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Image# 201606039017469050

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An Au	uthorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	type 12FE4M5	
AMERICAN ASSOCIATION	ON OF ORAL AND MAX	XILLOFACIAL SURG	EONS POLITICAL A	ACTION COMMITTEE
<u> </u>				
ADDRESS (number and street) ▼	9700 WEST BRYN MAWR	R AVE.		
Check if different than previously reported. (ACC)	ROSEMONT		IL.	60018
2. FEC IDENTIFICATION N	UMBER ▼ C	CITY 🛦	STATE ▲	ZIP CODE ▲
C C00005660		IS THIS REPORT X (N)		MENDED)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		or 20 (M4) Jul	20 (M7) Oct	20 (M10) Jan 31 (YE)
Quarterly Report (0 July 15 Quarterly Report (0	(c) 12-Day PRE-Election	Primary (12P)	General	
October 15 Quarterly Report (0	Report for the:	Convention (12	C) Special (125)
January 31 Year-End Report (YE) Elect	tion on) Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	Special (30S)
Termination Report (TER)	t	tion on)	in the State of
5. Covering Period 0	5 01 2016		05 31	2016
I certify that I have examined the	his Report and to the best o	of my knowledge and be	lief it is true, correct and	d complete.
Type or Print Name of Treasure	er Joel Friedman			
Signature of Treasurer Joel	Friedman	[Electronically F	iled] Date 06	03 / 2016
NOTE: Submission of false, erron	neous, or incomplete informati	ion may subject the perso	n signing this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

01 2016 05 2016 Report Covering the Period: 05 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 684564.42 January 1. 2016 (b) Cash on Hand at 693541.17 Beginning of Reporting Period..... 7274.31 70385.17 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 754949.59 700815.48 6(a) and 6(c) for Column B)..... 53432.80 107566.91 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 647382.68 647382.68 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 135.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

I. Receipts	I. Receipts COLUMN A Total This Period			
,				
	6725.00	04075.00		
(i) Itemized (use Schedule A)	6725.00	61275.00		
(ii) Unitemized	501.68	1876.68		
Lines 11(a)(i) and (ii)	7226.68	63151.68		
,	0.00	0.00		
(such as PACs)	0.00	0.00		
•				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7226.68	63151.68		
	0.00	0.00		
Loans Received	0.00	0.00		
an Repayments Received	0.00	0.00		
fsets To Operating Expenditures				
efunds, Rebates, etc.)				
arry Totals to Line 37, page 5)	0.00	0.00		
efunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,			
Federal Candidates and Other				
	0.00	7000.00		
·	 			
	47.63	233.49		
	222			
(from Schedule H3)	0.00	0.00		
Levin Funds (from Schedule H5)	0.00	0.00		
	ontributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Heceipts Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
	erating Expenditures: Allocated Federal/Non-Federal		Calonida Tour to Date			
(4)	Activity (from Schedule H4)	0.00				
	(i) Federal Share	0.00	0.00			
	(ii) Non-Federal Share	0.00	0.00			
(b)	Other Federal Operating					
	Expenditures	182.80	4816.91			
(c)	Total Operating Expenditures	400.00	4946.04			
O T	(add 21(a)(i), (a)(ii), and (b))▶	182.80	4816.91			
	nsfers to Affiliated/Other Party mmittees	0.00	0.00			
 Cor 	ntributions to deral Candidates/Committees	7 7 7				
and	Other Political Committees	53000.00	102500.00			
	ependent Expenditures	0.00	0.00			
5. Cod	e Schedule E)ordinated Party Expenditures	0.00	0.00			
(2 l	U.S.C. §441a(d)) e Schedule F)	0.00	0.00			
(430		7 7 7				
3. Loa	an Repayments Made	0.00	0.00			
7 1		0.00	0.00			
8. Ref	ans Madefunds of Contributions To:	0.00	7 7			
(a)	Individuals/Persons Other Than Political Committees	250.00	250.00			
(b)	Political Party Committees	0.00	0.00			
(c)	Other Political Committees	0.00	0.00			
	(such as PACs)	0.00	7			
(d)	Total Contribution Refunds					
	(add Lines 28(a), (b), and (c))▶	250.00	250.00			
9. Oth	ner Disbursements	0.00	0.00			
D. Fed	deral Election Activity (2 U.S.C. §431(20))					
	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	7				
` '	With Federal Funds	0.00	0.00			
(c)	Total Federal Election Activity (add	0.00	222			
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
. Tota	al Disbursements (add Lines 21(c), 22,					
	24, 25, 26, 27, 28(d), 29 and 30(c))	53432.80	107566.91			
	• • • • • • • • • • • • • • • • • • • •	3				
	al Federal Disbursements					
	btract Line 21(a)(ii) and Line 30(a)(ii)					
fron	m Line 31)	53432.80	107566.91			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7226.68	63151.68
4. Total Contribution Refunds (from Line 28(d))	250.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6976.68	62901.68
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	182.80	4816.91
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	182.80	4816.91

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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) William Aughton Date of Receipt Mailing Address 90 Cypress Way E Suite 30 2016 02 City State Zip Code Transaction ID: SA11AI.28761 FL **Naples** 34110 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. R Bryan Bell Date of Receipt Mailing Address 4805 NE Glisan St Ste 2N35 05 18 2016 City State Zip Code Transaction ID: SA11AI.28762 OR Portland 97213 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation **Providence Cancer Center** Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Edgar Breda Date of Receipt Mailing Address 2900 Frank Scott Pkwy W 05 05 2016 Suite 960 City State Zip Code Transaction ID: SA11AI.28763 IL Belleville 62223 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation Southern Illinois OMS Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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) Andrew Campbell Date of Receipt Mailing Address 211 Liz Ln 2016 13 City Zip Code State Transaction ID: SA11AI.28766 Georgetown TX 78633 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Killeen Oral and Maxillofacial Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jay Crossland Date of Receipt Mailing Address 3415 5th St 05 31 2016 City State Zip Code Transaction ID: SA11AI.28767 SD Rapid City 57701 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Black Hills Oral & Maxillofaci Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. David Fiaschetti Date of Receipt Mailing Address 287 Fischer Cir 05 05 2016 City State Zip Code Transaction ID: SA11AI.28769 RΙ Portsmouth 02871 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

FOR LINE NUMBER: **PAGE** 8 OF (check only one) X 11a 11b 12 11c

24 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 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) James Freeman Date of Receipt Mailing Address 252 Charles Rd 05 2016 City Zip Code State Transaction ID: SA11AI.28770 VT Williston 05495 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer Occupation Champlain Valley OMS Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Reed Gibbins Date of Receipt Mailing Address 10748 Saint Lazare Dr 05 31 2016 City State Zip Code Transaction ID: SA11AI.28771 Dallas TX 75229 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Robert Goeckermann Date of Receipt Mailing Address 4811 S 76th St 05 31 2016 Ste 304 City Zip Code State Transaction ID: SA11AI.28772 WI Greenfield 53220 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Oral & Maxillofacial Surgery C Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 13 14 15 16 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) John Hackenberger Date of Receipt Mailing Address 1052 Yorkshire Rd 2016 31 City State Zip Code Transaction ID: SA11AI.28774 Grosse Pointe Park MI 48230 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation Summit Oral & Maxillofacial Su Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Henderson Date of Receipt Mailing Address 205 Yorktowne Place 05 05 2016 City State Zip Code Transaction ID: SA11AI.28775 Charleston WV 25309 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Michael Hesterberg Date of Receipt Mailing Address 2900 Frank Scott Pkwy W 05 05 2016 Suite 960 City State Zip Code Transaction ID: SA11AI.28777 IL Belleville 62223 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation Southern Illinois OMS Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

	FOR	R LINE	NU	IMBER	:	PAGE	•	10 OF	=	24
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

		name and address of any political committee to	
	DMMITTEE (In Full) N ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	3 POLITICAL ACTION COMMITTEE
A. John Hillge			Date of Receipt
	ss 1389 W Main St Ste 320		05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code	Transaction ID : SA11AI.28778
Waterbury		CT 06708	Amount of Each Receipt this Period
FEC ID number federal political	per of contributing al committee.	C	250.00
Name of Empl	loyer	Occupation	Memo Item
Self Employed	1	Oral Surgeon	ļ
Receipt For:		Aggregate Year-to-Date ▼	ļ
Primary			ļ
Other (s	specify) ▼	250.00	
B. David Kes			Date of Receipt
Mailing Addres	SS 183 North Sixth St		05 16 2016
City		State Zip Code	Transaction ID : SA11AI.28782
Brooklyn		NY 11211	Amount of Each Receipt this Period
FEC ID number federal political	per of contributing al committee.	C	250.00
Name of Empl	lover	Occupation	Memo Item
Self Employed		Oral Surgeon	
Receipt For:			ł
Primary	General specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (La	ast, First, Middle Initial)		Date of Receipt
	ss 12630 Monte Vista Rd Ste 205		05 05 2016
City		State Zip Code	Transaction ID : SA11AI.28784
Poway		CA 92064	Amount of Each Receipt this Period
FEC ID number federal political	per of contributing all committee.	C	250.00
Name of Empl	loyer	Occupation	Memo Item
•	& Maxillofacial S	Oral Surgeon	
Receipt For:		Aggregate Year-to-Date ▼	†
Primary	General		
	specify) ▼	250.00	
SUBTOTAL of F	Receipts This Page (optional)		750.00
		only)	

	FOR LINE N	E 11 OF						
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X 11a	11b	11c	12				
	13	14	15	16				

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Mugdha Patwardhan		Date of Receipt
Mailing Address 660 King St Unit 242		05 08 2016
City	State Zip Code	Transaction ID : SA11AI.28786
San Francisco	CA 94107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Self Employed	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Francisco Pestana		Date of Receipt
Mailing Address 4948 Kipling Dr		05 25 2016
City	State Zip Code	Transaction ID : SA11AI.28787
Carmichael	CA 95608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Self Employed	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Anthony Pitrowski		Date of Receipt
Mailing Address 201 N College Dr Suite 202		05 05 2016
City	State Zip Code	Transaction ID : SA11AI.28788
Santa Maria	CA 93454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Coastal Maxillofacial Group	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	>	1000.00
TOTAL This Period (last page this line numbe	r only)	

	FOF	R LINE	NU	MBER	:	PAGE	•	12 OI	F	24
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		717

	statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MAXILLOFACIAL SURGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) 1. Lee Pollan		Date of Receipt
Mailing Address 2400 S Clinton Ave Bldg H, Ste 125		05 31 _ 2016 _
City	State Zip Code	Transaction ID : SA11AI.28789
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Strong Memorial Hospital	Oral Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Robert Ryan		Date of Receipt
Mailing Address 7913 Allison Way		M = M / D = D / Y = Y = Y
Ste 101	Ctata 7'- C '	05 31 2016
City	State Zip Code	Transaction ID : SA11AI.28790
Arvada	CO 80005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Mountain Oral Surgery	Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Kerwin Steffen		Date of Receipt
Mailing Address 5122 Olympic Drive NW Suite B106		05 26 2016
City	State Zip Code	Transaction ID : SA11AI.28792
Gig Harbor	WA 98335	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Harbor OMS	Oral Surgeon	_
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	·	

	FOF	R LINE	NU	MBER	:	PAGE	- 1	13 OF		2
Use separate schedule(s)	(check only one)									_
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		1

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Edmund Watkins Mailing Address 1507 Gessner Dr Ste A City Houston FEC ID number of contributing federal political committee. Name of Employer Acorn Dental Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 77080 C Occupation Oral Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Address 1924 Glasgow Ave City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code LA 70808 C Occupation Oral Surgeon Aggregate Year-to-Date ▼ 350.00	Date of Receipt 05 31 2016 Transaction ID : SA11AI.28795 Amount of Each Receipt this Period 350.00 Memo Item
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation 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)	•	600.00
TOTAL This Period (last page this line numb	er only)	6725.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the	FOR LINE NUMBER: PAGE 14 OF 24 (check only one)
Any information copied from such Reports and	Statements may not		erson for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR			e to solicit contributions from such committee. NS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. MB Financial Bank Mailing Address 6111 North River Rd City		ip Code	Date of Receipt 05 31 2016 Transaction ID : SA17.28818
Rosemont FEC ID number of contributing federal political committee.	IL 6	50018	Amount of Each Receipt this Period 47.63
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-t	o-Date ▼ 233.49	Interest
B. Mailing Address			Date of Receipt
FEC ID number of contributing federal political committee.	State Z	ip Code	Amount of Each Receipt this Period
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-t	o-Date ▼	Memo Item
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Receipt
City	State Z	ip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼]
SUBTOTAL of Receipts This Page (optional)			47.63

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

47.63

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SCHEDULE B (FEC Form 3X)	Has somewhat and the Color	FOR LINE I	NUMBER:	PAGE 15 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28a 28	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL	SURGEONS	POLITICAL	ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. MB Financial Bank			Date of Disbu	rsement
Mailing Address 6111 North River Rd			05	03 2016
City S Rosemont	State Zip Code IL 60018		Transaction	ID : SB21B.28821
Purpose of Disbursement credit card processing fees			Amount of Ea	ch Disbursement this Period
Candidate Name		Category/ Type		148.97
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	Туре	Memo Iten	1
State: District: Full Name (Last, First, Middle Initial) B.			Date of Disbu	rsement
Mailing Address				D D / Y T Y T Y T
City	State Zip Code			
Purpose of Disbursement			Amount of Ea	ch Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		Memo Item	1
State: District: Full Name (Last, First, Middle Initial)				
C.			Date of Disbu	rsement
Mailing Address				
City	State Zip Code			
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Ea	ch Disbursement this Period
Office Sought: House Disburser	nent For: Primary General Other (specify) ▼	Турс	Memo Iten	,
State: District:				
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		148.97
TOTAL This Period (last page this line number only)				148.97

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	e and address of any political	committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS Mailing Address 555 CAPITOL MALL, SUITE 1425			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SACRAMENTO Purpose of Disbursement	rtate Zip Code CA 95814		Transaction ID : SB23.28799
Federal Campaign Contribution Candidate Name Office Sought: House Disbursem Senate	nent For: 2016 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1000.00 Memo Item
State: CA District: 18 Full Name (Last, First, Middle Initial) BILL CASSIDY FOR US SENATE Mailing Address PO BOX 80505			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	tate Zip Code LA 70898	Catanana	Transaction ID : SB23.28810 Amount of Each Disbursement this Period
X Senate	nent For: 2020 Primary General Other (specify)	Category/ Type	Memo Item
Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMI Mailing Address 205 HAWTHORNE CT	TTEE		Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement
City S PITTSBURGH Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Senate President	ent For: 2016 Primary General Other (specify)	Category/ Type	Transaction ID : SB23.28812 Amount of Each Disbursement this Period 3000.00 Memo Item
State: PA District: 14 SUBTOTAL of Disbursements This Page (optional)			5000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	•		
Full Name (Last, First, Middle Initial)			Date of Dishursansan'
A. ENGEL FOR CONGRESS			Date of Disbursement
Mailing Address 462 CALIFORNIA ROAD			05 24 2016
BRONXVILLE	State Zip Code NY 10708		Transaction ID : SB23.28807
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Senate	nent For: 2016 Primary	Туре	Memo Item
State: NY District: 16			
Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS MURPHY Mailing Address PO BOX 127			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code CT 06410		Transaction ID : SB23.28811
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3000.00
Senate President	nent For: 2018 Primary General Other (specify)	75~	Memo Item
State: CT District: 00			
Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN			Date of Disbursement
Mailing Address P.O. BOX 44369 250 PRAIRIE CENTER DRIVE			05 25 2016
,	State Zip Code MN 55344		Transaction ID : SB23.28813
Purpose of Disbursement Federal Campaign Contribution			
Candidate Name		Category/	Amount of Each Disbursement this Period 5000.00
Senate President	nent For: 2016 Primary General Other (specify)	Туре	Memo Item
State: MN District: 03			
SUBTOTAL of Disbursements This Page (optional)		·····•	10000.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	•		
Full Name (Last, First, Middle Initial)			Pate of Pisham
A. FRIENDS OF ROSA DELAURO			Date of Disbursement
Mailing Address 129 CHURCH ST, STE 818			05 24 2016
NEW HAVEN	State Zip Code CT 06510		Transaction ID : SB23.28806
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Senate	nent For: 2016 Primary General Other (specify) ▼	1,900	Memo Item
State: CT District: 03	·		
Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL	_ CAMPAIGN		Date of Disbursement
Mailing Address PO BOX 16128			05 31 2016
HOUSTON	State Zip Code TX 77222		Transaction ID : SB23.28816
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2000.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item
State: TX District: 29			
Full Name (Last, First, Middle Initial) GREGG HARPER FOR CONGRES	SS		Date of Disbursement
Mailing Address POST OFFICE BOX 54344			05 18 2016
,	State Zip Code MS 39288		Transaction ID : SB23.28803
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Senate	nent For: 2016 Primary General Other (specify)	Турс	Memo Item
State: MS District: 03			
SUBTOTAL of Disbursements This Page (optional)		······	7000.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19 OF 24
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	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	,,,		
AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
KIND FOR CONGRESS COMMITT	ΓΕΕ 		Date of Disbursement
Mailing Address 205 5TH AVENUE S ROOM 428	State Zip Code		05 31 2016
City S LA CROSSE	State Zip Code WI 54601		Transaction ID: SB23.28817
Purpose of Disbursement	3.331		
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Office Sought:	nent For: 2016	Туре	
	Primary X General		Memo Item
	Other (specify) ▼		
State: WI District: 03	· 		
Full Name (Last, First, Middle Initial)			
3. LARSON FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 261172			05 25 2016
Maining Addiess PO BOX 2011/2			03 23 2010
,	State Zip Code		Transaction ID : SB23.28814
HARTFORD Purpose of Disbursement	CT 06126		
Federal Campaign Contribution		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	3000.00
	nent For: 2016		Memo Item
	Primary General		
State: CT District: 01	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
MIKE GALLAGHER FOR WISCON	ISIN		Date of Disbursement
	· • · · ·		M = M / D = D / Y = Y = Y
Mailing Address PO BOX 1027			05 09 2016
City	State Zip Code		
GREEN BAY	WI 54305		Transaction ID : SB23.28801
Purpose of Disbursement			
Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	3000.00
Office Sought:	nent For: 2016	Туре	
	Primary General		Memo Item
President	Other (specify) ▼		
State: WI District: 08			
			40000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	10000.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF 24
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Full Name (Last, First, Middle Initial)			Data of Dishumannant
A. PALLONE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 3176			05 18 2016
•	state Zip Code NJ 07740		Transaction ID : SB23.28804
Purpose of Disbursement Federal Campaign Contribution		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item
State: NJ District: 06			
Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 3176			05 18 2016
LONG BRANCH	itate Zip Code NJ 07740		Transaction ID : SB23.28805
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3000.00
Senate	nent For: 2016 Primary		Memo Item
State: NJ District: 06			
Full Name (Last, First, Middle Initial) C. RALPH ABRAHAM FOR CONGRE	SS		Date of Disbursement
Mailing Address P.O. BOX 14062			05 25 2016
,	State Zip Code LA 71207		Transaction ID : SB23.28809
Purpose of Disbursement Federal Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3000.00
Senate	nent For: 2016 Primary		Memo Item
State: LA District: 05			
SUBTOTAL of Disbursements This Page (optional)			8500.00
TOTAL This Period (last page this line number only)			

TEMIZED DISBURSEMENTS	Llos concrete cohodulo(a)	FOR LINE NUMBER: PAGE 21 OF 24 (check only one) 21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. RGEONS POLITICAL ACTION COMMITTEE
A. RYAN COSTELLO FOR CONGREMALING Address PO BOX 3154	SS	Date of Disbursement 05 09 7 2016
WEST CHESTER Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Senate		Amount of Each Disbursement this Period ategory/ Type Memo Item
SANTA BARBARA Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House Senate Disbursem	tate Zip Code CA 93102	Date of Disbursement M M M / D D / Y Y Y Y Y 05 09 2016 Transaction ID : SB23.28800 Amount of Each Disbursement this Period ategory/ Type Memo Item
PTTSBURGH Purpose of Disbursement Federal Campaign Contribution Candidate Name		Date of Disbursement M
Senate	ent For: 2016 Primary ∑ General Other (specify) ▼	Memo Item

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. AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A WALORSKI FOR CONGRESS INC Mailing Address PO BOX 954 City State Zip Code IN 46546 Transaction ID : SB23.28808 Amount of Each Disbursement this Peric Carlegory' Type Full Name (Last, First, Middle Initial) A mailing Address City State Zip Code Purpose of Disbursement Ganddate Name Category' Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Of Disbursement For: Ganddate Name Category' Type Office Sought: House Other (specify) Memoritem of Each Disbursement this Peric Category' Type Office Sought: House Other (specify) Memoritem of Each Disbursement Type Category' Type Office Sought: House Other (specify) Memoritem of Each Disbursement Type Category' Type Office Sought: House Other (specify) Memoritem of Each Disbursement Type Category' Type Office Sought: House Other (specify) Memoritem of Each Disbursement Type Category' Type Office Sought: House Other (specify) Memoritem of Each Disbursement Type Category' Type Office Sought: House Other (specify) Memoritem of Each Disbursement Type Category' Type Other (specify) Type Oth	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	•
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A. WALORSKI FOR CONGRESS INC Mailing Address PO BOX 954 City State Zip Code MISHAWAKA IN 46546 Purpose of Disbursement Federal Campaign Contribution Candidate Name Other (specify) Transaction ID : SB23.28808 Amount of Each Disbursement this Peric Category' Type Sounds President Other (specify) Transaction ID : SB23.28808 Amount of Each Disbursement this Peric Category' Type Date of Disbursement this Peric Category' Type Total Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Other (specify) Senate Primary General Other (specify) Memo Item Amount of Each Disbursement this Peric Category' Type Memo Item Amount of Each Disbursement this Peric Category' Type Memo Item Amount of Each Disbursement this Peric Category' Type Memo Item Amount of Each Disbursement this Peric Category' Type Memo Item Amount of Each Disbursement this Peric Category' Type Memo Item Amount of Each Disbursement this Peric Category' Type Memo Item Amount of Each Disbursement this Peric Category' Type Office Sought: House Senate Primary General Category' Type Office Sought: House Senate Primary General Memo Item Memo Item Amount of Each Disbursement this Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Amount of Each Disbursement Ithis Peric Category' Type Memo Item Memo Item Memo Item Memo	NAME OF COMMITTEE (In Full)	•		
Mailing Address PO BOX 954 State Zip Code MISHAWAKA Name Af546 MISHAWAKA Name Category/ Sounds Memo Item	_	;		
MISHAWAKA Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) Vipe State: Disbursement President Other (specify) Vipe Disbursement Other (specify) Vipe Office Sought: House Disbursement Other (specify) Vipe Date of Disbursement Other (specify) Vipe Office Sought: House Disbursement Other (specify) Vipe Office Other (specify) Vipe	Mailing Address PO BOX 954			
Federal Campaign Contribution Candidate Name Category/ Type Office Sought: House Primary General Primary General Primary General President State: District: Senate President Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement President Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Memo Item Amount of Each Disbursement this Peric Category/ Type Memo Item Date of Disbursement this Peric Category/ Type Memo Item Amount of Each Disbursement This Peric Category/ Type Memo Item Date of Disbursement This Peric Category/ Type Amount of Each Disbursement This Peric Category/ Type Amount of Each Disbursement This Peric Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: House Disbursement	MISHAWAKA			Transaction ID : SB23.28808
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Senate President Other (specify) State: IN District: 02 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Peric Gategory/ Type Disbursement For: Senate Primary General Other (specify) Memo Item Date of Disbursement this Peric Gategory/ Type Amount of Each Disbursement this Peric Gategory/ Type Office Sought: House Disbursement For: Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Peric Gategory/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item	Candidate Name			5000.00
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Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought:	Full Name (Last, First, Middle Initial) 3.			
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: President Primary General Other (specify) ▼ State: District: District: Amount of Each Disbursement Amount of Each Disbursement this Period Memo Item Amount of Each Disbursement this Period Memo Item	Mailing Address			
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Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) State: District:	Senate President	Primary General		Memo Item
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District:				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: State Zip Code Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Memo Item	C			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Memo Item	Mailing Address			
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Office Sought: House Senate Primary General Other (specify) ▼ State: District: Memo Item	Candidate Name			Amount of Each Disbursement this Period
5000.00	Senate President	Primary General		
Source of Dispulsements This Page (optional)				5000.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	•		
Full Name (Last, First, Middle Initial) - Jeffrey Kosman			Date of Disbursement
Mailing Address 5319 Meadow Ln			05 01 2016
Sheffield Village	State Zip Code OH 44035		Transaction ID : SB28A.28783
Purpose of Disbursement Refund of Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	250.00
	Primary General Other (specify)		Memo Item
State: District: Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
Mailing Address			
,	State Zip Code		
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	
President	nent For: Primary General Other (specify)		Memo Item
State: District: Full Name (Last, First, Middle Initial)			
C			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		Memo Item
			250.00
SUBTOTAL of Disbursements This Page (optional)			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

×	9
	10

24

24 OF

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

A. Full Name (Last, First, Middle Initial) of Debt Illinois Department of Revenue	Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09	
Mailing Address PO Box 19008		-
City State	Zip Code	_
City State Springfield	IL 62794-9008	
Outstanding Balance Beginning This Period	02734 3000	Transaction ID : SD9.18338
135.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	135.00
B. Full Name (Last, First, Middle Initial) of Debto	or 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
	7	
C. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor	Nature of Debt (Purpose):
Mailing Address		-
l l l l l l l l l l l l l l l l l l l		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
) SUBTOTALS This Period This Page (optional)	>	135.00
TOTALS This Period (last page this line number only)		135.00
TOTAL OUTSTANDING LOANS from Schedule C (last page only)		0.00
		135.00
) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	