

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

9700 WEST BRYN MAWR AVE.

Check if different
than previously
reported. (ACC)

ROSEMONT

IL

60018

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005660

3. IS THIS
REPORTNEW
(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 Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
06 01 2018

through

M M / D D / Y Y Y Y Y Y
06 30 2018

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

Wallen, Jeffrey, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Wallen, Jeffrey, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
07 26 2018

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**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		713427.58
(b) Cash on Hand at Beginning of Reporting Period.....	663766.99	
(c) Total Receipts (from Line 19)	24566.37	62159.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	688333.36	775587.11
7. Total Disbursements (from Line 31).....	28049.95	115303.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	660283.41	660283.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	55.00	
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:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	8

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).....	22675.00	56175.00
(ii) Unitemized	1850.00	3735.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24525.00	59910.00
(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)	24525.00	59910.00
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.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	41.37	249.53
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))	24566.37	62159.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24566.37	62159.53

DETAILED SUMMARY PAGE of Disbursements

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Page 4

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	49.95	4928.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	49.95	4928.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	110000.00
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	375.00
(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	375.00
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)) ..	28049.95	115303.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28049.95	115303.70

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24525.00	59910.00
34. Total Contribution Refunds (from Line 28(d))	0.00	375.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24525.00	59535.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	49.95	4928.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	49.95	4928.70

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

The contribution from Marc Zechel on 5/11/18 was collected by our connected organization. On June 14, 2018, when they realized he was from Canada they refunded him his contribution and informed us of this happening. This month is showing the money being given back to Marc Zechel. I spoke with Michael Beckman at the FEC regarding how this should be handled and these are the directions that I was given.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 34

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Andersen, John, , ,

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 (for Individual)
Oral Surgery Associates

Occupation (for Individual)
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
06 / 14 / 2018

Transaction ID : SA11AI.30736

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bergen, Michele, , ,

Mailing Address 49 Lake Ave

City

Greenwich

State
CT

Zip Code
06830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Infinity Oral Surgery

Occupation (for Individual)
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
06 / 28 / 2018

Transaction ID : SA11AI.30738

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Boerman, Paul, , ,

Mailing Address 44 Timber Ln

City

South Burlington

State
VT

Zip Code
05403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vermont Oral & Maxillofacial S

Occupation (for Individual)
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2018

Transaction ID : SA11AI.30739

Amount of Each Receipt this Period

375.00

☐ Memo Item

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 34

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

A. Bruksch, Matthew, , ,

Mailing Address 425 Roxbury Rd

City
Rockford

State
IL

Zip Code
61107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rockford OMS

Occupation (for Individual)
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
06 / 14 / 2018

Transaction ID : SA11Al.30740

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Bruksch, Matthew, , ,

Mailing Address 425 Roxbury Rd

City
Rockford

State
IL

Zip Code
61107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rockford OMS

Occupation (for Individual)
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
06 / 22 / 2018

Transaction ID : SA11Al.30741

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Bullard, David, , ,

Mailing Address 201 N Plaza Blvd

City
Chillicothe

State
OH

Zip Code
45601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oral & Maxillofacial Surgery C

Occupation (for Individual)
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
06 / 14 / 2018

Transaction ID : SA11Al.30742

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 9 OF 34

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

A. Bushey, Andrew, , ,

Mailing Address 7081 West Blvd
Ste 1

City
Youngstown

State
OH

Zip Code
44512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bushey Oral and Maxillofacial

Occupation (for Individual)
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2018

Transaction ID : SA11Al.30743

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Butler, Monte, , ,

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 (for Individual)
Fort Smith OMS Group

Occupation (for Individual)
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
06 / 05 / 2018

Transaction ID : SA11Al.30744

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Campbell, William, , ,

Mailing Address 1818 Warm Springs Road

City
Columbus

State
GA

Zip Code
31904

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
William D Campbell

Occupation (for Individual)
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
06 / 28 / 2018

Transaction ID : SA11Al.30745

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1050.00

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)

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

A. Chafitz, Evan, , ,

Mailing Address 1075 Central Park Ave
Suite 207

City
Scarsdale

State
NY

Zip Code
10583

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 ▼

250.00

Date of Receipt

06 / 22 / 2018

Transaction ID : SA11Al.30746

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Clark, David, , ,

Mailing Address 2120 Bert Kouns Industrial Loop
Ste D

City

Shreveport

State
LA

Zip Code
71118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oral Surgery Associates

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 14 / 2018

Transaction ID : SA11Al.30747

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Collier, Kirk, , ,

Mailing Address 15210 Antioch Rd

City

Overland Park

State
KS

Zip Code
66221

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 ▼

250.00

Date of Receipt

06 / 22 / 2018

Transaction ID : SA11Al.30748

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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 34

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

A. Crawford, Gary, , ,

Mailing Address 777 N 500 W
Suite 102

City
Provo

State
UT

Zip Code
84601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oral & Maxillofacial Surgery

Occupation (for Individual)
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
06 / 14 / 2018

Transaction ID : SA11AI.30749

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Cruz, Carlos, , ,

Mailing Address 2405 Conerstone Blvd

City

Edinburg

State

TX

Zip Code

78539

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2018

Transaction ID : SA11AI.30750

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Davies, Sarah, , ,

Mailing Address 180 Fort Couch Rd Ste 450

City

Pittsburgh

State

PA

Zip Code

15241

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11AI.30752

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 12 OF 34

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

A. Davila, Manuel, , ,

Mailing Address 55 Whitcher St
Suite 140

City
Marietta

State
GA

Zip Code
30060

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 ▼

250.00

Date of Receipt

06 / 11 / 2018

Transaction ID : SA11AI.30753

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Deatherage, Joseph, , ,

Mailing Address 1140 W Capitol Ave

City

Bismarck

State

ND

Zip Code

58501

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

06 / 22 / 2018

Transaction ID : SA11AI.30754

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Dierks, Eric, , ,

Mailing Address 1849 NW Kearney St
Suite 300

City

Portland

State

OR

Zip Code

97209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Head & Neck Surgical Assoc

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2018

Transaction ID : SA11AI.30756

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Emami, Nasser, , ,

Mailing Address 4100 Johnson Rd
Suite 203

City
Steubenville

State
OH

Zip Code
43952

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

MM / DD / YYYY
06 / 07 / 2018

Transaction ID : SA11AI.30758

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Emery, Robert, , ,

Mailing Address 110 Irving St NW

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Robert W Emery DDS PLLC

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2018

Transaction ID : SA11AI.30759

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Engel, Kirk, , ,

Mailing Address 314 Flanders Rd
P.O. Box 99

City

East Lyme

State

CT

Zip Code

06333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

East Lyme Oral and Maxillofaci

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 05 / 2018

Transaction ID : SA11AI.30760

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Fantuzzo, Joseph, , ,

Mailing Address 77 Mahogany Run

City
Pittsford

State
NY

Zip Code
14534

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 ▼

250.00

Date of Receipt

06 / 03 / 2018

Transaction ID : SA11AI.30761

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Foley, Daniel, , ,

Mailing Address 1440 28th St Ste 2

City
Boulder

State
CO

Zip Code
80303

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 ▼

250.00

Date of Receipt

06 / 07 / 2018

Transaction ID : SA11AI.30763

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hackenberger, John, , ,

Mailing Address 1052 Yorkshire Rd

City
Grosse Pointe Park

State
MI

Zip Code
48230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2018

Transaction ID : SA11AI.30765

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Hall, Jennifer, , ,

Mailing Address 2911 Carrie St

City
Brunswick

State
GA

Zip Code
31520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Isles Oral Surgery

Occupation (for Individual)
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2018

Transaction ID : SA11AI.30766

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Healy, Sean, , ,

Mailing Address 1645 Galisteo St

City
Santa Fe

State
NM

Zip Code
87505

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2018

Transaction ID : SA11AI.30768

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Heffez, Leslie, , ,

Mailing Address 1893 Sheridan Rd
Ste 311

City
Highland Park

State
IL

Zip Code
60035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highland Park Professional Bui

Occupation (for Individual)
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
06 / 26 / 2018

Transaction ID : SA11AI.30769

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Hodapp, Paul, , ,

Mailing Address 1000 E 1st St
Suite 108

City
Duluth

State
MN

Zip Code
55805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OMS Associates

Occupation (for Individual)
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
06 / 05 / 2018

Transaction ID : SA11Al.30770

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hopkin, Dustin, , ,

Mailing Address 2180 E 4500 S
Ste 285

City
Holladay

State
UT

Zip Code
84117

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2018

Transaction ID : SA11Al.30771

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Jamdar, Sachin, , ,

Mailing Address 2500 Nesconset Hwy
Bldg 24A

City
Stony Brook

State
NY

Zip Code
11790

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Suffolk Oral Surgery Associate

Occupation (for Individual)
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
06 / 14 / 2018

Transaction ID : SA11Al.30772

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Jennings, David, , ,

Mailing Address 324 W Superior St
Suite 720

City
Duluth

State
MN

Zip Code
55802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bluestone OMS PA

Occupation (for Individual)
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2018

Transaction ID : SA11AI.30773

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Jones, Gary, , ,

Mailing Address 1295 Oliver St

City

Fayetteville

State
NC

Zip Code
28304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sandhills OMS

Occupation (for Individual)
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2018

Transaction ID : SA11AI.30774

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Jonke, Guenter, , ,

Mailing Address 1 Abbey Ln

City

Setauket

State
NY

Zip Code
11733

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

06 / 08 / 2018

Transaction ID : SA11AI.30775

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Kelly, W David, , ,

Mailing Address 59 Quinsigamond Ave
Ste 1

City
Worcester

State
MA

Zip Code
01610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crompton Park Oral Surgery &

Occupation (for Individual)
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
06 / 05 / 2018

Transaction ID : SA11Al.30776

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Kenney, Jeffrey, , ,

Mailing Address 12420 Warwick Blvd
Ste 2A

City

Newport News

State
VA

Zip Code
23606

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11Al.30777

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

C. Kleiman, Michael, , ,

Mailing Address 12 Ayers Ct

City

Metuchen

State
NJ

Zip Code
08840

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2018

Transaction ID : SA11Al.30778

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Kutcipal, Elizabeth, , ,

Mailing Address 2420 Westlake Ave N
Unit 10

City
Seattle

State
WA

Zip Code
98109

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

M M / D D / Y Y Y Y Y Y
06 / 05 / 2018

Transaction ID : SA11AI.30779

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Lader, Daniel, , ,

Mailing Address 1521 8th Ave
Ste 101

City

Bethlehem

State
PA

Zip Code
18018

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2018

Transaction ID : SA11AI.30780

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Lavorini-Doyle, Cassidy, , ,

Mailing Address 363 15th St

City

Oakland

State
CA

Zip Code
94612

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

M M / D D / Y Y Y Y Y Y
06 / 25 / 2018

Transaction ID : SA11AI.30781

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1050.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Lesnick, Julie, , ,

Mailing Address 8025 Club Crest Dr

City
Arvada

State
CO

Zip Code
80005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colorado Regional Oral Surgery

Occupation (for Individual)
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
06 / 07 / 2018

Transaction ID : SA11Al.30783

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Lewis, Fulton, , ,

Mailing Address 1826 Flagler Ave NE

City
Atlanta

State
GA

Zip Code
30309

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2018

Transaction ID : SA11Al.30784

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Lippisch, William, , Dr.,

Mailing Address 841 SE Ocean Blvd

City
Stuart

State
FL

Zip Code
34994

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

M M / D D / Y Y Y Y Y Y
06 / 14 / 2018

Transaction ID : SA11Al.30785

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Maghen, Aziz, , ,

Mailing Address 608 Foothill Rd

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11Al.30786

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Milewski, Ryan, , ,

Mailing Address 4416 Camelot Dr

City

Raleigh

State

NC

Zip Code

27609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2018

Transaction ID : SA11Al.30787

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Morgan, Isaac, , ,

Mailing Address 3415 5th St

City

Rapid City

State

SD

Zip Code

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Oral Surgeon

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2018

Transaction ID : SA11Al.30789

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

800.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

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

A. Morgan, J Michael, , ,

Mailing Address 601 Rosewood Dr

City
FlorenceState
SCZip Code
29501FEC 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

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11AI.30788

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Nellen, Ronald, , ,

Mailing Address 4811 South 76th Street
Suite 304City
GreenfieldState
WIZip Code
53220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OMS Consultants of WIOccupation (for Individual)
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2018

Transaction ID : SA11AI.30790

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Nichols, Michael, , ,

Mailing Address 266 Katherine Dr

City
FlowoodState
MSZip Code
39232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oral & Facial Surgery of Missi

Occupation (for Individual)

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
06 / 22 / 2018

Transaction ID : SA11AI.30791

Amount of Each Receipt this Period

250.00

☐ Memo Item

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: PAGE 23 OF 34

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

A. Noorbakhsh, Babak, , ,

Mailing Address 2801 Dudley Ave
Suite C

City
Parkersburg

State
WV

Zip Code
26101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oral & Maxillofacial Surgery A

Occupation (for Individual)
Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11AI.30792

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

B. Panagos, Petros, , ,

Mailing Address 118 Morton Blvd

City
Plainview

State
NY

Zip Code
11803

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11AI.30793

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

C. Pollock, G Kevin, , ,

Mailing Address 960 W Ralph Hall Pkwy

City
Rockwall

State
TX

Zip Code
75032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pinnacle Oral Surgery

Occupation (for Individual)
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
06 / 07 / 2018

Transaction ID : SA11AI.30794

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1025.00

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 34

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

A. Rahn, Andrew, , ,

Mailing Address 10216 N Rowell Ave

City
Fresno

State
CA

Zip Code
93730

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2018

Transaction ID : SA11AI.30797

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Rubin, Steven, , ,

Mailing Address 35 Sutton Rd

City
Needham

State
MA

Zip Code
02492

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11AI.30801

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Seldomridge, Gary, , ,

Mailing Address 190 Good Dr

City
Lancaster

State
PA

Zip Code
17603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Conestoga Oral and Maxillofaci

Occupation (for Individual)

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
06 / 22 / 2018

Transaction ID : SA11AI.30803

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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 34

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

A. Shea, John, , ,

Mailing Address 131 Indian Lake Blvd
Suite 100

City
Hendersonville

State
TN

Zip Code
37075

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11Al.30804

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Simpson, Charles, , ,

Mailing Address 5757 Warren Pkwy
Ste 320

City
Frisco

State
TX

Zip Code
75034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stonebriar Facial & Oral Surge

Occupation (for Individual)

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
06 / 07 / 2018

Transaction ID : SA11Al.30805

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Theodotou, Nicholas, , ,

Mailing Address 22 Amberwood Cir

City
Savannah

State
GA

Zip Code
31405

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2018

Transaction ID : SA11Al.30807

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 34

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

A. Vollmer, Paul, , ,Mailing Address 9950 Valley Creek Rd
Ste 100City
WoodburyState
MNZip Code
55125FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
True North Oral Surgery & ImplOccupation (for Individual)
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
06	14	2018

Transaction ID : SA11Al.30808

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Walzer, Clifford, , ,Mailing Address 275 West St
Suite 100City
AnnapolisState
MDZip Code
21401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oral Surgery SpecialistsOccupation (for Individual)
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
06	14	2018

Transaction ID : SA11Al.30809

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Wise, Edward, , ,

Mailing Address 134 Thorncliff Dr

City
FayettevilleState
NCZip Code
28303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
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
06	28	2018

Transaction ID : SA11Al.30810

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 34

☒ 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

<p>A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wohlford, Mark, , ,</p> <p>Mailing Address 405 Bentee Wes Ct</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Evansville</td> <td style="width: 15%;">State IN</td> <td style="width: 52%;">Zip Code 47715</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Tri-State Oral Surgery</td> <td style="width: 67%;">Occupation (for Individual) Oral Surgeon</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00 </p>			City Evansville	State IN	Zip Code 47715	Name of Employer (for Individual) Tri-State Oral Surgery	Occupation (for Individual) Oral Surgeon	<p>Date of Receipt 06 / 05 / 2018 </p> <p>Transaction ID : SA11AI.30811</p> <p>Amount of Each Receipt this Period 1000.00 </p> <p><input type="checkbox"/> Memo Item</p>	
City Evansville	State IN	Zip Code 47715							
Name of Employer (for Individual) Tri-State Oral Surgery	Occupation (for Individual) Oral Surgeon								
<p>B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ </p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt / / </p> <p>Amount of Each Receipt this Period </p> <p><input type="checkbox"/> Memo Item</p>	
City	State	Zip Code							
Name of Employer (for Individual)	Occupation (for Individual)								
<p>C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </p> <p>Aggregate Year-to-Date ▼ </p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt / / </p> <p>Amount of Each Receipt this Period </p> <p><input type="checkbox"/> Memo Item</p>	
City	State	Zip Code							
Name of Employer (for Individual)	Occupation (for Individual)								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1000.00						
<p>TOTAL This Period (last page this line number only)..... ▶</p>			22675.00						

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 34

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

A. MB Financial 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 ▼

249.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA17.30734

Amount of Each Receipt this Period

41.37

☐ Memo Item
Interest

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

B.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

41.37

41.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 34

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MB Financial Bank

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		05		2018

Mailing Address 6111 North River Rd

City
RosemontState
ILZip Code
60018Purpose of Disbursement
credit card processing fee

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.30733

Amount of Each Disbursement this Period

49.95

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

49.95

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

49.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. BILL CASSIDY FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2018

Mailing Address PO BOX 80505

City
BATON ROUGEState
LAZip Code
70898Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 00

FEC Identification Number

C C00543983

Transaction ID : SB23.30725

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

Mailing Address PO BOX 250

City
NEWBURGHState
INZip Code
47629Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

FEC Identification Number

C C00468256

Transaction ID : SB23.30727

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COURTNEY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2018

Mailing Address PO BOX 1372

City
VERNONState
CTZip Code
06066Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

FEC Identification Number

C C00410233

Transaction ID : SB23.30726

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

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

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

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 34

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MURPHY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

Mailing Address PO BOX 127

City
CHESHIREState
CTZip Code
06410Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 00

FEC Identification Number

C C00492645

Transaction ID : SB23.30729

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2018

Mailing Address P.O. BOX 44369

250 PRAIRIE CENTER DRIVE

City
EDEN PRAIRIEState
MNZip Code
55344Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

FEC Identification Number

C C00439661

Transaction ID : SB23.30722

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOYER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

Mailing Address 700 13TH STREET NW
SUITE 600City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 05

FEC Identification Number

C C00140715

Transaction ID : SB23.30731

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

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

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

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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. JIMMY GOMEZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

Mailing Address 3605 LONG BEACH BLVD., SUITE 426

City
LONG BEACHState
CAZip Code
90807Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 34

FEC Identification Number

C C00629659

Transaction ID : SB23.30730

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JUDY CHU FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

Mailing Address 16633 VENTURA BLVD # 1008

City
ENCINOState
CAZip Code
91436Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 27

FEC Identification Number

C C00458125

Transaction ID : SB23.30732

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKIE SHERRILL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2018

Mailing Address P.O. BOX 43032

City
MONTCLAIRState
NJZip Code
07043Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 11

FEC Identification Number

C C00640003

Transaction ID : SB23.30723

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

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

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

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. TONY CARDENAS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2018

Mailing Address 410 1ST ST, SE
SUITE 310City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 29

FEC Identification Number

C C00498873

Transaction ID : SB23.30728

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2018

Mailing Address PO BOX 490

City
ST. JOSEPHState
MIZip Code
49085Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

FEC Identification Number

C C00200584

Transaction ID : SB23.30724

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

5000.00

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

28000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 34

FOR LINE NUMBER:
(check only one)
☒ 9
☐ 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

Springfield

State

IL

Zip Code

62794-9008

Outstanding Balance Beginning This Period

55.00

Transaction ID : SD9.18338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

55.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

55.00

2) TOTALS This Period (last page this line number only)..... ►

55.00

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) ►

55.00