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 & Maxillofacial Surgeons Political Action Committee

ADDRESS (number and street) ▼ 9700 W Bryn Mawr Ave

☐ Check if different than previously reported. (ACC)

Rosemont | IL | 60018

2. **FEC IDENTIFICATION NUMBER ▼** C C00005660

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☒ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ 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 / D D / 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 / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2026 through 07 / 31 / 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Zysset, Monte, , Dr.,

Signature of Treasurer: *Zysset, Monte, , Dr.,* Date: 08 / 20 / 2026

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

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

American Association of Oral & Maxillofacial Surgeons Political Action Committee

Report Covering the Period: From: 07 / 01 / 2026 To: 07 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		799198.02
(b) Cash on Hand at Beginning of Reporting Period	767113.29	
(c) Total Receipts (from Line 19)	13321.74	96988.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	780435.03	896186.78
7. Total Disbursements (from Line 31)	14633.48	130385.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	765801.55	765801.55
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

American Association of Oral & Maxillofacial Surgeons Political Action Committee

Report Covering the Period: From: 07/01/2026 To: 07/31/2026

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)	8950.00	82544.00
(ii) Unitemized	375.00	4165.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	9325.00	86709.00
(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) ▶	9325.00	86709.00
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	3000.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	996.74	6779.76
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)) ▶	13321.74	96988.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	13321.74	96988.76

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	133.48	9385.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	133.48	9385.23
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	14500.00	121000.00
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	0.00
(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	0.00
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))	14633.48	130385.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	14633.48	130385.23

DETAILED SUMMARY PAGE
of Disbursements

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)	9325.00	86709.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9325.00	86709.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	133.48	9385.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	133.48	9385.23

Image# 202608209903374074

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 16

- [X] 11a
- [ ] 11b
- [ ] 11c
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- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Begley, Gerard, A, ,

Mailing Address 385 Rte 24 Ste 3B

City	State	Zip Code
Chester	NJ	07930-2910

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Gerard A. Begley, DMD	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 29 / 2026
Transaction ID : 2026081921272-31

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

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

Mailing Address 5395 W Michaels Dr

City	State	Zip Code
Appleton	WI	54913-8447

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
OMS Fox Cities	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 25 / 2026
Transaction ID : 2026081921272-30

Amount of Each Receipt this Period: 500.00

- [ ] Memo Item

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

Mailing Address 13676 Vermillion Trl

City	State	Zip Code
Longmont	CO	80504-9793

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual)	Occupation (for Individual)
Blue Sky Oral and Maxillofacial Surger	Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 31 / 2026
Transaction ID : 2026081921272-35

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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

Image# 202608209903374075

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 16

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boos, Edward, J, ,

Mailing Address 11437 Sugar Field Rd

City: Bay Saint Louis | State: MS | Zip Code: 39520-8747

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 ▼ 300.00

Date of Receipt: 07 / 15 / 2026
Transaction ID : 2026081921272-10

Amount of Each Receipt this Period: 300.00

☐ Memo Item

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

Mailing Address 8555 River Rd

City: Indianapolis | State: IN | Zip Code: 46240-4311

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Clearchoice Dental Implant Center
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 24 / 2026
Transaction ID : 2026081921272-29

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 1500 19th St S Ste 200

City: Birmingham | State: AL | Zip Code: 35205-5628

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Clark Holmes Smith Oral Facial Surgery
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 09 / 2026
Transaction ID : 2026081921272-36

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

Image# 202608209903374076

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 8 OF 16

- [X] 11a
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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coburn, Marianne, L, ,

Mailing Address 3110 Country Club Ln

City: Huron | State: OH | Zip Code: 44839-1080

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 ▼: 300.00

Date of Receipt: 07 / 20 / 2026
Transaction ID : 2026081921272-25

Amount of Each Receipt this Period: 300.00

- [ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Deatherage, Joseph, R I, ,

Mailing Address 3430 Chevelle Cir

City: Bismarck | State: ND | Zip Code: 58503-1701

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: 07 / 16 / 2026
Transaction ID : 2026081921272-24

Amount of Each Receipt this Period: 500.00

- [ ] Memo Item

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

Mailing Address 899 Foxglove Trl

City: Fairview | State: TX | Zip Code: 75069-6877

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Oral Surgery Associates of North Texas
Occupation (for Individual): Oral Surgeon

Receipt For:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 07 / 15 / 2026
Transaction ID : 2026081921272-6

Amount of Each Receipt this Period: 500.00

- [ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

Image# 202608209903374077

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)
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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geist, Eric, , ,

Mailing Address 1321 Stamp Creek Rd

City: Salem | State: SC | Zip Code: 29676-4645

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): LSU Shreveport
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 07 / 06 / 2026
Transaction ID : 2026081921272-2

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 555 Central Park Ave Apt 231

City: Scarsdale | State: NY | Zip Code: 10583-1057

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Metropolitan Hospital
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 350.00

Date of Receipt: 07 / 15 / 2026
Transaction ID : 2026081921272-9

Amount of Each Receipt this Period: 150.00

☐ Memo Item

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

Mailing Address 1317 S Courtright St

City: Anaheim | State: CA | Zip Code: 92804-4811

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Tuan M Hoang DDS INC
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 07 / 30 / 2026
Transaction ID : 2026081921272-34

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

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

Image# 202608209903374078

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Keeley, Katherine, A, ,

Mailing Address 2649 Wigwam Pkwy Ste 102

City: Henderson | State: NV | Zip Code: 89074-7310

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Katherine A Keeley MD DDS
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 30 / 2026
Transaction ID : 2026081921272-32

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 1111 East Walnut St Ste B

City: Carbondale | State: IL | Zip Code: 62901-5000

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Oral & Maxillofacial Surgery Carbondal
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 15 / 2026
Transaction ID : 2026081921272-21

Amount of Each Receipt this Period: 300.00

☐ Memo Item

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

Mailing Address 4880 N President George Bush Hwy S

City: Garland | State: TX | Zip Code: 75040-2742

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): The Dental Specialists
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 30 / 2026
Transaction ID : 2026081921272-33

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1800.00

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

Image# 202608209903374079

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stephens, W. Frederick, , ,

Mailing Address 4605 Lankershim Blvd Ste 700

City: North Hollywood | State: CA | Zip Code: 91602-1867

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 ▼: 1000.00

Date of Receipt: 07 / 16 / 2026
Transaction ID : 2026081921272-22

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 481 Wilson Butte Rd

City: Great Falls | State: MT | Zip Code: 59405-8405

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Northern Montana Oral Surgery
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 07 / 15 / 2026
Transaction ID : 2026081921272-20

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 5395 W Michaels Dr

City: Appleton | State: WI | Zip Code: 54913-8447

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): OMS Fox Cities
Occupation (for Individual): Oral Surgeon

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 07 / 23 / 2026
Transaction ID : 2026081921272-27

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 8950.00

Image# 202608209903374080

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)
11a 11b 11c 12
13 14 15 [X] 16 17

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bill Cassidy For US Senate

Mailing Address PO Box 80505

City: Baton Rouge | State: LA | Zip Code: 70898-0505

FEC ID number of contributing federal political committee: C C00543983

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

Receipt For: 2026
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 07 / 30 / 2026
Transaction ID : BF68110B8011A601D8D

Amount of Each Receipt this Period: 1000.00

[ ] Memo Item

Refund of 2026 General Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bill Cassidy For US Senate

Mailing Address PO Box 80505

City: Baton Rouge | State: LA | Zip Code: 70898-0505

FEC ID number of contributing federal political committee: C C00543983

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

Receipt For: 2026
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 07 / 30 / 2026
Transaction ID : 825EF342C93FC645A87

Amount of Each Receipt this Period: 2000.00

[ ] Memo Item

Refund of 2026 General Contribution

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) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 3000.00

Image# 202608209903374081

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)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

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

Mailing Address 6111 North River Rd

City: Rosemont | State: IL | Zip Code: 60018

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 ▼ 6779.76

Date of Receipt: 07 / 31 / 2026

Transaction ID : 5DB4452FE13D40FA991D

Amount of Each Receipt this Period: 996.74

☐ 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) ▶ 996.74

TOTAL This Period (last page this line number only) ▶ 996.74

Image# 202608209903374082

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)
- [X] 21b
- [ ] 22
- [ ] 23
- [ ] 26
- [ ] 27
- [ ] 28a
- [ ] 28b
- [ ] 28c
- [ ] 29
- [ ] 30b

NAME OF COMMITTEE (In Full)

American Association of Oral & Maxillofacial Surgeons Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Illinois Department of Revenue

Mailing Address PO Box 19038

City: Springfield | State: IL | Zip Code: 62794-9038

Purpose of Disbursement: Account ID: 16497-96352 2025 late estimated tax payment penalty

Category/Type: 001

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 07 / D D 15 / Y Y Y Y 2026

FEC Identification Number: C

Transaction ID : V116221D817

Amount of Each Disbursement this Period: 123.48

[ ] Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

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

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 123.48

TOTAL This Period (last page this line number only) ▶ 123.48

Image# 202608209903374083

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Alme For Senate
Mailing Address C/O 228 S WASHINGTON ST. STE. 115
City: ALEXANDRIA | State: VA | Zip Code: 22314
Purpose of Disbursement: 2026 General
Category/Type: 011
Candidate Name: Alme, Kurt, , ,
Office Sought: [ ] House [X] Senate [ ] President
State: MT District:
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 07 / 22 / 2026
FEC Identification Number: C C00942060
Transaction ID : 02F2CC30BC
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
Darren Soto For Congress
Mailing Address PO Box 421349
City: Kissimmee | State: FL | Zip Code: 34742-1349
Purpose of Disbursement: 2026 Primary
Category/Type: 011
Candidate Name: Soto, Darren, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 09
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 15 / 2026
FEC Identification Number: C C00581074
Transaction ID : 2C4C413577E
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Dr Kim Schrier For Congress
Mailing Address PO Box 2728
City: Issaquah | State: WA | Zip Code: 98027-0125
Purpose of Disbursement: 2026 General
Category/Type: 011
Candidate Name: Schrier, Kim, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: WA District: 08
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 07 / 15 / 2026
FEC Identification Number: C C00652628
Transaction ID : 7ECADD8A6
Amount of Each Disbursement this Period: 2000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9500.00

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

Image# 202608209903374084

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
American Association of Oral & Maxillofacial Surgeons Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Richard E Neal For Congress Committee
Mailing Address 76 Magnolia Ter
City: Springfield | State: MA | Zip Code: 01108-2533
Purpose of Disbursement: 2026 Primary
Category/ Type: 011
Candidate Name: Neal, Richard, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: MA District: 01
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 22 / 2026
FEC Identification Number: C C00226522
Transaction ID : 79E59C5A3FI
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
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
Category/ Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 14500.00