

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. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00226928

Transaction ID : SB23.30882

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00443689

Transaction ID : SB23.30883

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RALPH ABRAHAM FOR CONGRESS

Mailing Address P.O. BOX 14062

City MONROE State LA Zip Code 71207

Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C C00563940

Transaction ID : SB23.30864

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)..... ▶

11000.00