PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	-or Other Than An Au	thorized Committee	Office I	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
AMERICAN ASSOCIATIO	ON OF ORAL AND MAX	(ILLOFACIAL SURGEON	NS POLITICAL ACTION	N COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MAWR	AVE.		
Check if different				
than previously reported. (ACC)	ROSEMONT		IL 6001	8
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00005660		IS THIS REPORT (N)	OR AMENDED (A))
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe Report Due On:	b 20 (M2) May 20	(M5) Aug 20 (M8)	Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun 20	(M6) Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		r 20 (M4) Jul 20 (M7) Oct 20 (M10	Jan 31 (YE)
Quarterly Report (Q July 15	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q January 31		M M / D D	/ Y = Y = Y	in the
Year-End Report (Y July 31 Mid-Year		ion on		State of
Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Electi	ion on	/ Y = Y = Y = Y	in the State of
5. Covering Period 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			018
I certify that I have examined th		of my knowledge and belief it	is true, correct and comple	ete.
Type or Print Name of Treasure	Wallen, Jeffrey, , ,			
Signature of Treasurer	en, Jeffrey, , ,	[Electronically Filed]	Date 04 1	9 / 2018
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person sign	ning this Report to the penal	ties of 52 U.S.C. § 30109
Office Use			FE	C FORM 3X
Only				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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2018		713427.58
(b) Cash on Hand at Beginning of Reporting Period	705655.01	
(c) Total Receipts (from Line 19)	4162.73	26994.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	709817.74	740421.64
Total Disbursements (from Line 31)	27049.95	57653.85
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	682767.79	682767.79
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	55.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From:		03 31 2018
	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)	4000.00	25750.00
	(ii) Unitemized(iii) TOTAL (add	120.00	1120.00
	Lines 11(a)(i) and (ii)	4120.00	26870.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	4120.00	26870.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	42.73	124.06
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))▶	4162.73	26994.06
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	4162.73	26994.06

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
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from School to HA)		Calonida Tour to Dute
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
.,	1 1 1 1 1 1 1 1 1	
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	49.95	4778.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	49.95	4778.85
Transfers to Affiliated/Other Party	7	
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	27000.00	52500.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	375.00
(b) Political Party Committees		0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	375.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(a) Allocated Federal Election Activity (from Schedule H6)	20))	
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27049.95	57653.85
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	27040.05	
	27049.95	57653.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 4120.00 26870.00 0.00 375.00 26495.00 4120.00 49.95 4778.85 0.00 0.00 49.95 4778.85

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	6	OF	12
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	×	11a		11b		11c	12		
		13		14		15	16	,	17

Detailed Summary Page 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 Allen, Lee, , , Date of Receipt Mailing Address 8812 River Rd 2018 19 City State Zip Code Transaction ID: SA11AI.30604 GA Columbus 31904 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oral Surgeon Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Austin, Gordon, , , Date of Receipt Mailing Address 423 N. Lakeshore Dr. 2018 City State Zip Code Transaction ID: SA11AI.30605 Carrollton GA 30117 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Beninato, John, , , Date of Receipt Mailing Address 21 John Maddox Dr NW 06 2018 City State Zip Code Transaction ID: SA11AI.30606 GΑ Rome 30165 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Use separate schedule(s) for each category of the

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			13		14		15	16	;	17

Detailed Summary Page 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 Bode, Charles, , , Date of Receipt Mailing Address 8827 N Invergordon Rd 2018 City Zip Code State Transaction ID: SA11AI.30607 Paradise Valley ΑZ 85253 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Holzhauer, Ann, , , Date of Receipt Mailing Address 117 Quail Run Ct 18 2018 City State Zip Code Transaction ID: SA11AI.30614 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kushner, George, , , Date of Receipt Mailing Address 501 S Preston 12 2018 City State Zip Code Transaction ID: SA11AI.30615 KY Lousiville 40202 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Univ of Louisville Schl of Den Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FO	R LINE	NUMBER	:	PAGE	8	OF	12
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X	1 1a	11b		11c	12		
	13	14		15	16		17

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGEON	S POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle I Turner, Blake, , , Mailing Address PSC 557 Box 280	Initial) or Full Organization Name	Date of Receipt
City FPO	State Zip Code AP 96379	03 02 2018 Transaction ID : SA11AI.30617 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Oral Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
Full Name of Individual (Last, First, Middle I Zelig, David, , , Mailing Address 692 Camperdown Rd City Teaneck FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code 07666 C Occupation (for Individual) Oral Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name of Individual (Last, First, Middle I Mailing Address City FEC ID number of contributing federal political committee.	State Zip Code	Date of Receipt M = M / D = D / Y = Y = Y = Y Amount of Each Receipt this Period
Name of Employer (for Individual) Receipt For: Primary General Other (specify)	Occupation (for Individual) Aggregate Year-to-Date ▼	Memo Item
SUBTOTAL of Receipts This Page (optional)		500.00

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

Mailing Address PO BOX 10570 City SAVANNAH Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: Y House Senate President President State: GA District: 01 State Zip Code GA 31412 FEC Identification Number Category/ Type Transaction ID: SB23 Amount of Each Disburser Memo Item	COMMITTEE
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION of Full Name (Last, First, Middle Initial) A. BRADY FOR CONGRESS Mailing Address PO BOX 8277 City THE WOODLANDS THE WOODLANDS THE WOODLANDS THE WOODLANDS Office Sought: Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) B. BUDDY CARTER FOR CONGRESS Mailing Address PO BOX 10570 City SAVANNAH Purpose of Disbursement State: TX District: 08 Full Name (Last, First, Middle Initial) B. BUDDY CARTER FOR CONGRESS Mailing Address PO BOX 10570 City SAVANNAH GA 31412 Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: When of the Name Category/ Type Date of Disbursement FEC Identification Number Category/ Type Transaction ID: \$82: Amount of Each Disbursement Federal Campaign Contribution Candidate Name Office Sought: When of the Name Category/ Type Transaction ID: \$82: Amount of Each Disbursement Federal Campaign Contribution Candidate Name Office Sought: Whose Senate President Senate President Senate President Other (specify) Memo Item Memo Item Memo Item	COMMITTEE
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION of the property of the p	COMMITTEE
A. BRADY FOR CONGRESS Mailing Address PO BOX 8277 City THE WOODLANDS Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought:	2018
City THE WOODLANDS Purpose of Disbursement Federal Campaign Contribution Candidate Name Category/ Type Office Sought:	
THE WOODLANDS Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought:	
Federal Campaign Contribution Candidate Name Office Sought:	
Office Sought: X	3.30595
Senate President Other (specify) ▼ State: TX District: 08 Memo Item	
State: TX District: 08 Full Name (Last, First, Middle Initial) B. BUDDY CARTER FOR CONGRESS Mailing Address PO BOX 10570 City SAVANNAH Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Senate President State: GA District: 01 Memo Item Interior Item Date of Disbursement Date of Disbursement FEC Identification Number Category/ Type Other (specify) Memo Item Memo Item	4000.00
B. BUDDY CARTER FOR CONGRESS Mailing Address PO BOX 10570 City SAVANNAH Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: Walling Address PO BOX 10570 State GA State GA Zip Code GA 31412 FEC Identification Number Category/ Type Category/ Type Office Sought: Walling Address PO BOX 10570 Disbursement GA Transaction ID: SB23 Amount of Each Disburse Amount of Each Disburse Walling Code GA Transaction ID: SB23 Amount of Each Disburse Memo Item	
City SAVANNAH Purpose of Disbursement Federal Campaign Contribution Candidate Name Category/ Type Office Sought: W House Senate President State: GA District: 01 State Zip Code 31412 C C00543967 Transaction ID: SB23 Amount of Each Disburser Memo Item	YYY
SAVANNAH Purpose of Disbursement Federal Campaign Contribution Candidate Name Category/ Type Office Sought: Senate President State: GA District: 01 GA 31412 C C00543967 Transaction ID: SB23 Amount of Each Disburser Memo Item	2018
Federal Campaign Contribution Candidate Name Category/ Type Office Sought:	
Candidate Name Category/ Type Office Sought: Senate President State: GA Disbursement For: 2018 Primary Other (specify) Memo Item	30506
Senate President State: GA District: 01 Senate Other (specify) Memo Item	
State: GA District: 01 Other (specify) Memo Item	5000.00
Full Name (Last, First, Middle Initial) C. DAVID SCOTT FOR CONGRESS Date of Disbursement	
Mailing Address P.O. BOX 960821	2018
City State Zip Code RIVERDALE GA 30296 Purpose of Disbursement FEC Identification Number C00368801	
Federal Campaign Contribution Candidate Name Category/ Category/ Category/ Category/ Category/ Category/ Category/ Category/	
Office Sought: House Disbursement For: 2018	2000.00
Senate President State: GA District: 13 Primary General Other (specify) ▼ Memo Item	3000.00
	3000.00
SUBTOTAL of Disbursements This Page (optional)	12000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 x 23 26 27 28a 28b 28c 29 30b
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL S	SURGEONS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. DR. BRIAN BABIN FOR CONGRE Mailing Address PO BOX 159	SS	Date of Disbursement 03 05 05 05
	State Zip Code	
WOODVILLE Purpose of Disbursement Federal Campaign Contribution	TX 75979	FEC Identification Number C C00553859 Transaction ID : SB23,30594
Candidate Name		Category/ Type Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary	2000.00 Memo Item
State: TX District: 36 Full Name (Last, First, Middle Initial) B. DREW FERGUSON FOR CONGR	ESS INC.	Date of Disbursement
Mailing Address PO BOX 387		03 05 7 2018
WEST POINT Purpose of Disbursement	State Zip Code GA 31833	FEC Identification Number C C00607838
Federal Campaign Contribution Candidate Name		Category/ Type Transaction ID : SB23.30598 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary	5000.00 Memo Item
Full Name (Last, First, Middle Initial) C. GRAVES FOR CONGRESS		Date of Disbursement
Mailing Address PO BOX 335		03 05 2018
City CALHOUN Purpose of Disbursement Federal Campaign Contribution	State Zip Code GA 30703	FEC Identification Number C C00462556
Candidate Name		Category/ Type Transaction ID : SB23.30599 Amount of Each Disbursement this Period
Senate x	nent For: 2018 Primary General Other (specify)	1500.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		8500.00
TOTAL This Period (last page this line number only)		

S П

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Detailed Surmany Page	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	1 ` ′				
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 Pull) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) City State: WI Disfort: Q3 Full Name (Last, First, Middle Initial) B. STIVERS FOR CONGRESS Mailing Address 4679 WINTERSET DR City State: WI Disfort: Q3 Full Name (Last, First, Middle Initial) City State: WI Disfort: Q3 Full Name (Last, First, Middle Initial) B. STIVERS FOR CONGRESS Mailing Address 4679 WINTERSET DR City County WINTERSET DR Category/ Type County WINTERSET DR City County WINTERSET DR Category/ Type County WINTERSET DR Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Candidate Name Candidate Name City Category/ Type Candidate Name City Category/ Type Candidate Name City Category/ Type Candidate Name Candidate Name City Category/ Type							
NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) AKIND FOR CONGRESS COMMITTEE Mailing Address 205 5TH AVENUE S ROOM 411 City LA CROSSE Purpose of Disbursement Federid Campaign Contribution Candidate Name Office Sought: I House Senate Primary State: City COLUMB STIVERS FOR CONGRESS Mailing Address 4679 WINTERSET DR City COLUMB Senate Purpose of Disbursement Federal Campaign Contribution Candidate Name City COLUMB Senate Purpose of Disbursement Federal Campaign Contribution Candidate Name City COLUMB Senate Purpose of Disbursement Federal Campaign Contribution Candidate Name City Columb Senate Purpose of Disbursement Federal Campaign Contribution Candidate Name City Columb Senate Purpose of Disbursement Federal Campaign Contribution Candidate Name City Columb Senate Purpose of Disbursement Federal Campaign Contribution Candidate Name City Columb Senate Purpose of Disbursement Federal Campaign Contribution Candidate Name City Columb Senate Purpose of Disbursement Federal Campaign Contribution Candidate Name City Columb Senate Purpose of Disbursement Candidate Name City Columb Memo Item Address Condidate Name Category Type Memo Item Address Actegory Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Memo Item Address Actegory Transaction ID: S823.3060 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Memo Item Address Actegory Transaction ID: S823.3060 Amount of Each Disbursement this Period Amount of Eac	Any information copied from such Reports and Statem	ents may not be sold or use	d by any perso	n for the purpose of soliciting contributions			
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. KIND FOR CONGRESS COMMITTEE Mailing Address 206 5TH AVENUE S		e and address of any politica	al committee to	solicit contributions from such committee.			
A. KIND FOR CONGRESS COMMITTEE Mailing Address 206 5TH AVENUE S ROOM 411 City LA CROSS Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought:	1 \	ND MAXILLOFACIAL S	SURGEONS	POLITICAL ACTION COMMITTEE			
Mailing Address 205 STH AVENUE S ROOM 411 City				B (B) .			
Mailing Address 205 STH AVENUE S ROOM 411 City LA CROSSE LA CROSSE LA CROSSE LA CROSSE LA CROSSE Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: Senate President State: WI District: 03 Full Name (Last, First, Middle Initial) B. STIVERS FOR CONGRESS Mailing Address 4679 WINTERSET DR City Coulumbus Condidate Name Office Sought: Senate Primary State: Disbursement Federal Campaign Contribution Candidate Name Office Sought: Senate President State: Disbursement For: 2018 Full Name (Last, First, Middle Initial) Coulumbus Coulumbus Coulumbus Coulumbus Coulumbus Coulumbus Condidate Name Office Sought: Senate President State: DH District: 15 Full Name (Last, First, Middle Initial) Coulumbus Coulum	A. KIND FOR CONGRESS COMMITT	EE					
LACROSSE WI 54601							
Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought:	,	'		FEC Identification Number			
Transaction ID: S823.30601 Amount of Each Disbursement this Period Office Sought:	Purpose of Disbursement	34001		C C00312017			
Office Sought:	,						
Office Sought:	Candidate Name			Amount of Each Disbursement this Period			
State: WI District: 03 President District: 03 B. STIVERS FOR CONGRESS Mailing Address 4679 WINTERSET DR City COLUMBUS Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House President State: OH District: 15 Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Senate President Candidate Name City State Zip Code Office Sought: Transaction ID: SB23.30600 Amount of Each Disbursement this Period We memo Item Fed Identification Number Category/ Type Memo Item Fed I Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Senate President Category/ Type Office Sought: House Disbursement For: 2018 Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: House Disbursement For: 2018 President State: District: Dis	Office Sought: 🙀 House Disbursem	nent For: 2018	Туре	4000.00			
Full Name (Last, First, Middle Initial) Foll Name (Last, First, Middle Initial) Candidate Name City Office Sought: Foll Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Category/ Type Disbursement For: 2018 Foll Name (Last, First, Middle Initial) Category/ Type Disbursement For: 2018 Foll Name (Last, First, Middle Initial) Category/ Type Disbursement For: 2018 Foll Name (Last, First, Middle Initial) Category/ Type Disbursement For: 2018 Foll Name (Last, First, Middle Initial) Category/ Type Office Sought: Date of Disbursement For: 2018 Date of Disbursement For: 2018 Amount of Each Disbursement this Period Fec Identification Number Category/ Type Office Sought: Office Sought: Disbursement For: 2018 Senate President Other (specify) Memo Item Memo Item State: Disbursement This Page (optional) Memo Item Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: District: Substrict: District: Date of Disbursement Memo Item Memo Item Amount of Each Disbursement this Period Memo Item Amount of Each Disbursement this Period Memo Item		,					
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37000 00							
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional)			6500.00			
	TOTAL This Period (last page this line number only)			27000.00			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12
FOR LINE NUMBER: (check only one)

X 9 10

12

OF

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

A 5 11 N	0 17		111.	
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09			
Illinois Department of Revenue				
Mailing Address PO Box 19008				
City				
Springfield	IL	Zip Code 62794-9008		
Outstanding Balance Beginning This Period	•		Transaction ID : SD9.18338	
55.00				
Amount Incurred This Period	Pa	syment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	55.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	,	Nature of Debt (Purpose):	
2. Full Number (East, First, Middle Hillar) of Boston	or Greater		Nature of Best (Fulpose).	
Mailing Address				
City	State	Zip Code	_	
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):	
Mailing Address				
City	State	Zip Code		
City	Oldio	2.10 0000		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	syment This Period	Outstanding Balance at Close of This Period	
		,		
7 7	7	T T		
SUBTOTALS This Period This Page (optional)			55.00	
TOTALS This Period (last page this line number	only)		55.00	
TOTAL OUTSTANDING LOANS from Schedule	0.00			
ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page only)	55.00	