Image# 201806209113779887				PAGE 1 / 24
	EPORT OF RE ND DISBURSE Other Than An Authorize	MENTS	Office	Una Only
1. NAME OF TYP	PE OR PRINT V EX	ample: If typing, type		Use Only
COMMITTEE (in full)		er the lines.	12FE4M5	
ADDRESS (number and street)	700 WEST BRYN MAWR AVE.			
Check if different than previously reported. (ACC)	ROSEMONT			18
2. FEC IDENTIFICATION NUME	BER ▼ CITY ▲	Ę	STATE 🔺	ZIP CODE
С соооо5660	3. IS THIS REPOR	T NEW (N) OR	× AMENDE	D
 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) 	(b) Monthly Report Due On: Mar 20 (M2 Apr 20 (M2 (c) 12-Day PRE-Election Report for the: Election on (d) 30-Day POST-Election Report for the:	3) Jun 20 (M6)	Aug 20 (M8	(Non-Election Year Only)) Dec 20 (M12) (Non-Election Year Only)
Termination Report (TER)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2017	through 08	312	2017
Type or Print Name of Treasurer	Wallen, Jeffrey, , ,	ownedge and benefit it is (fu		
Signature of Treasurer	effrey, , ,	[Electronically Filed] D		20 / Y Y Y Y 2018
NOTE: Submission of false, erroneous	s, or incomplete information may	subject the person signing th	is Report to the pena	lties of 52 U.S.C. § 3010
Office Use Only			FE	C FORM 3X Rev. 05/2016

06/20/2018 10 : 58

Γ	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write	e or Type Committee Name		
AM	IERICAN ASSOCIATION OF ORAL	AND MAXILLOFACIAL SURGEONS POI	LITICAL ACTION COMMITTEE
Rep	ort Covering the Period: From:	08 / 01 / Y Y Y Y 08 To:	08 / D D / Y Y Y Y 08 31 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a	a) Cash on Hand January 1, 2017		654542.95
(ხ	b) Cash on Hand at Beginning of Reporting Period	621062.50	
(c	, , , , ,	15047.71	73350.98
(C	 d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	636110.21	727893.93
7. To	otal Disbursements (from Line 31)	8549.95	100333.67
R	ash on Hand at Close of eporting Period subtract Line 7 from Line 6(d))	627560.26	627560.26
th	ebts and Obligations Owed TO ne Committee (Itemize all on chedule C and/or Schedule D)	96.00	
th	ebts and Obligations Owed BY ne Committee (Itemize all on chedule C and/or Schedule D)	0.00	
×	This committee has qualified as a mult	icandidate 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# 2018062091137798	89
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From:	08 / D / Y Y Y Y 2017	To: 08 / D D / Y Y Y Y 31 2017
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From		
(a) Individuals/Persons Other		
Than Political Committees	14750.00	66715.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	255.00	1336.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	▶ 15005.00	68051.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		0.0
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15005.00	68051.00
2. Transfers From Affiliated/Other		47. 47. 47.
Party Committees	0.00	0.0
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	5000.00
7. Other Federal Receipts		5000.00
(Dividends, Interest, etc.)	42.71	299.98
3. Transfers from Non-Federal and Levir		
(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(o)) 0.00	0.00
9. Total Receipts (add Lines 11(d),		
	15047 71	73350.98
12, 13, 14, 15, 16, 17, and 18(c))	> 15047.71	7335

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

15047.71

73350.98

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 49.95 8709.67 Expenditures (c) Total Operating Expenditures 8709.67 (add 21(a)(i), (a)(ii), and (b)) 49.95 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 91500.00 and Other Political Committees... 8500.00 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 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 124.00 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))...... 0.00 124.00 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)).. 8549.95 100333.67 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 8549.95 100333.67

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

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)

	-		J.	-	15005.00
					0.00
1	-7	1	1	-7	0.00
					15005.00
1	-	1	1	-7	13003.00
1					49.95
	-7	-		7	40.00
					0.00
	7			-7	0.00
1					49.95
	-7-			-7-	

68051.00				
00031.00	-7		-7	L.
124.00				
124.00	-1		-7	
67927.00				
0.0200	- 7		7	<u></u>
8709.67				
	-7		7	<u></u>
0.00				
0.00	-7		-7	L.
8709.67				

COLUMN B

Calendar Year-to-Date

Page 5

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

This Amendment is to show that the 8/24/17 contribution to the Bill Cassidy for US Senate was made to the 2020 primary not the 2018 primary.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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24

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)	
•••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND M	AXILLOFACIAL SURGEO	NS POLITICAL ACTION COMMITTEE	
Α.	Full Name of Individual (Last, First, Middle Init Badwal, Roger, , ,	ial) or Full C	Organization Name	Date of Receipt	
	Mailing Address 385 Hulls Hill Rd	08 30 2017			
	City Southbury	State CT	Zip Code 06488	Transaction ID : SA11AI.30029 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) Il Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 375.00		
в.	Full Name of Individual (Last, First, Middle Init Chrisman, J Leland, , ,	ial) or Full C	Organization Name	Date of Receipt	
	Mailing Address 1043 S. Madison St			08 31 2017	
	City Tupelo	State MS	Zip Code 38801	Transaction ID : SA11AI.30032	
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	
	Name of Employer (for Individual) North Mississippi OMS Assoc		cupation (for Individual) al Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
с.	Full Name of Individual (Last, First, Middle Init Ciabattoni, John, , ,	ial) or Full C	Organization Name	Date of Receipt	
	Mailing Address 1836 Reading Blvd			08 / D D / Y Y Y Y 2017	
	City Wyomissing	State PA	Zip Code 19610	Transaction ID : SA11AI.30033 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer (for Individual) Self Employed		upation (for Individual) I Surgeon	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00		
s	UBTOTAL of Receipts This Page (optional)		····· •	1375.00	

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) ľ

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for	each category of the cailed Summary Page	(cneck only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not the name and address	be sold or used by any p of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF (ORAL AND MAXILI	_OFACIAL SURGEC	NS POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle Coleman, Michael, , , Mailing Address 205 Birdie Dr City Stanley FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	State Zi NC Z	ip Code 28164	Date of Receipt 08 31 2017 Transaction ID : SA11AI.30034 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle B. Cronyn, Robert, , , Mailing Address 3435 Main Street	State Zi NY C	ip Code 14214 n (for Individual) eon	Date of Receipt 08 21 2017 Transaction ID : SA11AI.30035 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle C. Crooks, Robert, , , Mailing Address 1901 Blanding St Apt A City Columbia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State Zi SC 2	ip Code 29201	Date of Receipt 08 14 2017 Transaction ID : SA11AI.30036 Amount of Each Receipt this Period 375.00 Memo Item
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num			875.00

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

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	Image: Check only one) Image: The second
Any information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full)	AND MAXILLOFACIAL SURGEO	NS POLITICAL ACTION COMMITTEE
Medway FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Descript For:	or Full Organization Name State MA 2ip Code 02053 C Occupation (for Individual) Oral Surgeon ggregate Year-to-Date ▼ 250.00	Date of Receipt
Hampton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed	or Full Organization Name State Zip Code VA 23661 C Occupation (for Individual) Oral Surgeon ggregate Year-to-Date ▼ 500.00	Date of Receipt
Weatherford FEC ID number of contributing federal political committee. Name of Employer (for Individual) Facial Cosmetic and Surgical C	or Full Organization Name State Zip Code TX 76086 C Occupation (for Individual) Oral Surgeon ggregate Year-to-Date ▼	Date of Receipt 08 30 2017 Transaction ID : SA11AI.30039 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		1000.00

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

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 **Detailed Summary Page**

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(check only one) **X** 11a 11b 11c 12 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Facy, Rebecca, , , Date of Receipt Α. Mailing Address 12394 Woodmont Dr 1 08 14 2017 City Zip Code State Transaction ID : SA11AI.30040 CO Colorado Springs 80921 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self Employed **Oral Surgeon** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Fowlkers, Matthew, , , Date of Receipt Mailing Address 814 Hodge Watson Rd 08 15 2017 City State Zip Code Transaction ID : SA11AI.30041 LA Calhoun 71225 Amount of Each Receipt this Period FEC ID number of contributing С 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 ▼ Primarv General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gomez, Preston, , , Date of Receipt Mailing Address 2130 S 12th St Apt 306 MM 08 12 2017 City State Zip Code Transaction ID : SA11AI.30046 ND Bismarck 58504 Amount of Each Receipt this Period FEC ID number of contributing С 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) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ľ

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)			
Any information copied from such F	Reports and Statements ma		13 14 15 16 17 erson for the purpose of soliciting contributions			
			to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)		AXILLOFACIAL SURGEO	NS POLITICAL ACTION COMMITTEE			
Full Name of Individual (Last, Fir A. Hitchan, Jeffrey, , ,	rst, Middle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 9130 Marshall R	Mailing Address 9130 Marshall Rd Ste 200					
City Cranberry Township	State PA	Zip Code 16066	Transaction ID : SA11AI.30047 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer (for Individua Jeffrey R Hitchan DMD	·	upation (for Individual) I Surgeon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
Full Name of Individual (Last, Fin B. Honl, Daniel, , ,	· · ·	rganization Name	Date of Receipt			
	Mailing Address 1809 W Argyle St Apt 1A					
City	State	Zip Code	Transaction ID : SA11AI.30048			
Chicago	IL	60640	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individua Self Employed	,	upation (for Individual) I Surgeon	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify) ▼		250.00				
Full Name of Individual (Last, Fin C. Lanzon, Jesse, , ,	rst, Middle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 639 Island View			08 / D D / Y Y Y Y 2017			
City Santa Barbara	State CA	Zip Code 93109	Transaction ID : SA11AI.30050			
	0,1	35103	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individua Self Employed	·	upation (for Individual) Surgeon	Memo Item			
Receipt For:	I	Year-to-Date ▼	-			
Primary General Other (specify)		250.00				
SUBTOTAL of Receipts This Page	e (optional)		1000.00			

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SCHEDULE A (FEC Form 3X)

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ▼ 11a 11b 11c 12 13 14 15 16 17
	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 MA	AXILLOFACIAL SURGEC	INS POLITICAL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Initia Levin, Daniel, , , Mailing Address 7891 Talbert Ave Ste 101	al) or Full O	Zip Code	Date of Receipt
	Huntington Beach	CA	92648	Transaction ID : SA11AI.30052 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Daniel E Levin DDS Inc		upation (for Individual) I Surgeon	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	Ayyreyale	250.00]
B	Full Name of Individual (Last, First, Middle Initia Malouf, Shibly, , ,	al) or Full O	rganization Name	Date of Receipt
υ.	Mailing Address 366 Broadway	08 31 2017		
	City	State	Zip Code	Transaction ID : SA11AI.30053
	Somerville	MA 02145		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Sorbera & Malouf DDS Inc		upation (for Individual) I Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1
			, , , , , , , , , , , , , , , , , , , ,	1
C.	Full Name of Individual (Last, First, Middle Initia McCormack, W Rob, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 112 Arkwright Lndg			08 30 Y Y Y Y 2017
	City Macon	State GA	Zip Code 31210	Transaction ID : SA11AI.30054
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Macon Oral and Maxillofacial S		upation (for Individual) Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number of	nly)	······)	

SCHEDULE A (FEC Form 3X) ľ

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND M	AXILLOFACIAL SURGE	ONS POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle Ir A. Mizrahi, Parvaz, , ,	,	rganization Name	Date of Receipt
Mailing Address 99 N La Cienega Blvd Ste 30	8		08 30 Y Y Y Y Y 2017
City Beverly Hills	State CA	Zip Code 90211	Transaction ID : SA11AI.30056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Parvaz Farnad Mizrahi DDS MPH		upation (for Individual) I Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
B. Monterubio, John, , , Mailing Address 1034 S Brentwood Blvd Ste		rganization Name	Date of Receipt
City	State	Zip Code	08 31 2017
Saint Louis	MO	63117	Transaction ID : SA11AI.30058 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Monterubio & Herbosa OMS		upation (for Individual) I Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Ir C. Morris, Dwight, , ,	hitial) or Full O	rganization Name	Date of Receipt
Mailing Address 780 Ridge Lake Blvd Ste 10	1		08 31 Y Y Y Y Y 08 31 2017
City Memphis	State TN	Zip Code 38120	Transaction ID : SA11AI.30059 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Gruen & Morris Oral Surgery Gr		upation (for Individual) Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			▶ 1750.00

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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ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	(check only one) 11a 11b 13 14	11c 12 15 16 17					
Any information copied from such Reports and Si or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE									
Full Name of Individual (Last, First, Middle Init A. Mulherin, David, , , Mailing Address 3117 College Park Dr Ste 150 City The Woodlands FEC ID number of contributing federal political committee. Name of Employer (for Individual) North Houston - Woodlands OMS Receipt For: Primary General Other (specify) ▼	ial) or Full Organization State Zip Cod TX 77384 C Occupation (for Oral Surgeon Aggregate Year-to-Date	de 4 Individual)	Transaction ID	30 / Y Y Y Y 30 / 2017 5: SA11AI.30060 Receipt this Period 500.00					
Full Name of Individual (Last, First, Middle Init B. Murphy, T Michael, , , Mailing Address 1134 Independence Ave City Marion FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) ▼	al) or Full Organization State Zip Cod OH 43302 C Occupation (for Oral Surgeon Aggregate Year-to-Date	de 2 Individual)	Transaction ID	30 / 2017 2017 30 : SA11AI.30061 Receipt this Period 375.00					
Full Name of Individual (Last, First, Middle Init C. Nustad, Robert, , , Mailing Address 627 Crestview Ln City Owatonna FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State Zip Cod MN 55060 C Occupation (for Oral Surgeon Aggregate Year-to-Date	de Individual)	08 3 Transaction IE	30 / Y					
SUBTOTAL of Receipts This Page (optional)		-		1375.00					

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions se to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Perciaccante, Vincent, , , Mailing Address 178 Interlochen Dr City State Zip Code Peachtree City GA 30269 FEC ID number of contributing federal political committee. C Image: Control of Control			Date of Receipt					
Full Name of Individual (Last, First, Middle B. Rai, Shaun, , , Mailing Address 933 First Colonial Rd Ste 20								
City Virginia Beach	State VA	Zip Code 23454	Transaction ID : SA11AI.30064 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		1000.00					
Name of Employer (for Individual) Rai Oral Surgery		upation (for Individual) I Surgeon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1000.00						
Full Name of Individual (Last, First, Middle C. Saal, Christopher, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Saal, Christopher, , ,							
Mailing Address 1608 Polk St			M M / D D / Y					
City	State	Zip Code	Transaction ID : SA11AI.30065					
Houma	LA	70360	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Oral Facial Surgery Center Receipt For: Primary General Other (specify)	Oral	upation (for Individual) Surgeon Year-to-Date ▼ 500.00	Memo Item					
SUBTOTAL of Receipts This Page (optional).			▶ 2000.00					

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

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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

24

IT.	EMIZED RECEIPTS		Use separate		(check or	nly one)				
11			for each cated Detailed Sum		X 11a 13	11b	11c	12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				erson for the	e purpose o	f soliciting	g contribu	itions	
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	AL AND M	AXILLOFACI#	AL SURGEO	NS POLI	TICAL AC	TION C	COMMI	TTEE	
Α.	Full Name of Individual (Last, First, Middle In Schiffman, Leonard, , ,	itial) or Full O	rganization Name)	Date	of Receipt				
	Mailing Address 141 Franklin PI Ste B				08	M / D 30		y y 2017	Ŷ	
	City Woodmere	State NY	Zip Code 11598			nsaction ID				
	FEC ID number of contributing federal political committee.	С						250.	.00	
	Name of Employer (for Individual) Franklin Tower Professional Ce		upation (for Indivi I Surgeon	dual)	ים <u>–</u>	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00								
в.	Full Name of Individual (Last, First, Middle In Scott, Kirk, , ,	itial) or Full O	rganization Name)	Date	of Receipt				
	Mailing Address 5757 Warren Pkwy Ste 320					08 / D D / Y Y Y Y 08 15 2017				
	City Frisco	State TX	Zip Code 75034			Transaction ID : SA11AI.30067				
	FISCO FEC ID number of contributing federal political committee.	C	73034	Amou	Amount of Each Receipt this Period			_		
	Name of Employer (for Individual) Stonebrair Facial & Oral Surge	Occupation (for Individual) Oral Surgeon				Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼							
С.	Full Name of Individual (Last, First, Middle In Singer, Alan, , ,	itial) or Full O	rganization Name)	Date	of Receipt				
	Mailing Address 6062 Valerian Ln				M 08			2017 [°]	Ŷ	
	City Rochville	State MD	Zip Code 20852			nsaction ID				
	FEC ID number of contributing federal political committee.	C					9	250.	.00	
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Oral Surgeon			ים ך	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼							
s	UBTOTAL of Receipts This Page (optional)						. ,	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 17 OF

24

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (IN FUI) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE								
Α.	Mailing Address 3801 Glenkerry Ct Ofc 2		Date of Receipt						
	City Portage	State MI	Zip Code 49024	Transaction ID : SA11AI.30069					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer (for Individual)		upation (for Individual)	Memo Item					
	Kalamazoo OMS Receipt For:		Employed	_					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
R	Full Name of Individual (Last, First, Middle Initi Stein, Kyle, , ,	al) or Full O	rganization Name	Date of Receipt					
υ.	Mailing Address 200 Hawkins Dr Hospital Dentistry Institute			08 / D / Y Y Y Y 2017					
	City	State IA	Zip Code 52242	Transaction ID : SA11AI.30070					
	Iowa City FEC ID number of contributing federal political committee.	C	32242	Amount of Each Receipt this Period					
	Name of Employer (for Individual) University of Iowa Hospital an		upation (for Individual) I Surgeon	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initi Trentacosti-Frank, Cynthia, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 600 E Marshall St Ste 106			08 / D D / Y Y Y Y 08 2017					
	City West Chester	State PA	Zip Code 19380	Transaction ID : SA11AI.30071 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
Oral and Maxillofacial Associa			upation (for Individual) Surgeon	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00						
	UBTOTAL of Receipts This Page (optional)			750.00					
Т	OTAL This Period (last page this line number o	only)		•					

SCHEDULE A (FEC Form 3X) ľ

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FOR LINE NUMBER:

PAGE 18 OF

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) Image: 11 a model 11 a model </th					
Any information copied from such Reports and s or for commercial purposes, other than using the								
NAME OF COMMITTEE (IN Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE								
Full Name of Individual (Last, First, Middle In A. Triplett, R Gilbert, , , Mailing Address 3302 Gaston Ave Dept of ON City Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Texas A&M University College o	IS State TX C	Drganization Name Zip Code 75246 upation (for Individual) I Surgeon	Date of Receipt Mark Job Y					
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 375.00]					
B. Wilson, G Trent, , , Mailing Address 5565 Murray Rd. Ste 102	Date of Receipt 08 / 21 / Y Y Y Y 08 / 21 2017 Transaction ID : SA11AI.30073							
Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) McRae/Wilson OMS Group Receipt For: Primary General	Ora	38119 upation (for Individual) al Surgeon Year-to-Date ▼	Amount of Each Receipt this Period					
C. Other (specify) ▼ Full Name of Individual (Last, First, Middle In C. Winne, Cynthia, , , Mailing Address 5 Community Dr Ste 1 City Augusta	Date of Receipt 08 08 2017 Transaction ID : SA11AI.30074 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Facial & Oral Surgery Assoc Receipt For: Primary General Other (specify)	Oral	upation (for Individual) Surgeon Year-to-Date ▼ 500.00	500.00 Memo Item					
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1125.00					

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)		Lico conorato cohodula(a)	FOR LINE NUMBER: PAGE 19 OF 24			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
		Detailed Summary Page	▲ 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and	d Statements ma	L av not be sold or used by any n	erson for the purpose of soliciting contributions			
or for commercial purposes, other than using t						
NAME OF COMMITTEE (In Full)						
AMERICAN ASSOCIATION OF O	RAL AND M	AXILLOFACIAL SURGEC	NS POLITICAL ACTION COMMITTEE			
Full Name of Individual (Last, First, Middle	Initial) or Full O	ragnization Name				
A . Young, Steven, , ,		iganization Name	Date of Receipt			
Mailing Address 1414 Atwood Ave Ste 340			M = M / D = D / Y = Y = Y = Y			
	1		08 30 2017			
City	State RI	Zip Code 02919	Transaction ID : SA11AI.30075			
Johnston	KI	02919	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
·						
Name of Employer (for Individual)		upation (for Individual)	Memo Item			
Steven H Young DDS Receipt For:		I Surgeon				
Primary General	Aggregate	Year-to-Date ▼				
Other (specify) V		250.00				
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name				
3. Mailing Address			Date of Receipt			
Mailing Address			M = M / D = D / Y = Y = Y			
City	State	Zip Code				
			Amount of Each Receipt this Period			
FEC ID number of contributing	С					
federal political committee.	U					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
		· · ·				
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify)			1			
		<u> </u>	1			
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name				
C			Date of Receipt			
Mailing Address			M = M / D = D / Y = Y = Y			
City	State	Zip Code				
	Ciaio		Amount of Each Receipt this Period			
FEC ID number of contributing		· · · · · · · · · · · · · · · · · · ·				
federal political committee.						
		upation (for Individual)	Memo Item			
		upation (ior mulvidual)				
Receipt For:	Receipt For: Aggregate		-			
Primary General			1			
Other (specify)		1				
SUBTOTAL of Receipts This Page (optional).			250.00			
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TOTAL This Pariod (last page this line numb	or only)		14750.00			

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

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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

177		Use separate schedule(s)		(check only one)			
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12			
An	y information copied from such Reports and St	atements ma	ay not be sold or used by any p	13141516X17verson for the purpose of soliciting contributions			
<u> </u>	for commercial purposes, other than using the	name and a	address of any political committe	e to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	INS POLITICAL ACTION COMMITTEE					
Α.	Full Name of Individual (Last, First, Middle Initi MB Financial Bank	al) or Full O	Drganization Name	Date of Receipt			
Mailing Address 6111 North River Rd				08 31 / Y Y Y Y Y			
	City Rosemont	State IL	Zip Code 60018	Transaction ID : SA17.30027 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		42.71			
	Name of Employer (for Individual)	Осси	supation (for Individual)	Memo Item Interest			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 299.98]			
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Organization Name				
В.	Mailing Address	Date of Receipt					
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer (for Individual)	Occi	cupation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date]			
<u> </u>	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Drganization Name	Date of Receipt			
	Mailing Address			M = M / D = D / Y = Y = Y			
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify)		Year-to-Date ▼]			
	JBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	42.71			
I TO	DTAL This Period (last page this line number o	nly)		► The second se			

SCHEDULE B (FEC Form 3X)			F		NUMBER: PAGE 21 OF 24			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		neck only	ly one)			
		Summary Page		× 21b 28a	22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	ements may ame and add	not be sold or use lress of any politica	d by al com	any pers nmittee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
			חווי					
\rangle AMERICAN ASSOCIATION OF ORAL	. And Ivia.	AILLOFACIAL 3	SUR	GEON	S POLITICAL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) A. MB Financial Bank	Date of Disbursement							
Mailing Address 6111 North River Rd					08 / D D / Y Y Y Y 08 / 03 / 2017			
City	State IL	Zip Code			FEC Identification Number			
Rosemont Purpose of Disbursement credit card processing fee	IL	60018		-				
Candidate Name				egory/ /pe	Transaction ID : SB21B.30026 Amount of Each Disbursement this Period			
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General			49.95			
State: District:		(introduction)			Memo Item			
Full Name (Last, First, Middle Initial) B.					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			
Senate	ement For: Primary	imary General						
State: District:	Other (spe	ecity)			Memo Item			
Full Name (Last, First, Middle Initial)					Date of Disbursement			
Mailing Address					M M / D D / Y Y Y Y			
City	State	Zip Code			FEC Identification Number			
Purpose of Disbursement	С							
Candidate Name	Amount of Each Disbursement this Period							
Senate	Primary	General			<u> </u>			
State: District:	Other (spe	ecny) 🔻			Memo Item			
SUBTOTAL of Disbursements This Page (optional))			►	49.95			
					49.95			
TOTAL This Period (last page this line number on	ly)			🕨	-0.00			

	CHEDULE B (FEC Form 3X)	llee een	arate schedule(s)	FOR LINE I (check only			
IT 	EMIZED DISBURSEMENTS	for each	for each category of the Detailed Summary Page		one) 22 X 23 26 27 28b 28c 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAX	ILLOFACIAL	SURGEONS	POLITICAL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR US SENATE				Date of Disbursement		
	Mailing Address PO BOX 80505				08 24 2017		
	City BATON ROUGE	State LA	Zip Code 70898		FEC Identification Number		
	Purpose of Disbursement Federal Campaign Contribution			· · ·]	C C00543983		
	Candidate Name			Category/ Type	Transaction ID : SB23.30024 Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For: 2 Primary Other (spec	General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4000.00		
	State: LA District: 00				Memo Item		
в.	Full Name (Last, First, Middle Initial) DR. BRIAN BABIN FOR CONGRE Mailing Address PO BOX 159		Date of Disbursement				
	City WOODVILLE	State Zip Code TX 75979			FEC Identification Number		
	Purpose of Disbursement Federal Campaign Contribution				C C00553859 Transaction ID : SB23,30022		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	Senate	Primary	2018 X General		1000.00		
	State: TX District: 36	Other (spec	сіту)		Memo Item		
C.	Full Name (Last, First, Middle Initial) FRIENDS OF NEAL DUNN				Date of Disbursement		
	Mailing Address PO BOX 16088				M M / D D / Y		
	City PANAMA CITY	State FL	Zip Code 32406		FEC Identification Number		
Purpose of Disbursement Federal Campaign Contribution Candidate Name				Category/ Type	C C00582304 Transaction ID : SB23.30023 Amount of Each Disbursement this Period		
	Office Sought: Senate President Disburse	ment For: 2 Primary Other (spec	General		2500.00 Memo Item		
_	State: FL District: 02	-					
s	UBTOTAL of Disbursements This Page (optional).			••••••	7500.00		
Т	OTAL This Period (last page this line number only	′)		••••••	, ,		

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 23 OF 24		
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or us ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL	AND MAX	(ILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE		
Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR SENATE					Date of Disbursement		
	Mailing Address 126 C STREET NW 2ND FLOOR				08 24 2017		
	City WASHINGTON	State DC	Zip Code 20001		FEC Identification Number		
	Purpose of Disbursement Federal Campaign Contribution				C C00413914 Transaction ID : SB23.30025		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ement For: 2 Primary Other (spe	X General		1000.00		
	State: NY District: 00				Memo Item		
B.	Full Name (Last, First, Middle Initial) Mailing Address				Date of Disbursement		
	City State Zip Code						
	Purpose of Disbursement				FEC Identification Number		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President	ement For: Primary	General				
	State: District:	Other (spe	city)		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	Amount of Each Disbursement this Period					
	Office Sought: House Disbursement For: Senate Primary General						
_	State: District:	Other (spe	cify) 🔻		Memo Item		
s	UBTOTAL of Disbursements This Page (optional).			····· ►	1000.00		
Т	OTAL This Period (last page this line number only	/)		····· ►	8500.00		

CHEDULE D (FEC Form 3X)				PAGE 24 OF 24	
			(Use separate schedule(s)	FOR LINE NUMBER: (check only one)	
EBTS AND OBLIGATIONS			for each		
cluding Loans			numbered line)	10	
AME OF COMMITTEE (In Full) MERICAN ASSOCIATION OF ORAL AI	ND MAXILLO	OFACIAL SURGE	ONS POLITICA	L ACTION COMMITTEE	
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor			ebt (Purpose):	
Illinois Department of Revenue	;		State Tax 0	Overpymt for 2008 carryover 09	
Mailing Address PO Box 19008					
City	State	Zip Code			
Springfield	IL	62794-9008			
Outstanding Balance Beginning This Period		1	Transacti	on ID : SD9.18338	
96.00					
	Dev	umant This Dariad	Quitatandi	a Balance et Class of This Deried	
Amount Incurred This Period	Pa	yment This Period		ng Balance at Close of This Period	
0.00		0.	00	96.00	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Pa	yment This Period	Outstandir	ng Balance at Close of This Period	
<u> </u>					
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	ebt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
<u> </u>	_				
Amount Incurred This Period	Pa	yment This Period	Outstandir	ng Balance at Close of This Period	
SUBTOTALS This Period This Page (optional)				96.00	
TOTALS This Period (last page this line numbe	r only)		▶	96.00	
TOTAL OUTSTANDING LOANS from Schedule	C (last name o	only)		0.00	
	C (last page 0	·····,			
ADD 2) and 3) and carry forward to appropriate	e line of Summa	ary Page (last page or	nly) ►	96.00	