PAGE 1 / 14

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office U	lse Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	<sup>rpe</sup> 12FE4M5	
AMERICAN ASSOC	CIATION OF ORAL AND MA	AXILLOFACIAL SURGEO	ONS POLITICAL ACTION	COMMITTEE
ADDRESS (number and st	reet) 9700 WEST BRYN MAV	VR AVE.		
▼ Check if differer				
than previously reported. (ACC)	ROSEMONT		IL 6001	8
2. <b>FEC IDENTIFICATI</b>	ON NUMBER ▼	CITY▲	STATE ▲	ZIP CODE ▲
C C00005660	3	. IS THIS REPORT NEW (N)	OR AMENDED	
4. TYPE OF REPOI (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) 0 (M6) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Report	s:			(Non-Election Year Only)
April 15 Quarterly R		Apr 20 (M4) Jul 20	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Re	eport (O2) (C) 12-Day  PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Re	Report for the	e: Convention (12C)	Special (12S)	
January 31 Year-End Ro		ection on	D / Y = Y = Y = Y	in the State of
July 31 Mid Report (Nor Year Only)	n-election (MY) POST-Election Report for the	( ,	Runoff (30R)	Special (30S)
Termination (TER)	·	ection on	D / Y = Y = Y	in the State of
5. Covering Period	05 01 7 20	through		17 Y
I certify that I have exam	nined this Report and to the bes Canter, Harry, , ,	t of my knowledge and belief	it is true, correct and comple	ete.
Type or Print Name of Ti				
Signature of Treasurer	Canter, Harry, , ,	[Electronically Filed	#I Date 07 19	2017
NOTE: Submission of false	e, erroneous, or incomplete inform	ation may subject the person s	igning this Report to the penalt	ies of 52 U.S.C. § 30109
Office Use				C 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

05 01 2017 05 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 654042.95 January 1. 2017 (b) Cash on Hand at 638634.85 Beginning of Reporting Period..... 4171.33 54347.93 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 708390.88 642806.18 6(a) and 6(c) for Column B)..... 13558.34 79143.04 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 629247.84 629247.84 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 96.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	4125.00	48090.00		
(i) Itemized (use Schedule A)	7 7 7	40030.00		
(ii) Unitemized	10.00	1081.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	4135.00	49171.00		
(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	4135.00	49171.00		
Totals to Line 33, page 5)	4135.00	49171.00		
. Transfers From Affiliated/Other	0.00	0.00		
Party Committees	0.00	0.00		
. All Loans Received	0.00	0.00		
	-44	45 45		
. Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures	45 45	4 4		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	<del></del>			
to Federal Candidates and Other				
Political Committees	0.00	5000.00		
7. Other Federal Receipts				
(Dividends, Interest, etc.)	36.33	176.93		
Transfers from Non-Federal and Levin Funds     (a) Non-Federal Account				
(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
(mont obliedule 110)	4 4	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(b) Leviii i uilus (iioiii Schedule 113)				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
Total Receipts (add Lines 11(d),     12, 13, 14, 15, 16, 17, and 18(c))      ■	4171.33	54347.93		
12, 10, 17, 10, 10, 17, and 10(0)//	4171.00	0.047.30		
. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	4171.33	54347.93		

#### **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	5 - 5			
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating Expenditures	58.34	8519.04		
	(c) Total Operating Expenditures				
_	(add 21(a)(i), (a)(ii), and (b))▶	58.34	8519.04		
	Transfers to Affiliated/Other Party Committees Contributions to	0.00	0.00		
۶.	Federal Candidates/Committees and Other Political Committees	13500.00	70500.00		
1.	Independent Expenditures	4 4	4 4		
5.	(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
	(use Schedule F)	0.00	0.00		
<b>.</b>	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	124.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	1 1 4 1 4 1 4			
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
	(add Lines 28(a), (b), and (c))	0.00	124.00		
9.	Other Disbursements (Including				
	Non-Federal Donations)	0.00	0.00		
	Federal Election Activity (52 U.S.C. § 30101(2)  (a) Allocated Federal Election Activity  (from Schedule H6)	0))			
	(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		
	Total Disbursements (add Lines 21(c), 22,	4	3.00		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13558.34	79143.04		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	13558.34	79143.04		

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4135.00	49171.00
4. Total Contribution Refunds (from Line 28(d))	0.00	124.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4135.00	49047.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	58.34	8519.04
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	58.34	8519.04

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	6	OF	14
(0	che	ck only	or	ne)					
	X	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 Buschman, Jason, , , Date of Receipt Mailing Address 2800 College Ave Bldg 288 Rm 1106B 15 2017 City State Zip Code Transaction ID: SA11AI.29978 IL Alton 62002 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.** Cardenas, Omel, , , Date of Receipt Mailing Address 212 Pease St 05 2017 Ste 314 City State Zip Code Transaction ID: SA11AI.29979 TX Harlingen 78550 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.** Helfst, Thomas, , , Date of Receipt Mailing Address 208 Lifeline Rd 15 2017 Ste 202 City State Zip Code Transaction ID: SA11AI.29982 PΑ Stroudsburg 18360 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) Stroud Oral & Facial Surgery Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the

FC	DR	LINE	NU	MBER	:	PAGE	7	OF	14	
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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 Jensvold, James, , , Date of Receipt Mailing Address 6325 Topanga Canyon Blvd Suite 435 13 2017 City Zip Code State Transaction ID: SA11AI.29983 CA Woodland Hills 91367 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. Keogh, Barry, , , Date of Receipt Mailing Address 14991 E Hampden Ave 05 2017 Suite 260 City State Zip Code Transaction ID: SA11AI.29984 CO Aurora 80014 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Aurora Oral & Maxillofacial Su Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Levine, Craig, , , Date of Receipt Mailing Address 387 E Main St 13 2017 Ste101 City State Zip Code Transaction ID: SA11AI.29985 NY Bay Shore 11566 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) 1625.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE	8	OF	14	
(cl	nec	ck only	or	ie)					
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		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 Murphy, Brian, , , Date of Receipt Mailing Address 1201 Ardmoor Dr 16 2017 City Zip Code State Transaction ID: SA11AI.29986 MI Bloomfield Hills 48301 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. Orr, Mark, , , Date of Receipt Mailing Address 2014 Caribou Dr 05 2017 Suite 100 City State Zip Code Transaction ID: SA11AI.29988 CO Fort Collins 80525 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Fort Collins OMS Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Seago, Donald, , , Date of Receipt Mailing Address 106 Highland Way 24 2017 Ste 207 City State Zip Code Transaction ID: SA11AI.29989 MS Madison 39110 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) **OMS** Associates Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00

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

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

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

F	OR	LINE	NU	MBER	:	PAGE	9	OF	14
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		13		14		15	16	6	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 OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND MA	KILLOFACIAL SURGEON	IS POLITICAL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Init Stoker, David, , ,	ial) or Full Orga	anization Name	Date of Receipt
	Mailing Address 6724 S Highland Dr Ste 102			05 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.29990
	Salt Lake City	UT	84121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occup:	ation (for Individual)	Memo Item
	Self Employed	1	urgeon	
	Receipt For:	Aggregate Ye	par-to-Date ▼	
	Primary General	Aggregate Te	sai-to-Date v	
	Other (specify) ▼		250.00	
В.	Full Name of Individual (Last, First, Middle Init Yamamoto, Craig, , ,	ial) or Full Orga	anization Name	Date of Receipt
	Mailing Address 1441 Kapiolani Blvd Suite 1720			05 16 2017
	City	State	Zip Code	Transaction ID : SA11Al.29993
	Honolulu	HI	96814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	500.00		
	Name of Employer (for Individual) Craig A Yamamoto DDS Inc	1	ation (for Individual) Surgeon	Memo Item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
— С.	Full Name of Individual (Last, First, Middle Init	ial) or Full Orga	anization Name	Date of Receipt
C.	Mailing Address			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼	
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	750.00
Ιт	OTAL This Period (last page this line number of	only)		4125.00

#### S П

SCHEDULE B (FEC Form 3X)	Harana A.	FOR LINE NUMBER: PAGE 10 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check chily che)					
	Detailed Summary Page						
		used by any person for the purpose of soliciting contributions					
	ne and address of any polit	tical committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAI	L SURGEONS POLITICAL ACTION COMMITTER					
Full Name (Last, First, Middle Initial)		Data of Dishursoment					
A. MB Financial Bank		Date of Disbursement					
Mailing Address 6111 North River Rd		05 03 2017					
City Rosemont	State Zip Code IL 60018	FEC Identification Number					
Purpose of Disbursement	00010	C					
Credit Card Processing Fee		Transaction ID : SB21B.29996					
Candidate Name		Category/ Amount of Each Disbursement this Period					
Office Sought: House Disbursen	ment For:	49.89					
	Primary General						
State: President District:	Other (specify) ▼	Memo Item					
Full Name (Last, First, Middle Initial)							
B. Paypal		Date of Disbursement					
Mailing Address 2211 N. First Street		05 08 2017					
City San Jose	State Zip Code CA 95131	FEC Identification Number					
Purpose of Disbursement Paypal Collection Fee	Purpose of Disbursement						
Candidate Name							
		Category/ Type  Amount of Each Disbursement this Period					
Office Sought: House Disbursen		0.45					
	Primary General Other (specify)	П.,					
State: District:	(4)	Memo Item					
Full Name (Last, First, Middle Initial)		Date of Disbursement					
C. Paypal		Date of Disbursement					
Mailing Address 2211 N. First Street		05 13 2017					
	State Zip Code	FEC Identification Number					
San Jose Purpose of Disbursement	CA 95131						
Paypal Processing Fee		Transaction ID : SB21B.29995  Category/ Amount of Each Disbursement this Period					
Calididate Name	Candidate Name Category/						
Office Sought: House Disbursen		8.00					
Senate   President							
State: District:	Other (specify) ▼	Memo Item					
SUBTOTAL of Disbursements This Page (optional)		58.34					
TOTAL This Period (last page this line number only)		58.34					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE NUMBER: PAGE 11 OF 14 (check only one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 <b>x</b> 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORAL A						
Full Name (Last, First, Middle Initial)  A. DAVID SCOTT FOR CONGRESS			Date of Disbursement			
Mailing Address P.O. BOX 960821	_		05 11 2017			
RIVERDALE	State Zip Code GA 30296		FEC Identification Number			
Purpose of Disbursement Federal Campaign Contribution			C C00369801 Transaction ID : SB23.29970			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Senate x	nent For: 2018 Primary General Other (specify)	26.5	1000.00			
State: GA District: 13	(-		Memo Item			
Full Name (Last, First, Middle Initial)  B. DR. RAUL RUIZ FOR CONGRESS	5		Date of Disbursement			
Mailing Address PO BOX 3433	Mailing Address PO BOX 3433					
PALM DESERT	State Zip Code CA 92261		FEC Identification Number			
Purpose of Disbursement Federal Campaign Contribution	'		C C00502575 Transaction ID : SB23,29973			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
	nent For: 2018 Primary General		2000.00			
State: CA District: 36	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)  C. FRIENDS OF RAJA FOR CONGRI	ESS		Date of Disbursement			
Mailing Address PO BOX 681202			05 11 2017			
SCHAUMBURG Purpose of Disbursement	State Zip Code IL 60168		FEC Identification Number  C C00575092			
Federal Campaign Contribution  Candidate Name		Category/ Type	Transaction ID: SB23.29972 Amount of Each Disbursement this Period			
Senate x	nent For: 2018 Primary General Other (specify)	1,500	1000.00  Memo Item			
State: IL District: 08			I Memo item			
SUBTOTAL of Disbursements This Page (optional)		·····•	4000.00			
TOTAL This Period (last page this line number only)						

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 14				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 <b>X</b> 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A						
Full Name (Last, First, Middle Initial)  A. KINZINGER FOR CONGRESS	KINZINGER FOR CONGRESS					
Mailing Address PO BOX 2365			05 11 2017			
City OTTAWA Purpose of Disbursement	State Zip Code IL 61350		FEC Identification Number  C C00458877			
Federal Campaign Contribution  Candidate Name	[	Category/	Transaction ID : SB23.29971 Amount of Each Disbursement this Period			
Senate x	nent For: 2018 Primary General	Type	1000.00			
State: IL District: 16	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)  3. SHERMAN FOR CONGRESS  Mailing Address 777 S. FIGUEROA ST., STE. 4050	).		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
,	State Zip Code CA 90017	Category/	FEC Identification Number  C C00308742  Transaction ID : SB23.29977  Amount of Each Disbursement this Period			
Senate x	nent For: 2018 Primary General Other (specify)	Туре	1000.00 Memo Item			
Full Name (Last, First, Middle Initial) - TED LIEU FOR CONGRESS			Date of Disbursement			
Mailing Address 16633 VENTURA BLVD # 1008			05 23 2017			
ENCINO	State Zip Code CA 91436		FEC Identification Number			
Purpose of Disbursement Federal Campaign Contribution  Candidate Name	[	Category/	C C00556506  Transaction ID : SB23.29975  Amount of Each Disbursement this Period			
Senate President	nent For: 2018  Primary General  Other (specify)	Туре	2500.00 Memo Item			
State: CA District: 33						
SUBTOTAL of Disbursements This Page (optional)		······	4500.00			
TOTAL This Period (last page this line number only).						

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Temporary of the process of all purposes, other than using the name and address of any political committee to solicit contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such normalitee.  AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE (Temporary of Disbursement)  Full name (Last, First, Middle Initial)  A TOM RICE FOR CONGRESS  Mailing Address PD BOX 70098  City WRTILE BEACH  Furpose of Disbursement For 2018  Senate President Senate President Surge and 10 187 ST, SE Surge and 10	SCHEDULE B (FEC Form 3X)	Use separate schedul	FOR LINE	_
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  TOM RICE FOR CONGRESS  Mailing Address PO BOX 70098  City  WRTILE BEACH  St. 29572  Purpose of Disbursement  President  State: SC District 07  Full Name (Last, First, Middle Initial)  TONY CARDENAS FOR CONGRESS  Mailing Address 410 1ST ST. SE  SUITE 310  City  WASHINGTON  Cardidate Name  Category'  TOTY CARDENAS FOR CONGRESS  Mailing Address 410 1ST ST. SE  SUITE 310  City  WASHINGTON  Candidate Name  Category'  Category'  Type  Citice Sought: X House  President  Senate  President  Candidate Name  Category'  Transaction ID: S823.29974  Amount of Each Disbursement this Period  Candidate Name  Category'  Transaction ID: S823.29974  Amount of Each Disbursement  C Coosses73  Transaction ID: S823.29974  Amount of Each Disbursement  Transaction ID: S823.29974  Amount of Each Disbursement  C Coosses73  Transaction ID: S823.29974  Amount of Each Disbursement  C Coosses73  Transaction ID: S823.29974  Amount of Each Disbursement  C Coosses73  Transaction ID: S823.29974  Amount of Each Disbursement  C Coosses73  Transaction ID: S823.29974  Amount of Each Disbursement this Period  Category'  Type  City  State: CA District: 29  Full Name (Last, First, Middle Initial)  Date of Disbursement  C Category'  Transaction Number  C Category'  Type  City  State: CA District: 29  FEC Identification Number  C Category'  Type  Amount of Each Disbursement this Period  C Category'  Type  City  State: CA District: 29  FEC Identification Number  C Category'  Transaction ID: S823.29974  Amount of Each Disbursement this Period  C Category'  Type  City  Category'  Type  Category'  Type  Category'  Type  Category'  Typ	TEMIZED DISBURSEMENTS	for each category of t	the 21b	22 🗶 23 26 27
AMEC OF COMMITTEE (in Full)  AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  TOM RICE FOR CONGRESS  Mailing Address PO BOX 70098  City MYRTLE BEACH Purpose of Disbursement Foderal Campaign Contribution  Cardidate Name  District:  State: SC District:  Toll Name (Last, First, Middle Initial)  TONY CARDENAS FOR CONGRESS  Mailing Address 10 1ST ST, SE SUITE 310  City MSHINGTON District:  A House District:  State:  District:  District:  District:  District:  District:  State:  District:  District:  State:  District:  District:  District:  State:  District:  District:  State:  District:  State:  District:  District:  State:  District:  State:  District:  District:  State:  District:  State:  District:  State:  District:  State:  District:  District:  State:  District:  State:  District:  State:  District:  District:  State:  District:  State:  District:  District:  State:  District:  District:  State:  District:  State:  District:  District:  State:  District:  District:  State:  District:  District:  State:  District:  Dist				
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTER  Full Name (Last, First, Middle Initial)  TOM RICE FOR CONGRESS  Mailing Address PO BOX 70998  City State Zip Code SC 29572  Purpose of Disbursement Strict: 20 Category/ Type  Office Sought: X House Disbursement For: 2018  Mailing Address 410 1ST ST, SE Sulfite: 30 Category/ Type  Office Sought: X House Disbursement For: 2018  Mailing Address 410 1ST ST, SE Sulfite: 30 Category/ Type  Office Sought: X House Disbursement For: 2018  FEC Identification Number  Candidate Name  Category/ Type  Office Sought: X House Disbursement For: 2018  FEC Identification Number  Candidate Name  Category/ Type  Office Sought: X House Disbursement For: 2018  FEC Identification Number  Candidate Name  Category/ Type  Office Sought: X House President  State: CA District: 29  FEC Identification Number  Category/ Type  Transaction ID: SB23.29974  Amount of Each Disbursement this Period  Transaction ID: SB23.29974  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Transaction ID: SB23.29974  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  FEC Identification Number  Category/ Type  Transaction ID: SB23.29974  Amount of Each Disbursement this Period  Candidate Name  FEC Identification Number  Category/ Type  Transaction ID: SB23.29978  Transact		ic and address of ally p	omicai cominillee (	5 30 IGIT COMMINGES HOME SUCH COMMINGES.
A TOM RICE FOR CONGRESS  Mailing Address PO BOX 70098  City MYRTLE BEACH SC 29572  Purpose of Disbursement Federal Campaign Contribution Candidate Name  Office Sought: Senate SUITE 310  City MASHINGTON Purpose of Disbursement Federal Campaign Contribution  Candidate Name  Office Sought: Suite: SC District: SUITE 310  City MASHINGTON Purpose of Disbursement Federal Campaign Contribution Candidate Name  Office Sought: A House Suite 310  City MASHINGTON Purpose of Disbursement Federal Campaign Contribution Candidate Name  Office Sought: A House Senate President State: Ca District: 29  FEL Identification Number  Category/ Type  Office Sought: A House Senate President Other (specify)  Fill Name (Last, First, Middle Initial)  Date of Disbursement  FEC Identification Number  C 000498873  Fransaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29977  Transaction ID: \$823.29976  Amount of Each Disbursement  C 00498873  Transaction ID: \$823.29976  FEC Identification Number  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of Each Disbursement this Period  C 00498873  Transaction ID: \$823.29976  Amount of	AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFAC	IAL SURGEON	S POLITICAL ACTION COMMITTEE
City State   Zip Code   Zig   Zip				
MYRTLE BEACH Purpose of Disbursement Federal Campaign Contribution  Candidate Name  Office Sought:	Mailing Address PO BOX 70098			05 23 2017
Federal Campaign Contribution Candidate Name  Category' Office Sought:	MYRTLE BEACH	'		FEC Identification Number
Office Sought:	Federal Campaign Contribution			
Senate President Other (specify)  State: SC District: 07  Full Name (Last, First, Middle Initial)  TONY CARDENAS FOR CONGRESS  Mailing Address 410 1ST ST, SE SUITE 310  City WASHINGTON DC Z0003  Purpose of Disbursement Federal Campaign Contribution  Candidate Name  Category/ Type  Office Sought:				Amount of Each Disbursement this Period
State: SC District: 07  Full Name (Last, First, Middle Initial)  3. TONY CARDENAS FOR CONGRESS  Mailing Address 410 1ST ST, SE SUITE 310  City WASHINGTON DC 20003  Purpose of Disbursement Federal Campaign Contribution  Candidate Name  Office Sought: X House Senate President President State: CA District: 29  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code Category/ Type  Disbursement For: 2018 General Category/ Type  Office Sought: State Zip Code Category/ Type  Category/ Type  Date of Disbursement his Period Category/ Type  Date of Disbursement  Category/ Type  Memo Item  Date of Disbursement  Category/ Type  Category/ Type  Office Sought: House President State: Disbursement For: Senate President Senate President Senate President Senate President Disbursement For: Senate President Senate Senate President Senate President Senate President Senate Senate President Senate President Senate Sena	Senate x	Primary Gener	ral	
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Purpose of Disbursement Federal Campaign Contribution  Candidate Name  Category/ Type  Office Sought:		·		FEC Identification Number
Candidate Name  Office Sought:	Purpose of Disbursement			
Office Sought:    X	Candidate Name	Transaction ID : SB23.29974  Amount of Each Disbursement this Period		
State: CA District: 29  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:  Substock Amount of Each Disbursement this Period  Other (specify)   Memo Item  Memo Item  State: Disbursement For:  Senate Primary General Other (specify)   Memo Item  Substock Amount of Each Disbursement this Period  Memo Item  Substock Amount of Each Disbursement this Period  Memo Item				2500.00
Mailing Address  City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substruct: Mailing Address  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  5000.00		Other (specify)		Memo Item
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	COLICIONE OF PROGRAMMENT COLICION CONTROL CONT			13500.00

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

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	10

14

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

A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose):			
Illinois Department of Revenue	State Tax Overpymt for 2008 carryover 09			
Mailing Address PO Box 19008				
City	State	Zip Code		
Springfield	IL	62794-9008		
Outstanding Balance Beginning This Period			Transaction ID : SD9.18338	
96.00				
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period	
0.00		0.00	96.00	
B. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):			
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	yment 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	
1171171171				
SUBTOTALS This Period This Page (optional)	96.00			
TOTALS This Period (last page this line number	96.00			
TOTAL OUTSTANDING LOANS from Schedule	0.00			
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ 96.00				