REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 17 A 3:39

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
401 N. LINDBERGH BLVD.

CITY, STATE and ZIP CODE
ST. LOUIS, MO 63141-7816

2. FEC IDENTIFICATION NUMBER
C00293910

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____, in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____, in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

5. Covering Period 7-1-00 through 9-30-00

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 2000		$153,856.55
	(b) Cash on Hand at Beginning of Reporting Period	$89,675.86	
	(c) Total Receipts (from Line 19)	$68,285.00	$87,150.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$157,960.86	$241,006.55
7.	Total Disbursements (from Line 30)	$22,840.78	$105,886.47
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$135,120.08	$135,120.08
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
JAMES DRINAN

Signature of Treasurer
James M. D.

Date
10-12-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FE9AN103

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: AMERICAN ASSOCIATION OF ORTHODONTISTS P.A.C.

REPORT COVERING PERIOD FROM 7-1-00 TO 9-30-00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4501.00	6,436.00	11(a)
ii. Unitemized	63,784.00	80,714.00	11(a)
iii. Total (add i and ii) ➤	68,285.00	87,150.00	11(a)
b. Political Party Committees	—	—	11(b)
c. Other Political Committees (such as PACs)	—	—	11(c)
d. Total Contributions (add a iii, b and c) ➤	68,285.00	87,150.00	11(d)
12. Transfers From Affiliated/Other Party Committees	—	—	12
13. All Loans Received	—	—	13
14. Loan Repayments Received	—	—	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	—	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—	16
17. Other Federal Receipts (Dividends, Interest, etc.)	—	—	17
18. Transfers from Nonfederal Account for Joint Activity	—	—	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	68,285.00	87,150.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	68,285.00	87,150.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	—	—	
i. Federal Share	—	—	21(a)
ii. Non-Federal Share	—	—	21(a)
b. Other Federal Operating Expenditures	7840.78	8186.47	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	7840.78	8186.47	21(c)
22. Transfers to Affiliated/Other Party Committees	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,000.00	97,500.00	23
24. Independent Expenditures (use Schedule E)	—	—	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—	—	25
26. Loan Repayments Made	—	—	26
27. Loans Made	—	—	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	—	200.00	28(a)
b. Political Party Committees	—	—	28(b)
c. Other Political Committees (such as PACs)	—	—	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	—	200.00	28(d)
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	22,840.78	105,886.47	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	22,840.78	105,886.47	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	68,285.00	87,150.00	32
33. Total Contribution Refunds (from line 28d)	—	200.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	68,285.00	86,950.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	7,840.78	8,186.47	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	7,840.78	8,186.47	37

FEMAN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11. a. i.

Itemized Contributions from Individual Persons

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 ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. ROBERT A. BARD 5101 WASHINGTON ST. GURNEE, IL 60031 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DR. ROBERT A. BARD, D.D.S., Ltd. Occupation: ORTHODONTIST Aggregate Year-to-Date > $300.00	8-31-00	$100.00
B. HENDRIK F. BLOM 8035 MADISON AVE, #G-2 CITRUS HEIGHTS, CA 95610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: ORTHODONTIST Aggregate Year-to-Date > $250.00	9-18-00	$250.00
C. ROBERT JAMES BRAY 332 New JERSEY AVE ABSECON, NJ 08201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ROBERT J. BRAY, DDS, MS, P.A. Occupation: ORTHODONTIST Aggregate Year-to-Date > $201.00	9-7-00	$201.00
D. TERRY A. BURKE 7433 ELMWOOD AVE MIDDLETON, WI 53562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TERRY BURKE, DDS, INC. Occupation: ORTHODONTIST Aggregate Year-to-Date > $250.00	8-24-00	$150.00
E. PATRICK M. CRAWFORD 701 W. COLLEGE ST. LAKE CHARLES, LA 70605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PATRICK M. CRAWFORD, DDS, INC. Occupation: ORTHODONTIST Aggregate Year-to-Date > $250.00	8-22-00	$100.00
F. ROSS CRIST 5604 W 41st St, #106 SIOUX FALLS, SD 57106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: ORTHODONTIST Aggregate Year-to-Date > $400.00	9-7-00	$200.00
G. C. WILLIAM GROESCH 2534 FARRAGUT DR. SPRINGFIELD, IL 62704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BERNARDI & GROESCH, DDS, LTD. Occupation: ORTHODONTIST Aggregate Year-to-Date > $250.00	8-24-00	$150.00

SUBTOTAL of Receipts This Page (optional) $1,151.00

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

FEMAN103

SCHEDULE A

ITEMIZED RECEIPTS

Itemized Contributions from Individual Persons

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

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. RONALD GROSS, 531 N. CHARLOTTE ST., POTTSTOWN, PA 19464	Self / ORTHODONTIST	8-22-00	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
B. STEVEN HEARNE, 1890 N. MAIN ST, #101, SUFFOLK, VA 23434	Self / ORTHODONTIST	9-5-00	$200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
C. C. ROBERT HENRY, 2000 W. CUTHBERT, MIDLAND, TX 79701	Self / ORTHODONTIST	8-22-00	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
D. JAMES I. HESLOP, 2175 OREGON PIKE, LANCASTER, PA 17601	Self / ORTHODONTIST	8-31-00	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
E. PAUL MCKENNA, SR., 1285 Springfield St., FEEDING HILLS, MA 01030	McKenna Orthodontics P.C. / ORTHODONTIST	8-22-00	$200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 400.00		
F. ROBERT M. MERRILL, 801 EASTMONT AVE, EAST WENATCHEE, WA 98802	Self / ORTHODONTIST	8-22-00	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
G. FRANK MILLER, 711 S. GOLIAD ST., ROCKWELL, TX 75087	Self / ORTHODONTIST	8-22-00 9-5-00	$200.00 $100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 400.00		

SUBTOTAL of Receipts This Page (optional) $1,550.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11.a.i.

Itemized Contributions from Individual Persons

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NAME OF COMMITTEE (in Full): AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DAVID A. PAOLINI, 250 BUFORD AVE, GETTYSBURG, PA 17325 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / ORTHODONTIST — Aggregate Year-to-Date $ 400.00	9-19-00	$200.00
B. RICHARD PEDERSEN, 333 S. WOODRUFF AVE, IDAHO FALLS, ID 83401 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / ORTHODONTIST — Aggregate Year-to-Date $ 250.00	9-5-00	$250.00
C. A. WRIGHT POND, 250 E. ELLERSLIE AVE., COLONIAL HEIGHTS, VA 23834 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / ORTHODONTIST — Aggregate Year-to-Date $ 400.00	8-22-00	$200.00
D. STEPHEN ROEHM, 5006 N. UNIVERSITY ST., PEORIA, IL 61614 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	STEPHEN C. ROEHM, LTD. / ORTHODONTIST — Aggregate Year-to-Date $ 400.00	8-22-00	$200.00
E. LORING ROSS, 4712 OLEANDER DR., MYRTLE BEACH, SC 29577 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	LORING L. ROSS, DDS, P.A. / ORTHODONTIST — Aggregate Year-to-Date $ 300.00	8-22-00	$200.00
F. STEVEN SCHER, 24 IMPERIAL AVE, WESTPORT, CT 06880 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / ORTHODONTIST — Aggregate Year-to-Date $ 250.00	8-22-00	$50.00
G. FRED SMITH, 1376 FREEPORT RD., PITTSBURGH, PA 15238 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / ORTHODONTIST — Aggregate Year-to-Date $ 450.00	8-22-00	$250.00

SUBTOTAL of Receipts This Page (optional) $1,350.00

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

FEBAN103

SCHEDULE A

ITEMIZED RECEIPTS

Itemized Contributions from Individual Persons

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

FOR LINE NUMBER 11. a. i.

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DAVID TURPIN 1268 E. MAIN ST. AUBURN, WA 98002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self ORTHODONTIST Aggregate Year-to-Date $ 250.00	9-7-00	$250.00
B. DAVID WILLIAMS 8016 HATCHER LN COLUMBIA, TN 38401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self ORTHODONTIST Aggregate Year-to-Date $ 400.00	9-19-00	$200.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... $ 450.00

TOTAL This Period (last page this line number only) ..... $ 4,501.00

FEBAN 103

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Federal Operating Expenditures

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

PAGE 1 OF 1

FOR LINE NUMBER 21. b.

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 ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AAO 401 N. LINDBERGH St. LOUIS, MO 63141	OPERATING EXPENSE Disbursement for: Primary General Other (specify)	7-12-00	$7,329.20
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA INFORMATION SYSTEMS, INC 200 HANOVER PARK RD. ATLANTA, GA 30350	Service Charges Disbursement for: Primary ✓ General Other (specify)	7-5-00	$35.25 $ 2.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA INFORMATION SYSTEMS, INC. 200 HANOVER PARK RD. ATLANTA, GA 30350	Service Charges Disbursement for: Primary ✓ General Other (specify)	7-21-00	$ 25.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA INFORMATION SYSTEMS, INC. 200 HANOVER PARK RD ATLANTA, GA 30350	Service Charges Disbursement for: Primary ✓ General Other (specify)	8-02-00	$ 35.00 $ 2.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NOVA INFORMATION SYSTEMS, INC 200 HANOVER PARK RD ATLANTA, GA 30350	Service Charges Disbursement for: Primary ✓ General Other (specify)	9-6-00	$ 410.33 $ 2.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $7,840.78

TOTAL This Period (last page this line number only) $7,840.78

FE9AN103

SCHEDULE B — ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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 ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. HATCH ELECTION COMMITTEE, 257 EAST 200 SOUTH, SUITE 950, SALT LAKE CITY, UT 84111	Purpose: YTD $5000.00 ORRIN HATCH U.S. SENATE; Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	7-6-00	$5,000.00
B. JIM RAMSTAD VOLUNTEER COMMITTEE, 8100 PENN AVE S, Suite 104, Bloomington, MN 55431	Purpose: YTD $5000.00 JIM RAMSTAD U.S. HOUSE - MN-3; Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	7-25-00	$5,000.00
C. NORWOOD FOR CONGRESS, P.O. BOX 499, EVANS, GA 30809	Purpose: YTD $5000.00 CHARLIE NORWOOD U.S. HOUSE GA-10; Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	7-25-00	$5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement; Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $15,000.00

TOTAL This Period (last page this line number only) $15,000.00

FEMM103

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 10-13-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

J.G.
PREPARER

10-17-00
DATE PREPARED

(6/2000)