

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) 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) 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 08 / 01 / 2018 through 08 / 31 / 2018

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 **Wallen, Jeffrey, , ,**

Signature of Treasurer **Wallen, Jeffrey, , ,** [Electronically Filed] Date 09 / 19 / 2018

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="2018"/>		713427.58
(b) Cash on Hand at Beginning of Reporting Period.....	650951.21	
(c) Total Receipts (from Line 19)	5917.45	78294.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	656868.66	791722.31
7. Total Disbursements (from Line 31).....	118399.95	253253.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	538468.71	538468.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	55.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

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).....	5750.00	71450.00
(ii) Unitemized	125.00	4510.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5875.00	75960.00
(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)	5875.00	75960.00
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	42.45	334.73
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)).....▶	5917.45	78294.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5917.45	78294.73

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	49.95	5028.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	49.95	5028.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	118000.00	247500.00
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	350.00	725.00
(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)).....	350.00	725.00
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)) ..	118399.95	253253.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118399.95	253253.60

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)	5875.00	75960.00
34. Total Contribution Refunds (from Line 28(d))	350.00	725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5525.00	75235.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	49.95	5028.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49.95	5028.60

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 28
<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. Busino, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Executive Park Dr
 City Albany State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albany OMS Group Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 28 / 2018
Transaction ID : SA11AI.30923
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hale, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 S Colorado Blvd Ste 450
 City Denver State CO Zip Code 80246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Oral Surgery Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2018
Transaction ID : SA11AI.30925
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hayes, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1771 Cherokee Trl
 City Lafayette State CO Zip Code 80026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coal Creek Oral Surgery and De Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2018
Transaction ID : SA11AI.30916
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Heggland, Karl, , ,		Date of Receipt
Mailing Address 94 Snow Peak Ct		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2018"/>
City Dillon	State CO	Zip Code 80435
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30921
Name of Employer (for Individual) Self Employed		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Oral Surgeon		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lerner, Krista, , ,		Date of Receipt
Mailing Address 1325 Hover St Ste 101		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2018"/>
City Longmont	State CO	Zip Code 80501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30922
Name of Employer (for Individual) Self Employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Oral Surgeon		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Padgett, Thomas, , ,		Date of Receipt
Mailing Address 3011 Harrington Manor		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2018"/>
City Midlothian	State VA	Zip Code 23113
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30930
Name of Employer (for Individual) Self Employed		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Oral Surgeon		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Payne, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4728 Eagleridge Cir
 Ste 110
 City Pueblo State CO Zip Code 81008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brandon C Payne DDS MD Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2018
Transaction ID : SA11AI.30915
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 08 / 21 / 2018
Transaction ID : SA11AI.30920
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Russell, Randall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25312 E Glasgow Pl
 City Aurora State CO Zip Code 80016
 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 08 / 21 / 2018
Transaction ID : SA11AI.30926
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sacco, Debra, , ,		Date of Receipt MM / DD / YYYY 08 / 18 / 2018 Transaction ID : SA11AI.30917
Mailing Address 25307 Ludwell		Amount of Each Receipt this Period 500.00
City Chapel Hill	State NC	Zip Code 27517
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Seidel, John, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2018 Transaction ID : SA11AI.30919
Mailing Address 1345 S Division St Suite 102		Amount of Each Receipt this Period 250.00
City Salisbury	State MD	Zip Code 21804
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Steed, Martin, , ,		Date of Receipt MM / DD / YYYY 08 / 22 / 2018 Transaction ID : SA11AI.30924
Mailing Address 173 Ashley Ave Rm 453		Amount of Each Receipt this Period 250.00
City Charleston	State SC	Zip Code 29425
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) MUSC College of Dental Medicin	Occupation (for Individual) Oral Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 28
<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. Sullivan, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N Lincoln Blvd
 Ste 2000
 City Oklahoma City State OK Zip Code 73104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Oklahoma Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2018
Transaction ID : SA11AI.30929
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Urquhart, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8400 Osuna Rd NE
 Ste 4B
 City Albuquerque State NM Zip Code 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert C. Urquhart, DDS PC Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2018
Transaction ID : SA11AI.30928
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Wilson, G Trent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5565 Murray Rd. Ste 102
 City Memphis State TN Zip Code 38119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McRae/Wilson OMS Group Occupation (for Individual) Oral Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2018
Transaction ID : SA11AI.30918
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	5750.00

**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 11 OF 28
<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
------------------	-------------	-------------------

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 ▼
334.73

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		31		2018

Transaction ID : SA17.30933

Amount of Each Receipt this Period
42.45

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).....	42.45
TOTAL This Period (last page this line number only).....	42.45

**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 Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.30934

Amount of Each Disbursement this Period: 49.95

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	49.95
TOTAL This Period (last page this line number only).....▶	49.95

**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

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

A. BERA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: CA District: 07

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00461061
Transaction ID : SB23.30866
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: TX District: 08

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00311043
Transaction ID : SB23.30867
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. BUDDY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 10570

City SAVANNAH State GA Zip Code 31412

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: GA District: 01

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00543967
Transaction ID : SB23.30869
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9500.00

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

**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

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

A. CARPER FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: DE District: 00

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00349217
Transaction ID : SB23.30868
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. CITIZENS TO ELECT PHIL ROE TO CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3218

City JOHNSON CITY State TN Zip Code 37602

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TN District: 01

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00444471
Transaction ID : SB23.30885
Amount of Each Disbursement this Period: 3000.00

Memo Item

C. COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 315 INSPIRATION LANE

City GAITHERSBURG State MD Zip Code 20878

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 07

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00271312
Transaction ID : SB23.30870
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

10000.00

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

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<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

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

A. DOYLE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 205 HAWTHORNE CT

City PITTSBURGH State PA Zip Code 15221

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 18

Date of Disbursement: 08 / 30 / 2018

FEC Identification Number: C00290064
Transaction ID : SB23.30912
Amount of Each Disbursement this Period: 3000.00

Memo Item

B. DR. BRIAN BABIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 159

City WOODVILLE State TX Zip Code 75979

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 36

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00553859
Transaction ID : SB23.30865
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. DUFFY FOR WISCONSIN

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 07

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C00464339
Transaction ID : SB23.30903
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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

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

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

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<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

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

A. ELISE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 500

City: GLENS FALLS State: NY Zip Code: 12801

Purpose of Disbursement: Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: NY District: 21

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C00547893
Transaction ID : SB23.30910
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. FRIENDS OF BILL POSEY

Full Name (Last, First, Middle Initial)
Mailing Address P. O. BOX 411486

City: MELBOURNE State: FL Zip Code: 32941

Purpose of Disbursement: Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: FL District: 08

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C00444968
Transaction ID : SB23.30908
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. FRIENDS OF CHRIS SMITH

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3184

City: HAMILTON State: NJ Zip Code: 08619

Purpose of Disbursement: Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: NJ District: 04

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C00096412
Transaction ID : SB23.30902
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

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

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Detailed Summary Page

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<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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369
250 PRAIRIE CENTER DRIVE

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 03

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00439661

Transaction ID : SB23.30871

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WY District: 00

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00436386

Transaction ID : SB23.30873

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 15293

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 00

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00264697

Transaction ID : SB23.30872

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

11500.00

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

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

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

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<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

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

A. GUTHRIE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00445023
Transaction ID : SB23.30874
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. JOE KENNEDY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 590464

City NEWTON State MA Zip Code 02459

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 04

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00512970
Transaction ID : SB23.30876
Amount of Each Disbursement this Period: 3000.00

Memo Item

C. KAINE FOR VIRGINIA

Full Name (Last, First, Middle Initial)
Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: VA District: 00

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00495358
Transaction ID : SB23.30875
Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11000.00

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

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

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<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

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

Full Name (Last, First, Middle Initial)

A. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OR District: 05

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00446906

Transaction ID : SB23.30887

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address PO BOX 261172

City HARTFORD State CT Zip Code 06126

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CT District: 01

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2018

FEC Identification Number

C C00330142

Transaction ID : SB23.30906

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOFGREN FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC
1346 THE ALAMEDA, STE. 7-380

City SAN JOSE State CA Zip Code 95126

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 19

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2018

FEC Identification Number

C C00289603

Transaction ID : SB23.30907

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

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

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<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

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

A. MCCASKILL FOR MISSOURI

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District: 00

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00431304
Transaction ID : SB23.30880
Amount of Each Disbursement this Period: 3000.00

Memo Item

B. MICHAEL BURGESS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 26

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00372532
Transaction ID : SB23.30881
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. MIKE JOHNSON FOR LOUISIANA

Full Name (Last, First, Middle Initial)
Mailing Address 2900 CLEARVIEW PKWY SUITE 206

City METAIRIE State LA Zip Code 70006

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: LA District: 04

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C00608695
Transaction ID : SB23.30904
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9500.00

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

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

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<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

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

Full Name (Last, First, Middle Initial) A. RICHARD E NEAL FOR CONGRESS COMMITTEE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2018
Mailing Address 76 MAGNOLIA TERRACE		FEC Identification Number C00226522 Transaction ID : SB23.30884 Amount of Each Disbursement this Period 3000.00
City SPRINGFIELD	State MA	Zip Code 01108
Purpose of Disbursement Federal Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 01	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RICK SCOTT FOR FLORIDA		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018
Mailing Address PO BOX 3791		FEC Identification Number C00676965 Transaction ID : SB23.30909 Amount of Each Disbursement this Period 1500.00
City TALLAHASSEE	State FL	Zip Code 32315
Purpose of Disbursement Federal Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 00	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ROBIN KELLY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018
Mailing Address PO BOX 6953		FEC Identification Number C00539866 Transaction ID : SB23.30905 Amount of Each Disbursement this Period 4000.00
City CHICAGO	State IL	Zip Code 60680
Purpose of Disbursement Federal Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 02	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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

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

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FOR LINE NUMBER:
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<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

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

Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City
WHEATON

State
IL

Zip Code
60187

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 13 / 2018

FEC Identification Number

C C00410969

Transaction ID : SB23.30886

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SALUD CARBAJAL FOR CONGRESS

Mailing Address PO BOX 1290

City
SANTA BARBARA

State
CA

Zip Code
93102

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2018

FEC Identification Number

C C00576041

Transaction ID : SB23.30901

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City
EAST LANSING

State
MI

Zip Code
48826

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 00

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 13 / 2018

FEC Identification Number

C C00344473

Transaction ID : SB23.30888

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

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

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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

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

Full Name (Last, First, Middle Initial) A. STEVE CHABOT FOR CONGRESS			Date of Disbursement MM / DD / YYYY 08 / 13 / 2018	
Mailing Address 3030 HARRISON AVE.			FEC Identification Number C00301838 Transaction ID : SB23.30889 Amount of Each Disbursement this Period 3000.00	
City CINCINNATI	State OH	Zip Code 45211	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Federal Campaign Contribution		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OH	District: 01			

Full Name (Last, First, Middle Initial) B. STIVERS FOR CONGRESS			Date of Disbursement MM / DD / YYYY 08 / 13 / 2018	
Mailing Address 4679 WINTERSET DR			FEC Identification Number C00441352 Transaction ID : SB23.30890 Amount of Each Disbursement this Period 2500.00	
City COLUMBUS	State OH	Zip Code 43220	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Federal Campaign Contribution		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OH	District: 15			

Full Name (Last, First, Middle Initial) C. SWALWELL FOR CONGRESS			Date of Disbursement MM / DD / YYYY 08 / 23 / 2018	
Mailing Address P.O. BOX 2847			FEC Identification Number C00502294 Transaction ID : SB23.30911 Amount of Each Disbursement this Period 2500.00	
City DUBLIN	State CA	Zip Code 94568	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Federal Campaign Contribution		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA	District: 15			

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8000.00

**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

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

Full Name (Last, First, Middle Initial)

A. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address PO BOX 999

City EDISON State NJ Zip Code 08818

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 03

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00557520

Transaction ID : SB23.30879

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address PO BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00200584

Transaction ID : SB23.30891

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00258855

Transaction ID : SB23.30892

Amount of Each Disbursement this Period

3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

8000.00

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

**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

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

A. WALDEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: C00333427
Transaction ID : SB23.30893
Amount of Each Disbursement this Period: 3000.00

Memo Item

B. WICKER FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 64

City JACKSON State MS Zip Code 39205

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: MS District: 00

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 08 / 16 / 2018

FEC Identification Number: C00443218
Transaction ID : SB23.30900
Amount of Each Disbursement this Period: 2000.00

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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	118000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Bruksch, Matthew, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 425 Roxbury Rd

City Rockford State IL Zip Code 61107

Purpose of Disbursement Refund of Contribution that was processed twice by mistake

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB28A.30931

Amount of Each Disbursement this Period: 250.00

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:

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 28
	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	
55.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	55.00	

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)..... ▶	55.00
2) TOTALS This Period (last page this line number only)..... ▶	55.00
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) ▶	55.00