

**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.	
▼			
<input type="checkbox"/> Check if different than previously reported. (ACC)		ROSEMONT IL 60018 -	
2. FEC IDENTIFICATION NUMBER ▼		CITY ▲	STATE ▲ ZIP CODE ▲
C C00005660			
3. IS THIS REPORT		<input checked="" type="checkbox"/> NEW (N) OR	<input type="checkbox"/> AMENDED (A)
4. TYPE OF REPORT (Choose One)			
(a) Quarterly Reports:		(b) Monthly Report Due On:	
<input type="checkbox"/> April 15 Quarterly Report (Q1)		<input type="checkbox"/> Feb 20 (M2) <input type="checkbox"/> May 20 (M5) <input type="checkbox"/> Aug 20 (M8) <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)	
<input type="checkbox"/> July 15 Quarterly Report (Q2)		<input type="checkbox"/> Mar 20 (M3) <input type="checkbox"/> Jun 20 (M6) <input type="checkbox"/> Sep 20 (M9) <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)	
<input type="checkbox"/> October 15 Quarterly Report (Q3)		<input type="checkbox"/> Apr 20 (M4) <input checked="" type="checkbox"/> Jul 20 (M7) <input type="checkbox"/> Oct 20 (M10) <input type="checkbox"/> Jan 31 (YE)	
<input type="checkbox"/> January 31 Year-End Report (YE)		(c) 12-Day PRE-Election Report for the:	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)		<input type="checkbox"/> Primary (12P) <input type="checkbox"/> General (12G) <input type="checkbox"/> Runoff (12R)	
<input type="checkbox"/> Termination Report (TER)		<input type="checkbox"/> Convention (12C) <input type="checkbox"/> Special (12S)	
		Election on <span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span> in the State of <span style="border: 1px solid black; padding: 0 5px;"></span>	
		(d) 30-Day POST-Election Report for the:	
		<input type="checkbox"/> General (30G) <input type="checkbox"/> Runoff (30R) <input type="checkbox"/> Special (30S)	
		Election on <span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span> in the State of <span style="border: 1px solid black; padding: 0 5px;"></span>	
5. Covering Period			
<span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span>		through <span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span>	
<span style="border: 1px solid black; padding: 0 5px;">06</span> / <span style="border: 1px solid black; padding: 0 5px;">01</span> / <span style="border: 1px solid black; padding: 0 5px;">2018</span>		<span style="border: 1px solid black; padding: 0 5px;">06</span> / <span style="border: 1px solid black; padding: 0 5px;">30</span> / <span style="border: 1px solid black; padding: 0 5px;">2018</span>	

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 / 20 / 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, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">713427.58</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">663766.99</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">24566.37</span>	<span style="border: 1px solid black; padding: 2px;">62159.53</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">688333.36</span>	<span style="border: 1px solid black; padding: 2px;">775587.11</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">28049.95</span>	<span style="border: 1px solid black; padding: 2px;">115303.70</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">660283.41</span>	<span style="border: 1px solid black; padding: 2px;">660283.41</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">55.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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

FEC Form 3X (Rev. 05/2016)

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

FEC Form 3X (Rev. 05/2016)

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: F3XN

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 &amp; 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).....▶

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

1125.00

# **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 8 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. 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

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

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

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)  
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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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 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. 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

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

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

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

Transaction ID : SA11Al.30748

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 11 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. 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).....▶

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. 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 Johson 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

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

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

M M / D D / Y Y Y Y Y Y  
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  
PittsfordState  
NYZip Code  
14534FEC 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 / 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  
BoulderState  
COZip Code  
80303FEC 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.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 ParkState  
MIZip Code  
48230FEC 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 / 07 / 2018

Transaction ID : SA11AI.30765

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

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. 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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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 : SA11AI.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 : SA11AI.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 : SA11AI.30772

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**

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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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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. 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 : SA11Al.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 : SA11Al.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 : SA11Al.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**

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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 : SA11AI.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 : SA11AI.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 : SA11AI.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**

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

FOR LINE NUMBER: PAGE 21 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. 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

☐ General

☐ Other (specify) ▼

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

☐ 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.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

☐ General

☐ Other (specify)

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)..... ►

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

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

FOR LINE NUMBER: PAGE 22 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. 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 WI

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 / 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 &amp; 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: PAGE 24 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. 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: PAGE 25 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

<b>A. Shea, John, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2018 <b>Transaction ID : SA11Al.30804</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
<b>B. Simpson, Charles, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2018 <b>Transaction ID : SA11Al.30805</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
<b>C. Theodotou, Nicholas, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2018 <b>Transaction ID : SA11Al.30807</b> Amount of Each Receipt this Period 750.00 <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		1250.00
<b>TOTAL</b> 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 26 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. Vollmer, Paul, , ,**

Mailing Address 9950 Valley Creek Rd  
Ste 100

City  
Woodbury

State  
MN

Zip Code  
55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
True North Oral Surgery & Impl

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.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 100

City  
Annapolis

State  
MD

Zip Code  
21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oral Surgery Specialists

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.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  
Fayetteville

State  
NC

Zip Code  
28303

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.30810**

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 27 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

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

# **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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☐ 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 DISBURSEMENTS**Use 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)

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<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/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement 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/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement 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/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement 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

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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. 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 DISBURSEMENTS**Use 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