ▲ 847 – 678 – 620
Roser, S Full Name Mailing Address TITLE OR POSITION Treasurer Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	y by name, address Steven, M, , 1365 Clifton R Atlanta Tories: List all banks	ss (phone number – option d NE Ste 2300B	Telephone	GA STATE A	30322 ZIP CODE ▲ 847 – 678 – 620
resignated Agent: Identification Roser, Section Full Name Mailing Address TITLE OR POSITION Treasurer	y by name, address Steven, M, , 1365 Clifton R Atlanta Tories: List all banks	ss (phone number – option d NE Ste 2300B	Telephone	GA STATE A	30322 ZIP CODE ▲ 847 – 678 – 620
Roser, S Full Name Mailing Address TITLE OR POSITION Treasurer Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	y by name, address Steven, M, , 1365 Clifton R Atlanta Tories: List all banks	ss (phone number – option d NE Ste 2300B	Telephone	GA STATE A	30322 ZIP CODE ▲ 847 – 678 – 620