

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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☒ 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. Billy, Mark, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5437 Mahoning Ave Suite 12 City Austintown State OH Zip Code 44515 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Mill Creek Oral & Max Surg Ass 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			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2019 Transaction ID : SA11AI.31953 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Billy, Mark, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5437 Mahoning Ave Suite 12 City Austintown State OH Zip Code 44515 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Mill Creek Oral & Max Surg Ass 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			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2019 Transaction ID : SA11AI.31954 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Blanchaert, Remy, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1919 N Webb Rd City Wichita State KS Zip Code 67206 FEC ID number of contributing federal political committee. C 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 ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2019 Transaction ID : SA11AI.31955 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1500.00
TOTAL This Period (last page this line number only)..... ▶			