

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 9700 WEST BRYN MAWR AVE. Check if different than previously reported. (ACC) ROSEMONT IL 60018

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00005660 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

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: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 10 / 01 / 2017 through 10 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Canter, Harry, , , Type or Print Name of Treasurer

Signature of Treasurer Canter, Harry, , , [Electronically Filed] Date 11 / 29 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 TO 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	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7700.00	83465.00
(ii) Unitemized	475.00	2136.00
(iii) TOTAL (add 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 Totals to Line 33, page 5)	8175.00	85601.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	42.72	384.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8217.72	91985.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8217.72	91985.04

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	85.95	8845.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85.95	8845.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	101000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	124.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (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
(c) Total Federal Election Activity (add 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)) ..	2085.95	109969.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2085.95	109969.57

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Burton, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Dr
 Div of OMS UIHC
 City Iowa City State IA Zip Code 52242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Iowa Hospitals & Clini Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11AI.30116
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Chalak, Amir, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 China Basin St Apt 223
 City San Francisco State CA Zip Code 94158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11AI.30117
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Clark, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2533 Larkin Rd
 Suite 101
 City Lexington State KY Zip Code 40503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kentucky Center for OMS Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11AI.30118
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1500.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dullnig, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8603 Cedar St
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11AI.30121
 Amount of Each Receipt this Period 250.00
 Memo Item

B. French, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11755 Millpond Ave
 City Burnsville State MN Zip Code 55337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.30123
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Green, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5408 Discovry Pk Blvd Ste 101
 City Williamsburg State VA Zip Code 23188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal Aesthetic Facial Surge Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.30124
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Hsu, Christensen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46-072 Ipuka St
 City Kaneohe State HI Zip Code 96744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11AI.30145
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jenkins, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 Grenada Gait
 City Schertz State TX Zip Code 78108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11AI.30127
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Kao, Solon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3522 Granite Way
 City Martinez State GA Zip Code 30907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.30128
 Amount of Each Receipt this Period 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kilkuts, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3043 Garretson Ave.
 City Corona State CA Zip Code 92881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2017
Transaction ID : SA11AI.30129
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nannini, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2131 Valentines Rd
 City Westbury State NY Zip Code 11590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.30131
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Plevnia, Julia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46796 Silver Fir St
 City Parker State CO Zip Code 80138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2017
Transaction ID : SA11AI.30135
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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. Read-Fuller, Andrew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2017 Transaction ID : SA11AI.30136		
Mailing Address 1855 Payne St Apt 619			Amount of Each Receipt this Period 200.00		
City Dallas	State TX	Zip Code 75201	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stigall, Larry, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2017 Transaction ID : SA11AI.30130		
Mailing Address 240 Doctors Dr			Amount of Each Receipt this Period 1000.00		
City Boone	State NC	Zip Code 28607	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00		
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Whitlow, William, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2017 Transaction ID : SA11AI.30139		
Mailing Address 202 Cochise Trl			Amount of Each Receipt this Period 1000.00		
City Hutchinson	State KS	Zip Code 67502	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00		
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Oral Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wunderle, Robert, , ,

Mailing Address 1000 Johnson Ferry Rd
Bldg H

City Marietta State GA Zip Code 30068

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Oral Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2017

Transaction ID : SA11A1.30140

Amount of Each Receipt this Period
375.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	7700.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. MB Financial Bank
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6111 North River Rd

City Rosemont	State IL	Zip Code 60018
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2017

Transaction ID : SA17.30141

Amount of Each Receipt this Period
42.72

Memo Item
Interest

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.72
TOTAL This Period (last page this line number only).....	42.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. MB Financial Bank

Full Name (Last, First, Middle Initial)

Mailing Address 6111 North River Rd

City Rosemont State IL Zip Code 60018

Purpose of Disbursement credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.30143

Amount of Each Disbursement this Period: 49.95

Memo Item

B. MB Financial Bank

Full Name (Last, First, Middle Initial)

Mailing Address 6111 North River Rd

City Rosemont State IL Zip Code 60018

Purpose of Disbursement Fee for stop payment on check

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.30144

Amount of Each Disbursement this Period: 36.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	85.95
TOTAL This Period (last page this line number only).....▶	85.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. CITIZENS TO ELECT RICK LARSEN

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: WA District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 05 / 2017

FEC Identification Number
C C00345546
Transaction ID : SB23.30142

Amount of Each Disbursement this Period
2000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
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 15
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Illinois Department of Revenue			Nature of Debt (Purpose): State Tax Overpymt for 2008 carryover 09
Mailing Address PO Box 19008			
City Springfield	State IL	Zip Code 62794-9008	

Outstanding Balance Beginning This Period		Transaction ID : SD9.18338	
96.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	96.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	96.00
2) TOTALS This Period (last page this line number only)..... ▶	96.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	96.00