PAGE 1 / 15

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				Office	Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If over the line		12FE4M5	
AMERICAN ASSOCIATION	N OF ORAL AND M	IAXILLOFACIAL S	URGEONS P	OLITICAL ACTIO	N COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MA	WR AVE.			
▼ Check if different					
than previously reported. (ACC)	ROSEMONT			IL 600	18
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲	;	STATE A	ZIP CODE ▲
C C00005660		B. IS THIS REPORT	NEW (N) <b>OR</b>	AMENDEI (A)	D
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9	Year Only)
April 15 Quarterly Report (Q1	) (2) 12.7	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10	
July 15 Quarterly Report (Q2	' (c) 12-Day  PRE-Election  Report for the		(12P) ion (12C)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3	·	de. Convent	011 (120)	Special (12S)	
January 31 Year-End Report (YE		lection on	/ D D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election Report for the		(30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	·	lection on	/ D D /	Y W Y W Y	in the State of
5. Covering Period 10		through	gh 10		2017
I certify that I have examined this		st of my knowledge a	nd belief it is tru	ue, correct and comp	lete.
Type or Print Name of Treasurer	Canter, Harry, , ,				
Signature of Treasurer Canter	, Harry, , ,	[Electron	ically Filed]		29 / 2017
NOTE: Submission of false, erroned	ous, or incomplete inforn	nation may subject the	person signing th	nis Report to the pena	lties of 52 U.S.C. § 30109
Office Use				FE	C FORM 3X Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		654542.95
	(b) Cash on Hand at Beginning of Reporting Period	630426.65	
	(c) Total Receipts (from Line 19)	8217.72	91985.04
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	638644.37	746527.99
7.	Total Disbursements (from Line 31)	2085.95	109969.57
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	636558.42	636558.42
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	96.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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	7700.00	92465.00
(i) Itemized (use Schedule A)	1700.00	83465.00
(ii) Unitemized	475.00	2136.00
(iii) TOTAL (add		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Lines 11(a)(i) and (ii)▶	8175.00	85601.00
(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	8175.00	85601.00
Totals to Line 33, page 5)  2. Transfers From Affiliated/Other	4	4 4
Party Committees	0.00	0.00
•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	- Agr Agr	75 75 75
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	6000.00
7. Other Federal Receipts		201.01
(Dividends, Interest, etc.)	42.72	384.04
(a) Non-Federal Account	12	
(from Schedule H3)	0.00	0.00
,	49- 1 49- 1 49- 1	45 1 45 1
(b) Levin Funds (from Schedule H5)	0.00	0.00
(1)	4 4	4 4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
<ol> <li>Total Receipts (add Lines 11(d),</li> <li>12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>	8217.72	91985.04
, -, , -, -, -,,,,,,,	4 1 4	
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	8217.72	91985.04

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursemen	ts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:     (a) Allocated Federal/Non-F     Astricts (from Cabadula	ederal		Jaionaa Tour to Dute		
Activity (from Schedule  (i) Federal Share	· ·	0.00	0.00		
(i) i ederal Share		1 4 1 1 1 1 1 1 1			
(ii) Non-Federal Share.		0.00	0.00		
(b) Other Federal Operating		95.05	9945 57		
Expenditures(c) Total Operating Expendi		85.95	8845.57		
(add 21(a)(i), (a)(ii), and		85.95	8845.57		
. Transfers to Affiliated/Other I			1 1 45 1 1 45 1 1 45		
Committees Contributions to		0.00	0.00		
Federal Candidates/Committee and Other Political Committee	es	2000.00	101000.00		
Independent Expenditures					
(use Schedule E) Coordinated Party Expenditu	res	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)		0.00	0.00		
, <del> , </del>	<u> </u>	4	0.00		
Loan Repayments Made		0.00	0.00		
	<b>=</b>	4 4			
Loans MadeRefunds of Contributions To:		0.00	0.00		
(a) Individuals/Persons Other Than Political Committee		0.00	124.00		
Than I oldical committee		0.00	124.00		
(b) Political Party Committee	es	0.00	0.00		
(c) Other Political Committee		4 1 4 1 1 4			
(such as PACs)		0.00	0.00		
(d) Total Contribution Refun					
(add Lines 28(a), (b), ar	na (c))	0.00	124.00		
Other Disbursements (Includ	ing				
Non-Federal Donations)		0.00	0.00		
Endoral Floation Activity (52	115 C & 20101(20))	4 4 4	4 4		
Federal Election Activity (52 (a) Allocated Federal Election					
(from Schedule H6)					
(i) Federal Share		0.00	0.00		
	H				
(ii) "Levin" Share		0.00	0.00		
(b) Federal Election Activity					
Entirely With Federal Fu  (c) Total Federal Election A		0.00	0.00		
Lines 30(a)(i), 30(a)(ii) a		0.00	0.00		
(-,(,), (-,)(-,)	`"	0.00	0.00		
Total Disbursements (add Lir	nes 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29	and 30(c))	2085.95	109969.57		
Total Fadaval Distriction		4	4 4		
Total Federal Disbursements					
(subtract Line 21(a)(ii) and L from Line 31)		2005.05			
10111 Ellio 01)		2085.95	109969.57		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 8175.00 85601.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 124.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 85477.00 8175.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 85.95 8845.57 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 85.95 8845.57 (subtract Line 37 from Line 36) ......

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

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

F	FOR LINE NUMBER:						6	OF	15
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	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 Burton, Richard, , , Date of Receipt Mailing Address 200 Hawkins Dr Div of OMS UIHC 14 2017 City State Zip Code Transaction ID: SA11AI.30116 IΑ Iowa City 52242 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) Oral Surgeon Univ of Iowa Hospitals & Clini 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. Chalak, Amir, , , Date of Receipt Mailing Address 701 China Basin St Apt 223 10 14 2017 City State Zip Code Transaction ID: SA11AI.30117 San Francisco CA 94158 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) Self Employed 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. Clark, Robert, , , Date of Receipt Mailing Address 2533 Larkin Rd 14 2017 Suite 101 City State Zip Code Transaction ID: SA11AI.30118 KY Lexington 40503 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) Kentucky Center for OMS Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

7

Use separate schedule(s) for each category of the

F	TOTT EITHE TOTTIBLET.					PAGE	7	OF	15
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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 Dullnig, Andrew, , , Date of Receipt Mailing Address 8603 Cedar St 2017 City Zip Code State Transaction ID: SA11AI.30121 Silver Spring MD 20910 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.** French, Christopher, , , Date of Receipt Mailing Address 11755 Millpond Ave 10 2017 City State Zip Code Transaction ID: SA11AI.30123 MN Burnsville 55337 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) Self Employed 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.** Green, John, , , Date of Receipt Mailing Address 5408 Discovry Pk Blvd Ste 101 10 09 2017 City Zip Code State Transaction ID: SA11AI.30124 VAWilliamsburg 23188 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) Coastal Aesthetic Facial Surge Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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FC	R	LINE	NU	MBER	:	PAGE	8	OF	15
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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 Hsu, Christensen, , , Date of Receipt Mailing Address 46-072 Ipuka St 14 2017 City Zip Code State Transaction ID: SA11AI.30145 ΗΙ Kaneohe 96744 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oral Surgeon Self Employed 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.** Jenkins, Christopher, , , Date of Receipt Mailing Address 2525 Grenada Gait 10 14 2017 City State Zip Code Transaction ID: SA11AI.30127 TX Schertz 78108 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) Self Employed 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. Kao, Solon, , , Date of Receipt Mailing Address 3522 Granite Way 10 12 2017 City State Zip Code Transaction ID: SA11AI.30128 GΑ Martinez 30907 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 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 375.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s) for each category of the

F	FOR LINE NUMBER:					PAGE	9	OF	15
(check only one)									
	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 Kilkuts, Arthur, , , Date of Receipt Mailing Address 3043 Garretson Ave. 04 2017 City State Zip Code Transaction ID: SA11AI.30129 CA Corona 92881 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) Oral Surgeon Self Employed 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. Nannini, Victor, , , Date of Receipt Mailing Address 2131 Valentines Rd 10 2017 City State Zip Code Transaction ID: SA11AI.30131 NY Westbury 11590 Amount of Each Receipt this Period FEC ID number of contributing 750.00 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) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Plevnia, Julia, , , Date of Receipt Mailing Address 46796 Silver Fir St 14 2017 City State Zip Code Transaction ID: SA11AI.30135 CO Parker 80138 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

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

						PAGE	 10	OF	15
(check only one)									
	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 Read-Fuller, Andrew, , , Date of Receipt Mailing Address 1855 Payne St Apt 619 14 2017 City State Zip Code Transaction ID: SA11AI.30136 TX **Dallas** 75201 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 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 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stigall, Larry, , , Date of Receipt Mailing Address 240 Doctors Dr 10 14 2017 City State Zip Code Transaction ID: SA11AI.30130 NC Boone 28607 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Whitlow, William, , , Date of Receipt Mailing Address 202 Cochise Trl 10 01 2017 City State Zip Code Transaction ID: SA11AI.30139 KS Hutchinson 67502 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) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

7

2200.00

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

FOR LINE NUMBER: PAGE 11 OF (check only one) **X** 11a 11b 11c

15 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Wunderle, Robert, , , Date of Receipt Mailing Address 1000 Johnson Ferry Rd Bldg H 04 2017 City State Zip Code Transaction ID: SA11AI.30140 GA Marietta 30068 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 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 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... 7700.00

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	age# 201711299007071937									
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s		R LINE			: PAG	E 12 (	OF 15
ш	EIVIIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	
_					13		14	15	16	<b>X</b> 17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	statements mage and a	ay not be sold or used by a address of any political comn	ny person nittee to so	for the olicit co	purp ntrib	oose of utions	f soliciting from sucl	j contribu h commi	utions ttee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORA	AL AND M.	AXILLOFACIAL SURG	EONS F	POLIT	ICA	AL AC	TION (	OMMI	TTEE
Α.	Full Name of Individual (Last, First, Middle Ini MB Financial Bank	tial) or Full C	Organization Name		Date o	f Re	ceipt			
	Mailing Address 6111 North River Rd				10	/	31		2017	Y
	City	State	Zip Code		Trans	sacti	on ID :	SA17.30	141	
	Rosemont	IL	60018		Amoun	t of	Each F	Receipt th	nis Period	t
	FEC ID number of contributing federal political committee.	С					-		42	2.72
	Name of Employer (for Individual)	Occ	cupation (for Individual)			lemo	Item			
	Receipt For:			'	nterest					
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)   Other		384.04							
_	Full Name of Individual (Last First Middle Ini	tial) or Full C	Pragnization Nama							
В.	Full Name of Individual (Last, First, Middle Ini	lial) of Full C	nganization Name		Date o	f Re	ceint			
٥.	Mailing Address				M = M		D	D / Y	- Y - Y	• Y
	City	State	Zip Code		Amoun	t of	Each F	Receipt th	nis Perior	d
	FEC ID number of contributing federal political committee.	С					<del></del>	-		
	Name of Employer (for Individual)	Occ	cupation (for Individual)		M	lemo	Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼	/ iggi ogalio	4 . 4 . 4							
<u>с.</u>	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	Organization Name		Date o	f Re	ceipt			
	Mailing Address				M = M	/	D	D / Y	- Y - Y	Y
	City	State	Zip Code							
					Amoun	t of	Each F	Receipt th	is Period	t
	FEC ID number of contributing federal political committee.	С			Ĺ.	_	,			
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	lemo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼							

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

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

42.72

42.72

#### S П

SCHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER: PAGE 13 OF 15			
ITEMIZED DISBURSEMENTS		parate schedule(s)	(check only	TTO MEET I.			
		category of the Summary Page	<b>X</b> 21b	22 23 26 27			
			28a	28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
AMERICAN ASSOCIATION OF ORAL	AND MA	XILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)				Data of Bishamanana			
A. MB Financial Bank				Date of Disbursement			
Mailing Address 6111 North River Rd				10 03 2017			
City	State	Zip Code		FEC Identification Number			
Rosemont Purpose of Disbursement	IL	60018					
credit card processing fees				C			
Candidate Name			0-1	Transaction ID : SB21B.30143 Amount of Each Disbursement this Period			
			Category/ Type	Amount of Each dispursement this Period			
Office Sought: House Disburse	ement For:			49.95			
Senate	Primary	General					
State: District:	Other (spe	ecify) 🔻		Memo Item			
Full Name (Last, First, Middle Initial)							
B. MB Financial Bank				Date of Disbursement			
WID I Mancial Bank				M M / D D / Y Y Y Y			
Mailing Address 6111 North River Rd				10 31 2017			
City	State	Zip Code		FEC Identification Number			
Rosemont Purpose of Disbursement	IL	60018					
Fee for stop payment on check				C			
Candidate Name			Catananii	Transaction ID : SB21B.30144  Amount of Each Disbursement this Period			
			Category/ Type	Amount of Each dispursement this Period			
Office Sought: House Disburse	ement For:			36.00			
Senate	Primary	General					
President State: District:	Other (spe	ecify)		Memo Item			
Full Name (Last, First, Middle Initial)							
C.				Date of Disbursement			
Mailing Address				M M / D D / Y Y Y Y			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		715-5				
Senate	Primary	General		7 7 4			
President	Other (spe	ecify) ▼		Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional)				85.95			
TOTAL This Period (last page this line number only	y)			85.95			

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Temized Disbursement   Disburseme	SCHEDULE B (FEC Form 3X)	Haraman L. I. C.	FOR LINE	IE NUMBER: PAGE 14 OF 15				
Detailed Summary Page   28   28   29   30b   30c   20c   20   30b   30c   30c	ITEMIZED DISBURSEMENTS	for each category of the	(orleast orlin)					
NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  A. CITIZENS TO ELECT RICK LARSEN  Malling Address PO BOX 328  City EVERETT Purpose of Disbursement Prepared Compating Contribution Candidate Name  City State: WA District 102  Full Name (Last, First, Middle Initial)  B. Malling Address  City State: Wa District 102  Full Name (Last, First, Middle Initial)  Malling Address  City State: Senate Primary Office Sought: House President Candidate Name  City State: Senate Primary Office Sought: House Primary Office Sought: House Primary Office Sought: Senate Primary Office Sought: Senate Primary Office Sought: House Primary Office Sought: Senate Primary Office Sought: House Primary Office Sought: Senate Office Soug		Detailed Summary Page						
NAME OF COMMITTEE (in Full)  AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  ACITIZENS TO ELECT RICK LARSEN  Mailing Address PO BOX 326  City  EVERET  Purpose of Disbursement  Federal Campaign Contribution  Candidate Name  Office Sought:  I House  Senate  President  Purpose of Disbursement  Candidate Name  City  State:  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Category  Office Sought:  House  Purpose of Disbursement  Candidate Name  City  State:  Disbursement  Disbursement  Disbursement  Category  Office Sought:  House  President  Disbursement  Disbursement  Disbursement  Category  Office Sought:  President  State:  District:  Senate  President  Disbursement  Category  Office Sought:  House  Disbursement  Disbursement  Disbursement  Category  Type  Office Sought:  House  Disbursement  Disbursement  Date of Disbursement this Period  Category  Type  Memo Item  Date of Disbursement this Period  Category  Type  Memo Item  Date of Disbursement this Period  Category  Type  Memo Item  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category  Type  Memo Item  Date of Disbursement this Period  Category  Type  Memo Item  Date of Disbursement this Period  Memo Item  Date of Disbursement this Period  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement this Period  Memo Item  Memo Item  Date of Disbursement this Period  Memo Item  Date of Dis	Any information copied from such Reports and Statem	nents may not be sold or u	sed by any person	on for the purpose of soliciting contributions				
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  A. CITIZENS TO ELECT RICK LARSEN  Mailing Address PO BOX 326  City State Zip Code 98206  Purpose of Disbursement Por: 2018 Senate President Other (specify)  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code Purpose of Disbursement Por: 2018  Mailing Address  City State Zip Code Purpose of Disbursement Por: 2018  Senate President State: WA District: 02  Full Name (Last, First, Middle Initial)  B. City State Zip Code Purpose of Disbursement Por: 2018  Senate President Other (specify) Memo Item  Category' Type  Office Sought: House Disbursement For: 2018  Senate President Other (specify) General President Other (specify) Memo Item  Date of Disbursement Period Memo Item  Category' Type  Office Sought: House Disbursement For: 2018  State: District: District: District: District: District: District: Senate President Other (specify) Memo Item  State: District: Senate President Disbursement For: 2018  Senate President Memo Item  Substorant of Each Disbursement Inis Period Memo Item  Substorant of Each Disbursement Inis Period Memo Item  Substorant of Each Disbursement Inis Period Memo Item  Substorant of Disbursement Inis Period Memo Item  Memo Item  Substorant of Disbursement Inis Period Memo Item  Mailing Address Memo Item Init		e and address of any polit	ical committee to	solicit contributions from such committee.				
A. CITIZENS TO ELECT RICK LARSEN  Mailing Address PO BOX 326  City	1 \	ND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE				
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Mailing Address PO BOX 326  City EVERETT	A. CITIZENS TO ELECT RICK LARSI	⊨N						
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Office Sought:	Candidate Name			Amount of Each Disbursement this Period				
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	TOTAL This Period (last page this line number only)			2000.00				

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 15 OF
FOR LINE NUMBER:
(check only one)

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	10

15

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		
	"=	02134-3000		
Outstanding Balance Beginning This Period			Transaction ID: SD9.18338	
96.00				
Amount Incurred This Period	ount 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 or Creditor			Nature of Debt (Purpose):	
b. I dil Name (Last, 1 list, Middle Illitial) of Debtor	or Orealion		Nature of Debt (Furpose).	
Mailing Address			_	
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Associated Institute of This Posited	D-	This David	Outstanding Palamas at Olass of This Paried	
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
Mailing Address			$\dashv$	
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period	
SUBTOTALS This Period This Page (optional)			96.00	
			96.00	
TOTALS This Period (last page this line number only)			90.00	
TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ 0.00				
, TOTAL OUTOTANDING LOANS HOM GOMEGUIE	c (last page (	Jiny;		
) ADD 2) and 3) and carry forward to appropriate	96.00			
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