Image# 201803209096637367			_	I	PAGE 1 / 18
	PORT OF R ND DISBURS Other Than An Autho	EMENTS	6	Office Use On	lv
1. NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼	Example: If typing over the lines.	^{g, type} 12FI	E4M5	· · ·
					MMITTEE
ADDRESS (number and street)	700 WEST BRYN MAWR AVI	<u>=</u> . 			
Check if different than previously reported. (ACC)	COSEMONT			60018	
2. FEC IDENTIFICATION NUMB	ER V CITY	•	STATE	ZIP	CODE 🔺
С соооо5660	3. IS T REF	THIS NI PORT X (N	EW I) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	b) Monthly Report Due On: Mar 20 (c) 12-Day PRE-Election Report for the: Election of (d) 30-Day POST-Election Report for the: Election of Election of Report for the: Election of Report for the: Election of	(M3) Ju (M4) Ju Primary (12P) Convention (1 on General (30G)	2C) Sp	In a Stat	Special (30S)
Type or Print Name of Treasurer	Vallen, Jeffrey, , ,			2018 ect and complete.	/
NOTE: Submission of false, erroneous		[Electronically		03 20	2018 52 U.S.C. § 3010
Office Use Only				FEC FC	DRM 3X

03/20/2018 14 : 17

X

	- FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS		- Page 2
W	rite or Type Committee Name			
A	MERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION CO	MMITTEE
Re	eport Covering the Period: From:	2 / 01 / Y Y Y Y Y 2018	To: 02 / 28	y y y 2018
		COLUMN A This Period	COLUMN I Calendar Year-te	
6.	(a) Cash on Hand January 1, 2018		· · · · · · ·	713427.58
	(b) Cash on Hand at Beginning of Reporting Period	716616.36]	
	(c) Total Receipts (from Line 19)	8088.60		22831.33
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	724704.96		736258.91
7.	Total Disbursements (from Line 31)	19049.95	· · · · · · · · · · · · · · · · · · ·	30603.90
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	705655.01		705655.01
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	55.00]	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00]	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

Image#	201	8032	0909	6637	369
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

	02 / D D / Y Y Y Y 01 2018	To: 02 / 28 / 2018
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 	7750.00	21750.00
(i) Itemized (use Schedule A)		21730.00
(ii) Unitemized (iii) TOTAL (add	300.00	1000.00
Lines 11(a)(i) and (ii)	8050.00	22750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)►	8050.00	22750.0
. Transfers From Affiliated/Other Party Committees	0.00	0.0
. All Loans Received	0.00	0.0
	0.00	0.0
. Loan Repayments Received	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made to Federal Candidates and Other		
Political Committees	0.00	0.0
. Other Federal Receipts (Dividends, Interest, etc.)	38.60	81.3
. Transfers from Non-Federal and Levin Fund (a) Non-Federal Account	S	
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.0
(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))▶	8088.60	22831.33

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......►



Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 4728.90 Expenditures 4549.95 (c) Total Operating Expenditures 4728.90 (add 21(a)(i), (a)(ii), and (b)) 4549.95 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 25500.00 and Other Political Committees... 14500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 375.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (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 Total Federal Election Activity (add (C) 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)).. 19049.95 30603.90 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 19049.95 30603.90

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 v.	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)

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				075.00
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				22375.00
	 7		 - 7	22375.00
				4728.90
	 7		 -7	4728.90
	1	1		0.00
	 7		 -7-	0.00
				4728.90
1.1	 		 	4720.00

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

18

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	K 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may not be sold or used by any p ame and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL SURGEC	ONS POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle Initia A. Abubaker, A Omar, , , Mailing Address 521 N 11th Street City Richmond FEC ID number of contributing federal political committee. Name of Employer (for Individual) Virginia Commonwealth Universi Receipt For: Primary General Other (specify) ▼	I) or Full Organization Name State Zip Code VA 23298 C Occupation (for Individual) Oral Surgeon Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 02 20 2018 Transaction ID : SA11AI.30551 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle Initia B. Bocciarelli, Paul, , , Mailing Address 506 Cromwell Ave Ste 203 City	I) or Full Organization Name	Date of Receipt
Rocky Hill FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	CT 06067 C Occupation (for Individual) Oral Surgeon Aggregate Year-to-Date ▼ 375.00	Transaction ID : SA11AI.30552 Amount of Each Receipt this Period 375.00 Memo Item
Full Name of Individual (Last, First, Middle Initia C. Calat, Paul, , , Mailing Address 12 E 41st St Rm 1102 City New York FEC ID number of contributing federal political committee.	I) or Full Organization Name State Zip Code NY 10017	Date of Receipt 02 / 14 / 2018 Transaction ID : SA11AI.30554 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Mid-Manhattan Oral Surgery PC Receipt For: Primary General Other (specify)	Occupation (for Individual) Oral Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		875.00

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGE	ONS POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle In A. Cardenas, Omel, , , Mailing Address 2121 Pease St Ste 314 City Harlingen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	nitial) or Full Organization Name State Zip Code TX 78550 C Occupation (for Individual) Oral Surgeon Aggregate Year-to-Date ▼ 250.00 C	Date of Receipt 02 / 20 / 2018 Transaction ID : SA11AI.30555 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle In B. Chandler, Clay, , , Mailing Address 3839 W Congress St Ste C City Lafayette FEC ID number of contributing federal political committee. Name of Employer (for Individual) Lafayette Oral Surgery Receipt For:	State Zip Code LA 70506 C Occupation (for Individual) Oral Surgeon	Date of Receipt 02 07 2018 Transaction ID : SA11AI.30556 Amount of Each Receipt this Period 250.00 Memo Item
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In C. Chaney, Patrick, , , Mailing Address 830 W High St Suite 301	Aggregate Year-to-Date 250.00 nitial) or Full Organization Name	Date of Receipt
City Lima FEC ID number of contributing federal political committee. Name of Employer (for Individual) Oral Surgery Associates Receipt For: Primary General Other (specify)	State OH Zip Code 45801 C Occupation (for Individual) Oral Surgeon Aggregate Year-to-Date ▼	Transaction ID : SA11AI.30557 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF

	EMIZED RECEIPTS		Use separate schedule for each category of th Detailed Summary Pag	ne	Image: scheme state
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	L AND M	AXILLOFACIAL SUR	RGEONS	POLITICAL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Initia Crowley, Karen, , , Mailing Address 12 Parmenter Rd Suite A2 City	al) or Full O	Drganization Name		Date of Receipt 02 20 2018 Transaction ID : SA11AI.30559
	Londonderry	NH	03053	-	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) I Surgeon		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.0		
Р	Full Name of Individual (Last, First, Middle Initia Dillard, Frederick, , ,	al) or Full O	Organization Name		Data of Descript
В.	Mailing Address 2270 Ashley Crossing Dr Ste 175				Date of Receipt 02 / 02 / 2018
	City Charleston	State SC	Zip Code 29414	-	Transaction ID : SA11AI.30560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer (for Individual) Matt Dillard DMD MS Oral & Fac		upation (for Individual) al Surgeon		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.0	00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Gordon, Newton, , ,	al) or Full O	Organization Name		Date of Receipt
	Mailing Address 52 Donna Way				02 26 2018
	City Oakland	State CA	Zip Code 94605		Transaction ID : SA11AI.30561 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			375.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) I Surgeon		Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.0	00	
\vdash	UBTOTAL of Receipts This Page (optional)			F	875.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 18 (check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
			person for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORAL AND MA	AXILLOFACIAL SURGEO	ONS POLITICAL ACTION COMMITTEE	
Full Name of Individual (Last, First, Mide Gregory, Bradley , , ,	dle Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 1816 Chapel Dr Ste H City	State	Zip Code	02 20 2018 Transaction ID : SA11AI.30562	
Findlay FEC ID number of contributing federal political committee.	С	45840	Amount of Each Receipt this Period	
Name of Employer (for Individual) Center for Oral & Maxillofacia Receipt For: □ Primary □ Other (specify)	Oral	upation (for Individual) Surgeon Year-to-Date ▼ 250.00	Memo Item	
B. Hamilton-Hall, Christine, , , Mailing Address 777 Post Rd Ste 101	dle Initial) or Full O	rganization Name	Date of Receipt	
City Darien	State CT	Zip Code 06820	02 07 2018 Transaction ID : SA11AI.30563 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Aesthetic & Maxillofacial Surg		upation (for Individual)	250.00 Memo Item	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]	
Full Name of Individual (Last, First, Mide Helfst, Thomas, , , Mailing Address 208 Lifeline Rd	dle Initial) or Full O	rganization Name	Date of Receipt	
Ste 202 City Stroudsburg	State	Zip Code 18360	02 05 2018 Transaction ID : SA11AI.30565	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
Name of Employer (for Individual) Stroud Oral & Facial Surgery Receipt For:	Oral	upation (for Individual) Surgeon Year-to-Date ▼	Memo Item	
Other (specify)		250.00]	
SUBTOTAL of Receipts This Page (option	al)		750.00	
TOTAL This Period (last page this line nu	mber only)		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X) ľ

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PAGE 10 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND MAXILLOFACIAL SURGEC	ONS POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle In A. Hill, David, , , Mailing Address 77 Vilcom Center Dr Ste 120 City Chapel Hill FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	itial) or Full Organization Name State Zip Code NC 27514 C Occupation (for Individual) Oral Surgeon Oral Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name of Individual (Last, First, Middle In B. Lam, Pritchard, , , Mailing Address 1925 Parkside Dr City Concord FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	itial) or Full Organization Name State Zip Code C 94519 C Occupation (for Individual) Oral Surgeon Oral Surgeon Aggregate Year-to-Date ▼ 250,00	Date of Receipt 02 21 2018 Transaction ID : SA11AI.30569 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle In C. Mahar, Daniel, , , Mailing Address 508 Chrismill Ln City Holly Springs FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	itial) or Full Organization Name State Zip Code NC 27540 C Occupation (for Individual) Oral Surgeon Oral Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 20 2018 Transaction ID : SA11AI.30571 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		750.00

SCHEDULE A (FEC Form 3X) ľ

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page				11b	11c	12	17		
	ny information copied from such Reports and S for commercial purposes, other than using the							f soliciting	g contrib	utions		
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND M	AXILLOFA	CIAL SURGEO	NS P	OLITI	CAL AC	TION (СОММІ	TTEE		
Α.	Full Name of Individual (Last, First, Middle Ini Robson, Henry, , ,	tial) or Full O	rganization Na	ame	[Date of	Receipt					
	Mailing Address 1221 Greystone Crst					м м 02	/ D 02		ү ү 2018	Y		
	City Birmingham	State AL	Zip Code 35242				action ID of Each			d		
	FEC ID number of contributing federal political committee.	С				_			250			
	Name of Employer (for Individual) Self Employed		upation (for In Surgeon	dividual)		Me	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	250.00								
в.	Full Name of Individual (Last, First, Middle Ini Rongione, Gregory, , ,	tial) or Full O	rganization Na	ame		Date of	Receipt					
	Mailing Address 455 S Washington St Suite 21					02 20 2018						
	City Gettysburg	State PA	Zip Code 17325				of Each			d		
	FEC ID number of contributing federal political committee.	С				500.00						
	Name of Employer (for Individual) Self Employed	Occ Ora		Me	emo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	500.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Sarraf, Ammar, , ,	tial) or Full O	rganization Na	ame		Date of	Receipt					
	Mailing Address P.O. Box 71930					^M 02	/ D 26		2018 Y	Y		
	City Richmond	State VA	Zip Code 23255				of Each			d		
	FEC ID number of contributing federal political committee.	С					- y -	y	250	.00		
	Name of Employer (for Individual) Self Employed		upation (for In Surgeon	dividual)		Me	emo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date									
s	UBTOTAL of Receipts This Page (optional)					_	- y - i	9	1000	.00		

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)

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FOR LINE NUMBER:

PAGE 12 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) ▲ 11a 11b 11c 12 13 14 15 16 17
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RAL AND MAXILLOFACIAL SURGE	ONS POLITICAL ACTION COMMITTEE
A. Full Name of Individual (Last, First, Middle I Schaner, Paul, , , Mailing Address 1000 Johnson Ferry Rd Suite H City	Initial) or Full Organization Name	Date of Receipt
Marietta FEC ID number of contributing federal political committee.	GA 30068	Amount of Each Receipt this Period
Name of Employer (for Individual) Atlanta Oral & Facial Surgery Receipt For:	Occupation (for Individual) Oral Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
Full Name of Individual (Last, First, Middle I B. Schirmer, James, , , Mailing Address 4393 Village Ridge Dr	Initial) or Full Organization Name	Date of Receipt
City Mason FEC ID number of contributing federal political committee.	State Zip Code OH 45040	Transaction ID : SA11AI.30576 Amount of Each Receipt this Period 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 Seago, Donald, , , Mailing Address 106 Highland Way	Initial) or Full Organization Name	Date of Receipt
Ste 207 City Madison FEC ID number of contributing federal political committee.	State Zip Code MS 39110	Transaction ID : SA11AI.30577 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) OMS Associates Receipt For:	Occupation (for Individual) Oral Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
Other (specify) SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)		

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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18

			Use separate schedule(s) for each category of the			(check only one)						
	EMIZED RECEIPTS		for e Deta	3	4 11a 13		11b 14	11c		12 16	17	
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	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	L AND M	AXILL	OFACIAL SURGEON	NS I	POLIT	IC/	AL AC	TION	CON	иміт	TEE
Α.	Full Name of Individual (Last, First, Middle Initi Slack, Thomas, , ,	al) or Full O	rganizat	ion Name		Date o	f Re	eceipt				
	Mailing Address 3801 Glenkerry Ct Ofc 2					02	1	D 20)18	Y
	City Portage	State MI		Code 9024	_				Receipt			
	FEC ID number of contributing federal political committee.	С				<u> </u>		-			250.0	0
	Name of Employer (for Individual) Kalamazoo OMS		upation Employ	(for Individual) ed		М	lemo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 250.00								
В.	Full Name of Individual (Last, First, Middle Initi Spina, Anthony, , , Mailing Address 954 N Northwest Hwy	al) or Full O	rganizat	ion Name	_	Date o		D			Ŷ	Y
	City	State		Code	_	02 Trans	sact	05 : ion ID	SA11A	20 ⁻ 1.3057		
	Park Ridge	IL	60	0068	_	Amoun	t of	Each F	Receipt	this Pe	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-			500.0	0
	Name of Employer (for Individual) Self Employed		upation I Surgeo	(for Individual) n		M	lemo	tem				
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00											
с.	Full Name of Individual (Last, First, Middle Initi Trowbridge, Thomas, , ,	al) or Full O	rganizat	ion Name		Date o	f Re	eceipt				
	Mailing Address 109 Blueberry Hill Ln					02 20 2018						
	City North Andover	State MA		Code 845					: SA11A Receipt 1			
	FEC ID number of contributing federal political committee.	С				<u> </u>		,	. ,		250.0	0
	Name of Employer (for Individual) Self Employed		upation Surgeo	(for Individual) n		M	lemo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-	Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)					<u> </u>		,		1	000.0	0
T	OTAL This Period (last page this line number of	nly)						-				

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	b

FOR LINE NUMBER:

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11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X 11a		11b 14	110		12	1	7
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay no addre	ot be sold or used by any pe ss of any political committee	ersor	for the	e pur	pose o	f solici	ting c	ontribu	itions	<u>'</u>
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA												
Α.	Full Name of Individual (Last, First, Middle Initi Wong, Mark, , ,	ial) or Full O	Organ	ization Name		Date of	of Re	eceipt					
	Mailing Address 6560 Fannin St Ste 1900					M M / D D / Y Y Y Y 02 08 2018							
	City Houston	State TX		Zip Code 77030	_				: SA11 Receip				
	FEC ID number of contributing federal political committee.	С						-			250	00]
	Name of Employer (for Individual) University of Texas		•	on (for Individual) geon		N	/lemc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 250.00									
В.	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	Drgan	ization Name		Date of	of Re	eceipt					
	Mailing Address												
	City	State Zip Code				Amour	nt of	Each	Receip	t this	Perioc		
	FEC ID number of contributing federal political committee.	С]		
	Name of Employer (for Individual)	Occupation (for Individual)				Memo Item							
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼												
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	Organ	ization Name		Date of	of Re	ceipt					
•	Mailing Address					M		D	D /	Y	YY	Y	
	City	State		Zip Code		Amour	nt of	Each	Receip	t this	Perioc		
	FEC ID number of contributing federal political committee.	С				<u> </u>		, .]
	Name of Employer (for Individual)	Осси	upati	on (for Individual)		Ν	/lemo	tem Item					
	Receipt For: Primary General Other (specify)	Aggregate		r-to-Date ▼									
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of						-	9 I			250. 7750]

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S	CHEDULE B (FEC Form 3X)			FC	OR LINF	NUMBER: PAGE 15 OF 18						
IT	EMIZED DISBURSEMENTS		Use separate schedule(s) (ch			/ one) 22 23 26 27						
			Summary Page		× 21b 28a	22 23 26 27 28b 28c 29 30b						
or	y information copied from such Reports and State for commercial purposes, other than using the na											
\backslash												
	AMERICAN ASSOCIATION OF ORAL			SUR	GEON	S POLITICAL ACTION COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Leading Authorities Inc					Date of Disbursement						
	Mailing Address 1990 M Street NW Suite 800					02 / 20 / Y Y Y Y 02 20 2018						
	City	State DC	Zip Code			FEC Identification Number						
	Washington Purpose of Disbursement	DC	20036	_	_	С						
	Keynote Speaker Fee Candidate Name			L.		Transaction ID : SB21B.30590						
					egory/ /pe	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ement For: Primary	General			4500.00						
	State: District:	Other (spec				Memo Item						
_	Full Name (Last, First, Middle Initial)											
Β.						Date of Disbursement						
	Mailing Address											
	City	State	Zip Code			FEC Identification Number						
	Purpose of Disbursement		Category/ Type nent For: Primary General Other (specify)			С						
	Candidate Name					Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ment For:										
	Senate President											
	State: District:		siry)			Memo Item						
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement						
	Mailing Address											
	City	State	Zip Code			FEC Identification Number						
	Purpose of Disbursement			-	-	C						
	Candidate Name				egory/ /pe	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ement For: Primary	General			Memo Item						
	State: District:	Other (spec										
	1											
S	UBTOTAL of Disbursements This Page (optional).				••••• •	4500.00						
Т	OTAL This Period (last page this line number only	/)			►	4500.00						

SCHEDULE	B (FEC Form 3X)		evete estratula ()	FOR LINE	NUMBER: PAGE 16 OF 18				
ITEMIZED D	ISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	y one) 22 X 23 26 27 28b 28c 29 30b				
					on for the purpose of soliciting contributions oslicit contributions from such committee.				
	MMITTEE (In Full) I ASSOCIATION OF ORAL	AND MAX	KILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE				
Full Name (Las A. COLE FO				Date of Disbursement					
Mailing Addres	s P.O. BOX 722256	1			02 02 2018				
City NORMAN		State OK	Zip Code 73070		FEC Identification Number				
Purpose of Dis Federal Camp	bursement aign Contribution			· · · ·]	C C00379735				
Candidate Nan	ne			Category/ Type	Transaction ID : SB23.30585 Amount of Each Disbursement this Period				
Office Sought:	X House Disburse Senate X President X	ement For: Primary Other (spe	General		1000.00				
State: OK	District: 04		(City) V		Memo Item				
B. JAIME FO	st, First, Middle Initial) DR CONGRESS				Date of Disbursement				
City RIDGEFIELD			FEC Identification Number						
·	aign Contribution				C C00472704 Transaction ID : SB23.30588				
Candidate Nam				Category/ Type	Amount of Each Disbursement this Period				
Office Sought:	Senate	_	General		2000.00				
State: WA	District: 03	Other (spe	ecify)		Memo Item				
•	st, First, Middle Initial) BURGESS FOR CONC	GRESS			Date of Disbursement				
Mailing Addres	s PO BOX 2334				02 / D D / Y Y Y Y 20 / 2018				
City DENTON		State TX	Zip Code 76202		FEC Identification Number				
Purpose of Dis Federal Camp Candidate Nan	aign Contribution	Category/ Type	C C00372532 Transaction ID : SB23.30589 Amount of Each Disbursement this Period						
Office Sought:	Senate x	_	General	i î î î î	4000.00				
State: TX	District: 26	Other (spe	ecity) 🔻		Memo Item				
SUBTOTAL of D	isbursements This Page (optional)				7000.00				
TOTAL This Peri	od (last page this line number onl	y)		••••••	, ,				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 17 OF 18					
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only						
			Summary Page	210 28a	22 x 23 26 27 28b 28c 29 30b					
	ny information copied from such Reports and State for commercial purposes, other than using the nar									
\setminus	NAME OF COMMITTEE (In Full)			0.150501						
$ \rangle$	AMERICAN ASSOCIATION OF ORAL	AND MAX	ALLOFACIAL	SURGEON	S POLITICAL ACTION COMMITTEE					
<u> </u>	Full Name (Last, First, Middle Initial)				Date of Disbursement					
Α.	PALLONE FOR CONGRESS									
	Mailing Address PO BOX 3176				02 02 2018					
	City LONG BRANCH	State NJ	Zip Code 07740		FEC Identification Number					
	Purpose of Disbursement	-			C C00226928					
	Federal Campaign Contribution Candidate Name				Transaction ID : SB23.30586					
				Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: X House Disburse Senate X	ment For: 2 Primary	2018 General		2500.00					
	State: NJ District: 06	Other (spe			Memo Item					
	Full Name (Last, First, Middle Initial)									
Β.	SWALWELL FOR CONGRESS				Date of Disbursement					
	Mailing Address P.O. BOX 2847									
	5	State CA	Zip Code		FEC Identification Number					
	DUBLIN Purpose of Disbursement		C C00502294							
	Federal Campaign Contribution				Transaction ID : SB23.30587					
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: X House Disburse	ment For: 2018			5000.00					
	Senate x President	Primary Other (spec	General							
	State: CA District: 15	ether (oper			Memo Item					
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement					
•.										
	Mailing Address									
	City	State	Zip Code		FEC Identification Number					
	Purpose of Disbursement				С					
	Candidate Name			Catagon/						
		. –		Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: House Disburse Senate	ment For: Primary	General							
	President	Other (spe			Memo Item					
	State: District:									
s	UBTOTAL of Disbursements This Page (optional)			••••••	7500.00					
F.	OTAL This Daried (last page this line number only	N			14500.00					
L 1	OTAL This Period (last page this line number only)		▶	, , , , , , , , , , , , , , , , , , , ,					

CHEDULE D (FEC Form 3X)				PAGE 18 OF 18
				FOR LINE NUMBER:
EBTS AND OBLIGATIONS			schedule(s) for each	(check only one)
excluding Loans numbers				10
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND) MAXILLO	FACIAL SURGE	ONS POLITICA	L ACTION COMMITTEE
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (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			Transact	on ID : SD9.18338
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	55.00
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor		Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zin Codo		
City	Slale	Zip Code		
Outstanding Balance Beginning This Period	1			
Amount Insurred This Devied	Dour	ment This Deried	Outotondi	na Balance et Class of This Deviad
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
SUBTOTALS This Period This Page (optional)				55.00
) TOTALS This Period (last page this line number o	nly)			55.00
) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	ly)		0.00
) ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	v Page (last page or		55.00