FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

American Association of Oral & Maxillofacial Surgeons Political Action Committee

ADDRESS (number and street) ▼ 9700 W Bryn Mawr Ave

☐ Check if different than previously reported. (ACC)

Rosemont | IL | 60018

2. **FEC IDENTIFICATION NUMBER ▼** C C00005660

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ May 20 (M5)
- ☐ Aug 20 (M8)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☒ Mar 20 (M3)
- ☐ Jun 20 (M6)
- ☐ Sep 20 (M9)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4)
- ☐ Jul 20 (M7)
- ☐ Oct 20 (M10)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2026 through 02 / 28 / 2026

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

Type or Print Name of Treasurer: Zysset, Monte, , Dr.,

Signature of Treasurer: *Zysset, Monte, , Dr.,* Date: 03 / 20 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

American Association of Oral & Maxillofacial Surgeons Political Action Committee

Report Covering the Period: From: 02 / 01 / 2026 To: 02 / 28 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		799198.02
(b) Cash on Hand at Beginning of Reporting Period	816243.06	
(c) Total Receipts (from Line 19)	15602.18	41157.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	831845.24	840355.24
7. Total Disbursements (from Line 31)	18451.75	26961.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	813393.49	813393.49
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

American Association of Oral & Maxillofacial Surgeons Political Action Committee

Report Covering the Period: From: 02/01/2026 To: 02/28/2026

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)	13750.00	37569.00
(ii) Unitemized	460.00	1210.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	14210.00	38779.00
(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) ▶	14210.00	38779.00
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	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	892.18	1878.22
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)) ▶	15602.18	41157.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	15602.18	41157.22

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

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	4451.75	4461.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	4451.75	4461.75
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	14000.00	22500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18451.75	26961.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	18451.75	26961.75

DETAILED SUMMARY PAGE
of Disbursements

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)	14210.00	38779.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14210.00	38779.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	4451.75	4461.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	4451.75	4461.75

Image# 202603209856774884

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 21

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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 & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abubaker, A. Omar, , ,

Mailing Address 521 N 11th St Ste 311
PO Box 980566

City: Richmond | State: VA | Zip Code: 23298-5045

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Virginia Commonwealth University
Occupation (for Individual): Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 02 / 2026
Transaction ID : 2026031220553-6

Amount of Each Receipt this Period: 250.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Amundson, Melissa, S, ,

Mailing Address 520 Plantation Rd

City: Tallahassee | State: FL | Zip Code: 32303-4208

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Tallahasse Memorial Hospital
Occupation (for Individual): Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 02 / 15 / 2026
Transaction ID : 2026031220553-42

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arnold, Paul, Steven, , Jr

Mailing Address 1403 Peterman Dr

City: Alexandria | State: LA | Zip Code: 71301-3433

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Alexandria Oral Surgery
Occupation (for Individual): Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 02 / 19 / 2026
Transaction ID : 2026031220553-51

Amount of Each Receipt this Period: 1000.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

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

Image# 202603209856774885

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bannon, Christopher, Michael, ,

Mailing Address 3824 Valley Head Rd

City: Mountain Brk | State: AL | Zip Code: 35223-1465

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): North Alabama Oral & Facial Surgery
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 08 / 2026
Transaction ID : 2026031220553-27

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cornejo, Rigoberto, , ,

Mailing Address 400 Avenue K SE Ste 14A

City: Winter Haven | State: FL | Zip Code: 33880-4123

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Winter Haven Oral Surgery
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 02 / 09 / 2026
Transaction ID : 2026031220553-28

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Covello, Paul, Anthony, ,

Mailing Address 30 James St

City: Dallas | State: PA | Zip Code: 18612-9701

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Geisinger
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 22 / 2026
Transaction ID : 2026031220553-53

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

Image# 202603209856774886

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cox, H Mark, , ,

Mailing Address 2945 Northwoods Way

City: Redding | State: CA | Zip Code: 96002-2136

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Self-Employed
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 19 / 2026
Transaction ID : 2026031220553-50

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
D'Amico, Michael, D, ,

Mailing Address 315 Spring Meadow Dr

City: West Chester | State: PA | Zip Code: 19382-8571

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): The Christiana Center for Oral and Max
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 01 / 2026
Transaction ID : 2026031220553-1

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Danko, Ihor, J, ,

Mailing Address 660 Dover Center Rd Ste 127

City: Bay Village | State: OH | Zip Code: 44140-2376

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Bay Oral & Maxillofacial Surgery
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 24 / 2026
Transaction ID : 2026031220553-57

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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

Image# 202603209856774887

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ducharme, Monika, Kunder, ,

Mailing Address 603 Village Blvd Ste 304

City: West Palm Beach | State: FL | Zip Code: 33409-1973

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): West Palm Beach Oral and Maxillofacial
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 16 / 2026
Transaction ID : 2026031220553-44

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Durtsche, Timothy, B, ,

Mailing Address 218 Zephyr Cir

City: LA Crosse | State: WI | Zip Code: 54601-3932

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Self-Employed
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 02 / 2026
Transaction ID : 2026031220553-7

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harrelson, Bradley, D, ,

Mailing Address 1672 Saint Lawrence Dr

City: Niceville | State: FL | Zip Code: 32578-4513

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Blue Water Oral Surgery Center
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 12 / 2026
Transaction ID : 2026031220553-38

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

Image# 202603209856774888

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harris, Monroe, E, , Jr

Mailing Address 11545 Nuckols Rd Ste A

City	State	Zip Code
Glen Allen	VA	23059-5666

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Virginia Oral and Facial Surgery	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 03 / 2026
Transaction ID : 2026031220553-11

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Helfst, Thomas, E, ,

Mailing Address 20 Falling Creek Rd

City	State	Zip Code
Pittsford	NY	14534-3327

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Rochester General Hospital	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 09 / 2026
Transaction ID : 2026031220553-31

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Holtzen, Richard, John, ,

Mailing Address 805 S Reserve St

City	State	Zip Code
Missoula	MT	59801-2104

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Self-Employed	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 05 / 2026
Transaction ID : 2026031220553-16

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

Image# 202603209856774889

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hull, Donald, J, ,

Mailing Address 25 N Spruce St Ste 210

City: Colorado Springs | State: CO | Zip Code: 80905-1446

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Associates in Maxillofacial & Oral Sur
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 06 / 2026
Transaction ID : 2026031220553-24

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jackson, Dana, C, , Sr

Mailing Address 6710 Oxon Hill Rd Ste 350

City: Oxon Hill | State: MD | Zip Code: 20745-1159

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Howard University
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 02 / 24 / 2026
Transaction ID : 2026031220553-59

Amount of Each Receipt this Period: 2500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jensvold, James, P, ,

Mailing Address 7004 Middlesbury Ridge Cir

City: West Hills | State: CA | Zip Code: 91307-1813

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Self-Employed
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 01 / 2026
Transaction ID : 2026031220553-3

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3300.00

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

Image# 202603209856774890

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kao, Solon, T, ,

Mailing Address 1924 NE 101st St

City	State	Zip Code
Kansas City	MO	64155-3268

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
UMKC School of Dentistry	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 24 / 2026
Transaction ID : 2026031220553-56

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuhmichel, Amy, D, ,

Mailing Address 4644 Powers Ferry Rd

City	State	Zip Code
Atlanta	GA	30327-3427

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Peachtree Dunwoody Oral & Facial Surge	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 13 / 2026
Transaction ID : 2026031220553-39

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lam, Pritchard, , ,

Mailing Address 2917 Salvio St Ste B

City	State	Zip Code
Concord	CA	94519-2580

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Self-Employed	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 20 / 2026
Transaction ID : 2026031220553-52

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

Image# 202603209856774891

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 21

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Listello, Trent, W, ,

Mailing Address 1502 Suncrest Rd

City	State	Zip Code
Castle Rock	CO	80104-7627

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Pikes Peak Oral Surgery & Dental Impla	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 26 / 2026
Transaction ID : 2026031220553-64

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matson, Scott, L, ,

Mailing Address 3125 N Main St Ste 103

City	State	Zip Code
North Logan	UT	84341-1550

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Logan Oral Surgery	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 02 / 2026
Transaction ID : 2026031220553-9

Amount of Each Receipt this Period: 500.00

- [ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLelland, Bryan, W, ,

Mailing Address 3215 S Molter Rd

City	State	Zip Code
Liberty Lake	WA	99019-8553

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Self-Employed	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 12 / 2026
Transaction ID : 2026031220553-36

Amount of Each Receipt this Period: 500.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

Image# 202603209856774892

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 21

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Minkin, Patton, , ,

Mailing Address 2926 W Huntsville Ave

City: Springdale | State: AR | Zip Code: 72762-7726

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Arkansas Oral & Facial Surgery Center
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 02 / 24 / 2026
Transaction ID : 2026031220553-58

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perry, R. Thomas, , ,

Mailing Address 5335 Far Hills Ave Ste 118

City: Dayton | State: OH | Zip Code: 45429-2317

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Dayton Oral Surgery & Implant Solution
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 02 / 16 / 2026
Transaction ID : 2026031220553-43

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Priddy, Kenneth, Clark, ,

Mailing Address 2374 Spring Mill Estates Dr

City: Saint Charles | State: MO | Zip Code: 63303-1326

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Oral & Maxillofacial Surgery At The Cr
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 02 / 27 / 2026
Transaction ID : 2026031220553-63

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1600.00

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

Image# 202603209856774893

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 21

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schlott, Benjamin, J, ,

Mailing Address 26374 Lake Richard Dr

City	State	Zip Code
Dow	IL	62022-3236

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Bistate Oral and Facial Surgery	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 09 / 2026
Transaction ID : 2026031220553-30

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shelley, Clint, T, ,

Mailing Address 4684 Stone Manor Hts

City	State	Zip Code
Colorado Springs	CO	80906-8605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Colorado Springs Oral and Facial Surge	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 17 / 2026
Transaction ID : 2026031220553-46

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Frederick, G, ,

Mailing Address 10706 Beaver Dam Rd
Sinclair Bldg 5th Flr

City	State	Zip Code
Cockeysville	MD	21030

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Self-Employed	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 13 / 2026
Transaction ID : 2026031220553-40

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

TOTAL This Period (last page this line number only) ▶ 13750.00

Image# 202603209856774894

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)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Friends Of Neal Dunn

Mailing Address PO Box 10037

City: Tallahassee | State: FL | Zip Code: 32302-2037

FEC ID number of contributing federal political committee: C C00582304

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 27 / 2026

Transaction ID : 0D2501329CC6AECDD7E

Amount of Each Receipt this Period: 500.00

☐ Memo Item

Refund of 2026 General Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

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

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

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

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 500.00

Image# 202603209856774895

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)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fifth Third Bank

Mailing Address 6111 North River Rd

City: Rosemont | State: IL | Zip Code: 60018

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1878.22

Date of Receipt: M M / D D / Y Y Y Y 02 / 27 / 2026

Transaction ID : 92B989EDC3A04D0885C5

Amount of Each Receipt this Period: 892.18

☐ Memo Item

Interest

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

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

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

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

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 892.18

TOTAL This Period (last page this line number only) ▶ 892.18

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)
- [X] 21b
- [ ] 22
- [ ] 23
- [ ] 26
- [ ] 27
- [ ] 28a
- [ ] 28b
- [ ] 28c
- [ ] 29
- [ ] 30b

NAME OF COMMITTEE (In Full)

American Association of Oral & Maxillofacial Surgeons Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Illinois Department of Revenue

Mailing Address PO Box 19038

City: Springfield | State: IL | Zip Code: 62794-9038

Purpose of Disbursement: 2025 Illinois state tax payment

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 26 / 2026

FEC Identification Number: C

Transaction ID : V6A21ADE82

Amount of Each Disbursement this Period: 1372.00

[ ] Memo Item

B.

Full Name (Last, First, Middle Initial)
U. S. Treasury

Mailing Address Attention Tax Department

City: Kansas City | State: MO | Zip Code: 64999

Purpose of Disbursement: Federal Tax for 2025

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 03 / 2026

FEC Identification Number: C

Transaction ID : V385A4E6369

Amount of Each Disbursement this Period: 3012.00

[ ] Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President — State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period:

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4384.00

TOTAL This Period (last page this line number only) ▶ 4384.00

Image# 202603209856774897

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Collins For Senator
Mailing Address PO Box 1096
City: Bangor | State: ME | Zip Code: 04402-1096
Purpose of Disbursement: 2026 Primary
Category/Type: 011
Candidate Name: Collins, Susan, , ,
Office Sought: [ ] House [X] Senate [ ] President
State: ME District:
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 25 / 2026
FEC Identification Number: C C00314575
Transaction ID : 9457186AD62
Amount of Each Disbursement this Period: 2000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
Guthrie For Congress
Mailing Address PO Box 22401
City: Louisville | State: KY | Zip Code: 40252-0401
Purpose of Disbursement: 2026 Primary
Category/Type: 011
Candidate Name: Guthrie, Brett, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: KY District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 04 / 2026
FEC Identification Number: C C00445023
Transaction ID : B06122E8879
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Guthrie For Congress
Mailing Address PO Box 22401
City: Louisville | State: KY | Zip Code: 40252-0401
Purpose of Disbursement: 2026 General
Category/Type: 011
Candidate Name: Guthrie, Brett, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: KY District: 02
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 04 / 2026
FEC Identification Number: C C00445023
Transaction ID : 0C306B3442
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 12000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Matsui For Congress
Mailing Address PO Box 1738
City: Sacramento | State: CA | Zip Code: 95812-1738
Purpose of Disbursement: 2026 Primary
Category/Type: 011
Candidate Name: Matsui, Doris, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 07
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 25 / 2026
FEC Identification Number: C C00409219
Transaction ID : 64DAED2D93
Amount of Each Disbursement this Period: 2000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 14000.00

Image# 202603209856774899

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

- [ ] 9
- [X] 10

NAME OF COMMITTEE (In Full)

American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Illinois Department of Revenue

Mailing Address PO Box 19038

City: Springfield | State: IL | Zip Code: 62794-9038

Nature of Debt (Purpose): 2025 Illinois state tax payment

Transaction ID : AF941CE8577F22790C5

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1372.00	0.00	1372.00	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

U. S. Treasury

Mailing Address Attention Tax Department

City: Kansas City | State: MO | Zip Code: 64999

Nature of Debt (Purpose): Federal Tax for 2025

Transaction ID : BCCA6E7BE7202CBE6DC

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3012.00	0.00	3012.00	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

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