

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Association of Orthodontists Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		152495.27
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	166173.17									
(c) Total Receipts (from Line 19)	165780.00	267710.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	331953.17	420205.27								
7. Total Disbursements (from Line 31)	192348.41	280600.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	139604.76	139604.76								
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:

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 Orthodontists Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	137235.00	201280.00
(i) Itemized (use Schedule A)	28545.00	61430.00
(ii) Unitemized	165780.00	262710.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	165780.00	262710.00
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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 Transfer (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))	165780.00	267710.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	165780.00	267710.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	598.41	2262.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	598.41	2262.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	186500.00	242750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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	250.00	250.00
(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))	250.00	250.00
29. Other Disbursements.....	5000.00	35338.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	192348.41	280600.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	192348.41	280600.51

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)	165780.00	262710.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	165530.00	262460.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	598.41	2262.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	598.41	2262.51

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Bradley Olin Adams		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 606 Cherokee Ave		Transaction ID: R14199	
City State Zip Code Valdosta GA 31602		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Thomas L. Ahman		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 2777 Shagbark Dr		Transaction ID: R14042	
City State Zip Code Lima OH 45806		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Lori Anderson Aiosa		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 1894 Osprey Bluff Blvd		Transaction ID: R14215	
City State Zip Code Orange Park FL 32003		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Charles D. Alexander		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 12294 5950 Rd		Transaction ID: R14668	
City Montrose	State CO	Zip Code 81401	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Timothy J. Alford		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 1861 N Log Cabin Dr		Transaction ID: R14219	
City Anderson	State IN	Zip Code 46011	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Cyrus M. Alizadeh		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 17954 Saddle Horn Rd		Transaction ID: R14292	
City Wildwood	State MO	Zip Code 63038	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 204 (check only one) <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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Diana Almy Mailing Address 15381 Pepmeier Hill Rd City State Zip Code Woodford VA 22580 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006 Transaction ID: R14239 Amount of Each Receipt this Period 250.00 Check
Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) Dr. Cheryl K. Anderson-Cermin Mailing Address 235 N Jefferson St City State Zip Code St Croix Falls WI 54024 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006 Transaction ID: R14293 Amount of Each Receipt this Period 250.00 Check
Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

C. Full Name (Last, First, Middle Initial) Dr. Kevin Jay Andrews Mailing Address 6945 Cour St Michelle City State Zip Code Reno NV 89511 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006 Transaction ID: R14071 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Self-Employed Occupation Self-Employed Orthodontist 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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Albert J. Apicella		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 27 S Lewisberry Rd		Transaction ID: R14020	
City State Zip Code Mechanicsburg PA 17055	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Kolman P. Apt		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 1300 Providence Terr		Transaction ID: R14404	
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Michael S. Apton		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 5 North Ridge Road		Transaction ID: R14729	
City State Zip Code Setauket NY 11733	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 204						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Joseph F. Atkinson, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 11508 Granite Hill Ct		Transaction ID: R14406	
City State Zip Code Gold River CA 95670	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. H. Eldon Attaway		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 2909 Pacific Ct		Transaction ID: R14421	
City State Zip Code Irving TX 75062	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Arakasy Avakian		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 4120 Forest Hill Dr		Transaction ID: R14567	
City State Zip Code La Canada CA 91011	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James J. Awbrey, IV		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1210 Troon Ct		Transaction ID: R14515	
City State Zip Code Alpharetta GA 30005	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Robert Baarsvik		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 1403 Tucker Rd		Transaction ID: R14094	
City State Zip Code North Dartmouth MA 02747	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. D. Mark Babcock		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 200 Jennings		Transaction ID: R14568	
City State Zip Code Yorktown VA 23692	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey W. Ball		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006
Mailing Address 3903 Hazel Glade Ct		Transaction ID: R14665
City State Zip Code Houston TX 77059	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James J. Bancroft		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 71 Franklin Tpke #6		Transaction ID: R14470
City State Zip Code Waldwick NJ 07463	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven S. Banks		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 6050 N Avondale		Transaction ID: R14419
City State Zip Code Chicago IL 60631	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Rana Barakat

Mailing Address 1314 Millfarm Dr

City State Zip Code
Vienna VA 22182

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: R14607

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Nicholas D. Barone

Mailing Address 19 Fair Oaks Dr

City State Zip Code
Lincoln RI 02865

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2006

Transaction ID: R14663

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Dean M. Bartlett

Mailing Address One Crestwood Drive

City State Zip Code
Glens Falls NY 12801

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2006

Transaction ID: R14014

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William A. Barton

Mailing Address 805 Cofair Ct

City State Zip Code
Solana Beach CA 92075

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2006

Transaction ID: R14676

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Justin Keith Bass

Mailing Address 119 Gregory Blvd #44

City State Zip Code
Norwalk CT 06855

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: R14241

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Paul F. Batastini

Mailing Address 4 Pawtucket Dr

City State Zip Code
Cherry Hill NJ 08034

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: R14416

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard A. Battistoni		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 1216 S Stone Ave		Transaction ID: R14153
City State Zip Code La Grange IL 60525	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Patrick M. Bauer		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 946 E Westchester		Transaction ID: R14197
City State Zip Code Springfield MO 65810	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gary R. Baughman		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 4011 Fort Donelson Dr		Transaction ID: R14414
City State Zip Code Stockton CA 95219	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Edward D. Bayleran

Mailing Address 6570 Commerce Rd

City State Zip Code
West Bloomfield MI 48324

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: R14574

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Jack R. Beattie

Mailing Address 561 Via Lugano

City State Zip Code
Winter Park FL 32789

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: R14735

Amount of Each Receipt this Period
500.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. John Robert Beattie

Mailing Address 8025 Lake Waunatta Dr

City State Zip Code
Winter Park FL 32792

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: R14605

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Maurice J. Belden

Mailing Address 176 Academy St

City State Zip Code
Presque Isle ME 04769

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14166

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Stephen J. Belli

Mailing Address 647 Rustic Knoll Dr

City State Zip Code
Kent OH 44240

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: R14636

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Ronald M. Bellohusen

Mailing Address 50 Thornapple Dr

City State Zip Code
Elmira NY 14903

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: R14591

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Greg R. Bennett		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 29 Hoover Rd		Transaction ID: R14575	
City State Zip Code Carlisle PA 17013		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Andy Bennion		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 3027 Wintercreek Dr		Transaction ID: R14054	
City State Zip Code Eugene OR 97405		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Douglas Bennion		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 2152 St Andrews Dr		Transaction ID: R14264	
City State Zip Code Billings MT 59102		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 204						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Bartley Howell Benson		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 130 Geers Dr		Transaction ID: R14116	
City State Zip Code Lebanon TN 37087	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Jane A. Bentz		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 3300 Farnam St		Transaction ID: R14634	
City State Zip Code La Crosse WI 54601	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Brian H. Bergh		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 10920 Oak Mountain PI		Transaction ID: R14337	
City State Zip Code Shadow Hills CA 91506	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Alan J. Berko		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 116 Newtown Rd		Transaction ID: R14095	
City State Zip Code Acton MA 01720	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey D. Bert		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 273 Walkley Hill Rd		Transaction ID: R14193	
City State Zip Code Haddam CT 06438	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Frank R. Besson		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 185 Scott Dr		Transaction ID: R14513	
City State Zip Code Watchung NJ 07069	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Frank R. Besson, Jr. Mailing Address 31 Allenby Ln City State Zip Code Scotch Plains NJ 07076 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 Transaction ID: R14428 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Vijay Bhagia Mailing Address 1422 Crystal Lake Circle East City State Zip Code Pearland TX 77584 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 Transaction ID: R14492 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Kathryn Lynn Bielik Mailing Address 1614 N Leavitt St City State Zip Code Chicago IL 60647 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006 Transaction ID: R14626 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Self-Employed Occupation Self-Employed Orthodontist 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)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Hendrik F. Blom

Mailing Address 9716 Weddington Cir

City State Zip Code
Granite Bay CA 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: R14405

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Richard D. Bloomstein

Mailing Address 9 Penwood Road

City State Zip Code
Livingston NJ 07039

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14229

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Barry E. Booth

Mailing Address 439 Sunset Ave

City State Zip Code
La Grange IL 60525

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2006

Transaction ID: R14067

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 204						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Thomas Joseph Borgula		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 5805 24 Mile Rd #D		Transaction ID: R14327	
City State Zip Code Shelby Township MI 48316	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. C. Jeffrey Bowman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006	
Mailing Address 10146 Greensward Link		Transaction ID: R14058	
City State Zip Code Ijamsville MD 21754	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Darcie R. Bradley		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 3618 Paramount Ridge Ln		Transaction ID: R14483	
City State Zip Code Cincinnati OH 45247	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Janina I. Braun

Mailing Address 624 Avalon Lake Rd

City State Zip Code
Danbury CT 06810

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14167

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Robert James Bray

Mailing Address 255 36th St South

City State Zip Code
Brigantine NJ 08203

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: R14320

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Christopher M. Brieden

Mailing Address 700 N Riverside

City State Zip Code
St Clair MI 48079

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14210

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 204
	<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	

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 (Last, First, Middle Initial) Dr. Bloyce Hill Britton, III Mailing Address 49 Rogers Wood City San Antonio State TX Zip Code 78248 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006 Transaction ID: R14333 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Anthony C. Broccoli, Jr. Mailing Address 5 Shipman Rd City Andover State MA Zip Code 01810 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 Transaction ID: R14377 Amount of Each Receipt this Period 150.00 Check
Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Dr. Michael A. Brown Mailing Address 7705 SE 111th Ave City Portland State OR Zip Code 97266 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 Transaction ID: R14506 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Self-Employed Occupation Orthodontist 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)	650.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Scott Brustein

Mailing Address 4803 Patterson St

City State Zip Code
Bridgewater NJ 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: R14242

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Joseph K. Buchanan

Mailing Address 25 Kemp Ct

City State Zip Code
Alamo CA 94507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: R14328

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Jacqueline Bunce

Mailing Address PO Box 5555

City State Zip Code
Bellevue WA 98006

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2006

Transaction ID: R14679

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Thomas O. Burns		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 1342 Lockwood Dr		Transaction ID: R14721	
City State Zip Code Lafayette IN 47905	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. A. G. Burris		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 960 Ribaut Rd St2		Transaction ID: R14398	
City State Zip Code Beaufort SC 29902	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Harry I. Bussa, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 726 Langwood		Transaction ID: R14724	
City State Zip Code Houston TX 77079	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Clifford E. Campbell		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 2117 Miller Landing Rd		Transaction ID: R14490
City State Zip Code Tallahassee FL 32312	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ricky G. Caples		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 1602 Fairview		Transaction ID: R14516
City State Zip Code Monroe LA 71201	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. W. Jerry Capps		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 11044 Big Canoe		Transaction ID: R14502
City State Zip Code Jasper GA 30143	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 204		
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David R. Carden

Mailing Address 24543 Deer Trace Dr

City State Zip Code
Ponte Vedra Beach FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: R14378

Amount of Each Receipt this Period
150.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Alan C. Carter

Mailing Address 10154 N Mystic Hollow

City State Zip Code
Highland UT 84003

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14201

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Bruce H. Carter

Mailing Address 838 San Luis Rd

City State Zip Code
Berkeley CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14208

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Thomas H. Cartledge, III		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 417 N Beach St		Transaction ID: R14295	
City State Zip Code Ormond Beach FL 32174		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jerry F. Cash		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 5138 S Pratt		Transaction ID: R14390	
City State Zip Code Springfield MO 65804		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert T. Caskey		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 3420 S Moore Cir		Transaction ID: R14243	
City State Zip Code Flagstaff AZ 86001		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Maria Castano-Rendon

Mailing Address 344 Park Valley Dr.

City State Zip Code
Coppell TX 75019

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14162

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Ross D. Christensen

Mailing Address 1056 Prospect Blvd

City State Zip Code
Waterloo IA 50701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14181

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. George B. Clarke, Jr.

Mailing Address 2599 W Lake Van Ness Cir

City State Zip Code
Fresno CA 93711

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: R14344

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. William J. Cline		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 117 Etowah Dr		Transaction ID: R14338	
City State Zip Code Cartersville GA 30120	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Matthew J. Coats		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 3116 Overlook Circle		Transaction ID: R14635	
City State Zip Code Highland Village TX 75077	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Gregory Thomas Cohlma		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 14805 Le Grande		Transaction ID: R14297	
City State Zip Code Addison TX 75001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Michael D. Collins

Mailing Address 9121 Pin Oak Dr

City State Zip Code
Waco TX 76712

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: R14389

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Joseph F. Coniglio

Mailing Address 5414 Ocean Dr

City State Zip Code
Corpus Christi TX 78412

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2006

Transaction ID: R14074

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Michael L. Conlon

Mailing Address 29920 Tanya Trail

City State Zip Code
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14158

Amount of Each Receipt this Period
500.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Corey Christopher Conrad		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 6980 Cody Dr #38		Transaction ID: R14007
City State Zip Code West Des Moines IA 50266	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jonathan S. Cooper		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 11419 S Oxford Ave		Transaction ID: R14015
City State Zip Code Tulsa OK 74137	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul M. Cottone		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 7709 Siple Ave		Transaction ID: R14298
City State Zip Code Fayetteville NC 28304	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Sidney M. Craft		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 5827 Wanakah Dr		Transaction ID: R14218	
City State Zip Code Houston TX 77069	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. David O. Cramer		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 4205 Baywood SE		Transaction ID: R14629	
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Linda A. Crawford		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 5801 Bent Oak Ct		Transaction ID: R14267	
City State Zip Code Dallas TX 75225	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Ross L. Crist

Mailing Address 1204 N Pikes Peak Cir

City State Zip Code
Sioux Falls SD 57103

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14156

Amount of Each Receipt this Period
500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. James M. Crouse

Mailing Address 22786 Naticoke Road

City State Zip Code
Quantico MD 21856

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14178

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Robert M. Cuenin

Mailing Address 18 Gary Way

City State Zip Code
Alamo CA 94507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: R14463

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Ronald N. Cummings		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 1378 Timberlane Rd		Transaction ID: R14081	
City State Zip Code Tallahassee FL 32312	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Mark L. Dake		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 6860 Private Road 8900		Transaction ID: R14031	
City State Zip Code West Plains MO 65775	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Mark M. Dale		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 3368 Colbert Ave NW		Transaction ID: R14025	
City State Zip Code Buffalo MN 55313	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Joseph Damone, II

Mailing Address 240 Bay Rd

City State Zip Code
Ocean City NJ 08226

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: R14299

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Thomas A. Daniels

Mailing Address 11898 Moore Woods Rd

City State Zip Code
Roscoe IL 61073

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2006

Transaction ID: R13970

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Craig H. Davis

Mailing Address 1500 Oak Springs Ln

City State Zip Code
Santa Rosa CA 95404

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14226

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Edward C. Davis

Mailing Address 112 Grimsby Ln

City State Zip Code
West Columbia SC 29170

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: R14422

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Susan J. Davis

Mailing Address 78 Pheasant Ln

City State Zip Code
Brooklyn CT 06234

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14154

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Ralph C. Del Priore

Mailing Address Mariane Ct

City State Zip Code
Alpine NJ 07620

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: R14553

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Kevin L. Denis		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 61 Pine St		Transaction ID: R14417
City State Zip Code Mahtomedi MN 55115	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. D. Douglas Depew		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 5331 Saville Dr		Transaction ID: R14324
City State Zip Code Acworth GA 30101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Pat DiCiccio		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 7407 N. Woodson		Transaction ID: R14517
City State Zip Code Fresno CA 93711	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Henry DiLorenzo		Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2006	
Mailing Address 1201 Swan Harbour Cir		Transaction ID: R14661	
City State Zip Code Fort Washington MD 20744	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Philip T. Dickinson		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006	
Mailing Address 3945 S Whickham		Transaction ID: R14633	
City State Zip Code Muskegon MI 49441	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. John A. Diddle		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006	
Mailing Address 5301 Hickory Hollow Road		Transaction ID: R14631	
City State Zip Code Knoxville TN 37919	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. J. Kendall Dillehay		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 1040 E 143rd St E		Transaction ID: R14244	
City State Zip Code Wichita KS 67230	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Debra Dobbs		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address PO Box 807		Transaction ID: R14497	
City State Zip Code Saint James NY 11780	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Philbert C. Doleac, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006	
Mailing Address 1927 NE Thompson		Transaction ID: R14048	
City State Zip Code Portland OR 97212	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James B. Donaghey, II		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1600 Oak Forest Ct		Transaction ID: R14476	
City State Zip Code Mobile AL 36609	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Orthodontist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Dr. Bruce K.A. Dormanen		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 2377 Cherrywood Rd		Transaction ID: R14245	
City State Zip Code Minnetonka MN 55305	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Orthodontist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Dr. John A. Dorsch		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 2435 N E 79th St		Transaction ID: R14001	
City State Zip Code Kansas City MO 64118	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Orthodontist	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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. J. Burton Douglass		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 260 Shelly Dr		Transaction ID: R14396
City State Zip Code Sharps Chapel TN 37866	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas F. Dowling		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 18725 Willow Grove Rd		Transaction ID: R14256
City State Zip Code Olney MD 20832	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David E. Drake		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 3944 Orchard Ln PO Box 394		Transaction ID: R14315
City State Zip Code Scotland PA 17254	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Arthur A. Dugoni		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 7 Woodridge Ct		Transaction ID: R14424	
City State Zip Code Redwood City CA 94061	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Joseph Andrew Dugoni		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 25808 Lone Fir Lane		Transaction ID: R14164	
City State Zip Code West Linn OR 97068	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Harry A. Dunlevy		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 11906 Reeds Bluff Ln		Transaction ID: R14577	
City State Zip Code Milothian VA 23113	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. S. Kendall Dunn		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 256 Timberline Rd		Transaction ID: R13989
City State Zip Code Pike Road AL 36064	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Anthony W. Durall		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address #9 Hilltop Dr		Transaction ID: R14317
City State Zip Code Owensboro KY 42303	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Edward Dykhouse		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 1300 S Outer Rd		Transaction ID: R14384
City State Zip Code Blue Springs MO 64015	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Susan Stinely Eles		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 515 Maple La		Transaction ID: R14466	
City State Zip Code Sewickley PA 15143	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. David F. Elliott		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 385 Ocean Blvd #6S		Transaction ID: R14270	
City State Zip Code Long Branch NJ 07740	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. H. Ellwood Ernst		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 202 Whispering Creek		Transaction ID: R14217	
City State Zip Code Victoria TX 77904	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William K. Farrar, Jr.

Mailing Address 1439 Falkirk Ln NW

City State Zip Code
Kennesaw GA 30152

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: R14273

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Austin W. Feeney

Mailing Address 87 Perkins Rd

City State Zip Code
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2006

Transaction ID: R14064

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Frederick A. Fenderson

Mailing Address 1052 Placer Cir

City State Zip Code
Prescott AZ 86303

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: R14632

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Edward Thomas Ferry		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 44 Crocus Drive		Transaction ID: R14518	
City State Zip Code Cranston RI 02920	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. David D. Feuer		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 757 Harbour Isles Pl		Transaction ID: R14597	
City State Zip Code North Palm Beach FL 33410	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Daniel R. Fiehrer		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address Box 811		Transaction ID: R14012	
City State Zip Code Helena MT 59624	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Bruce M. Field		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 6 Scott Ln Box 328		Transaction ID: R14527	
City Northboro State MA Zip Code 01532	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Thomas C. Field		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 113 Woodlake Dr		Transaction ID: R14334	
City Gainesville State GA Zip Code 30506	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Debra Fink		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 7849 Balson		Transaction ID: R14387	
City St Louis State MO Zip Code 63130	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Mathew D. Finkelson		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 19 Georgetown Ct		Transaction ID: R14585	
City State Zip Code Linwood NJ 08221	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Daniel L. Foley		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address 163 Dogwood Ct		Transaction ID: R14617	
City State Zip Code Daniels WV 25832	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Patrick F. Foley		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 50 Lynn Dr		Transaction ID: R14612	
City State Zip Code Hawthorn Woods IL 60047	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John C. Ford		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 221 Winnetka Ave		Transaction ID: R14157
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lavonne K. Fore		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006
Mailing Address 18 Bridgeview Dr SE		Transaction ID: R13951
City State Zip Code Rome GA 30161	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph C. Forsman		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 3809 96th St		Transaction ID: R14717
City State Zip Code Lubbock TX 79423	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Harold L. Frank		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 13208 Jasmine Hill Terrace		Transaction ID: R14223	
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Devek Kent Frech		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 4802 Windsong Dr		Transaction ID: R14473	
City State Zip Code Wichita Falls TX 76310	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Andre M. Fruge		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 17747 British Ln		Transaction ID: R14078	
City State Zip Code Baton Rouge LA 70810	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 / 204
<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Roland K. Fulcher		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 113 Tea Farm Rd		Transaction ID: R14604	
City State Zip Code Summerville SC 29483	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Clayton Scott Fuller		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 312 I Street		Transaction ID: R14370	
City State Zip Code Chula Vista CA 91910	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. L. R. Fuqua, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 505 N Kentucky St		Transaction ID: R14628	
City State Zip Code Kingston TN 37763	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	760.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Peder A. Gaalaas		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 1007 NW 4th Ave		Transaction ID: R14035	
City State Zip Code Grand Rapids MN 55744	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Michael J. Gabler		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address N7949 State Park Rd		Transaction ID: R13947	
City State Zip Code Menasha WI 54952	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Eloisa S. Garcia		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 214 Keystone		Transaction ID: R14102	
City State Zip Code River Forest IL 60305	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Ricardo Garcia		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1602 Iowa		Transaction ID: R14495	
City Mission	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Mark A. Garlington		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 6821 E 9th St		Transaction ID: R13962	
City Long Beach	State CA	Zip Code 90815	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Richard M. Garlitz		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 3145 Laurel Ridge Rd NW		Transaction ID: R14005	
City Hickory	State NC	Zip Code 28601	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Fred A. Garrett

Mailing Address 11511 Habersham

City State Zip Code
Houston TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: R14540

Amount of Each Receipt this Period
150.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Felix A. Gen

Mailing Address 6209 N Huntington Dr

City State Zip Code
Solon OH 44139

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14224

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Raymond George, Jr.

Mailing Address 130 Read St

City State Zip Code
Seekonk MA 02771

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2006

Transaction ID: R14731

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Raymond George, Sr.		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 27 Du Carl Dr		Transaction ID: R14038	
City State Zip Code Lincoln RI 02865	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Robert R. George		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 9227 Canter		Transaction ID: R14725	
City State Zip Code Dallas TX 75231	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. George M. Georgelis		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 1138 N Bristol Dr		Transaction ID: R14085	
City State Zip Code Lititz PA 17543	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. John A. Gerling

Mailing Address 616 Avocet

City State Zip Code
Mcallen TX 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: R14247

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Christopher J. Getchell

Mailing Address 470 Thornwyck Trail

City State Zip Code
Roswell GA 30076

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: R14503

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Raymond H. Gilbert, III

Mailing Address 10035 Riverside NW

City State Zip Code
Albuquerque NM 87111

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: R14578

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Charles A. Gilmore

Mailing Address 4623 Scenic Dr

City State Zip Code
Yakima WA 98908

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2006

Transaction ID: R14060

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Robert F. Girgis

Mailing Address 1952 Nutmeg Ln

City State Zip Code
Naperville IL 60565

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: R14479

Amount of Each Receipt this Period
500.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Randy L. Gittess

Mailing Address 1352 Richmond Rd

City State Zip Code
Winter Park FL 32789

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2006

Transaction ID: R14257

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Timothy J. Glupker		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 3550 64th Ave		Transaction ID: R13940	
City Zeeland	State MI	Zip Code 49464	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Edward D. Gold		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 218 Lorraine Ave		Transaction ID: R14560	
City Upper Montclair	State NJ	Zip Code 07043	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Richard I. Goldberg		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 1100 Horse Run Ct		Transaction ID: R14373	
City Chesterfield	State MO	Zip Code 63005	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
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)	650.00
TOTAL This Period (last page this line number only)	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Hilton Goldreich		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 2204 Bradbury Ct		Transaction ID: R14093
City State Zip Code Plano TX 75093	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce M. Goldstein		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006
Mailing Address 9801 E Caron St		Transaction ID: R14675
City State Zip Code Scottsdale AZ 85258	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jon Ethan Golub		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 50 Blueberry Dr		Transaction ID: R14222
City State Zip Code Woodcliff Lake NJ 07677	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert W. Goodman

Mailing Address 8050 Greenlawn Ct

City State Zip Code
Commerce Township MI 48382

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: R14719

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Sundus Sindy Goodman

Mailing Address 8050 Greenlawn Ct

City State Zip Code
Commerce Township MI 48382

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2006

Transaction ID: R14704

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. William M. Gordon

Mailing Address 840 Tiogue Ave

City State Zip Code
Coventry RI 02816

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2006

Transaction ID: R14667

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Ara Curtis Goshgarian		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 1322 W Deerpath		Transaction ID: R14606	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. John M. Grady		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 110 Burry Ave		Transaction ID: R14228	
City State Zip Code Bradford Woods PA 15015	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr. Kimberly Lutz Gragg		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 1799 Waterford Way		Transaction ID: R14137	
City State Zip Code Morganton NC 28655	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard E. Graham		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 90 Stonewall Cir		Transaction ID: R14300	
City State Zip Code West Harrison NY 10604	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Stewart J. Grauer		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 9 Kennworth Rd		Transaction ID: R14559	
City State Zip Code Port Washington NY 11050	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. William G. Grieve, III		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 690 Fair Oaks		Transaction ID: R14202	
City State Zip Code Eugene OR 97401	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. H. Gilman Griggs		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 2113 Hickory Hills Road		Transaction ID: R13969	
City State Zip Code Florence AL 35630	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Ronald B. Gross		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 11 Crow Creek Ln		Transaction ID: R14623	
City State Zip Code Radnor PA 19087	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Sally A. Gupton		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 970 Gladastry Ln		Transaction ID: R14579	
City State Zip Code Lower Gynedd PA 19002	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James E. Haack		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 815 Colan Blvd		Transaction ID: R13963	
City State Zip Code Rice Lake WI 54868	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Christoph F. Haar		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 424 Mariposa Dr		Transaction ID: R14039	
City State Zip Code Ventura CA 93001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Irwin Haas		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 3023 Shore Dr		Transaction ID: R14101	
City State Zip Code Merrick NY 11566	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Burton Louis Hagler		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 1777 Cedar Ridge Dr		Transaction ID: R14491
City State Zip Code Spring Valley OH 45370	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David J. Hall		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 211 Larkwood Lane		Transaction ID: R14343
City State Zip Code Cary NC 27518	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David C. Hamilton, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 2163 13th St Ct NE		Transaction ID: R14077
City State Zip Code Hickory NC 28601	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. R. Cree Hamilton

Mailing Address 1900 Fox Canyon Cir

City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14190

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Scott D. Hamilton

Mailing Address 5621 SW Urish Rd

City State Zip Code
Topeka KS 66610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2006

Transaction ID: R14029

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. James B. Hanigan

Mailing Address 28232 Emerald Oaks

City State Zip Code
Magnolia TX 77355

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: R14400

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. J. Joseph Hannah		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 12908 Alhambra		Transaction ID: R14040	
City State Zip Code Leawood KS 66209	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Eric D. Hannapel		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 3458 Elmwood Beach		Transaction ID: R14089	
City State Zip Code Middleville MI 49333	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Robert B. Hanover, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 13713 Three Fathoms Bank		Transaction ID: R14415	
City State Zip Code Corpus Christi TX 78418	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David J. Harnick

Mailing Address 9219 Vintner Ct NE

City State Zip Code
Albuquerque NM 87122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: R14322

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. David M. Harper

Mailing Address 6918 Free Ferry Rd

City State Zip Code
Fort Smith AR 72903

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: R14248

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Paula L. Harre

Mailing Address 9220 Thornwood Dr

City State Zip Code
Lincoln NE 68512

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: R14407

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 204						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Charles Calvin Harrington

Mailing Address 140 Trehaven St

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 12 / 2006

Transaction ID: R14163

Amount of Each Receipt this Period
 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Monte S. Harrington

Mailing Address 77 Tradd St

City Charleston State SC Zip Code 29401

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 13 / 2006

Transaction ID: R14249

Amount of Each Receipt this Period
 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Leland A. Harris

Mailing Address 3513 Greenwood Pl

City Deer Park State TX Zip Code 77536

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 13 / 2006

Transaction ID: R14250

Amount of Each Receipt this Period
 250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. C. Tradd Harter		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006	
Mailing Address 1130 Derby Ln		Transaction ID: R14053	
City State Zip Code Watkinsville GA 30677	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey W. Haskins		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006	
Mailing Address 21 South Lane		Transaction ID: R14411	
City State Zip Code Englewood CO 80113	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Brent Hassel		Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2006	
Mailing Address 5461 Park Place Loop SE		Transaction ID: R14677	
City State Zip Code Lacey WA 98503	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James E. Hatcher		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 147 Inwood Tr		Transaction ID: R14036
City State Zip Code Madison AL 35758	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Yone V. Hauseman		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 3170 N Craycroft Rd		Transaction ID: R14608
City State Zip Code Tucson AZ 85712	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael D. Hayward		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 114 Old Oak Dr		Transaction ID: R14462
City State Zip Code Barrington IL 60010	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Steven P. Hearne		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 5000 Gardner Ln		Transaction ID: R14113	
City State Zip Code Suffolk VA 23434	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Steven L. Hechler		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 11533 Canterbury Cir		Transaction ID: R14323	
City State Zip Code Leawood KS 66211	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Ronald G. Heiber		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 1362 Hemlock Ct NE		Transaction ID: R13968	
City State Zip Code Lancaster OH 43130	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Stan R. Heiner		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 6901 Corte del Sol		Transaction ID: R14059	
City State Zip Code Modesto CA 95356	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. William C. Heintz		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address #4 Fairmount Dr S		Transaction ID: R14678	
City State Zip Code Alton IL 62002	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. C. Robert Henry, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 3605 Northfield Dr		Transaction ID: R14412	
City State Zip Code Midland TX 79707	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Steven John Henseler		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1856 Lochaven Dr		Transaction ID: R14740	
City State Zip Code Woodbury MN 55125	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Roberto Hernandez-Orsini		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address Paseo San Juan Calle La Rogativa B-12 Paseos		Transaction ID: R14301	
City State Zip Code San Juan PR 00926	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Stephen L. Herzberg		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 18 Saldo Cir		Transaction ID: R14674	
City State Zip Code New Rochelle NY 10804	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist		
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)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard Furman Hewitt		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 515 Huntington Rd		Transaction ID: R14080	
City State Zip Code Greenville SC 29615	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Dennis C. Hiller		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 93 Hiller Rd PO Box 518		Transaction ID: R14480	
City State Zip Code Jackson NH 03846	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Michael S. Hipp		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 4728 Brookview Dr		Transaction ID: R14481	
City State Zip Code West Des Moines IA 50265	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John D. Hirce		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 337 Minebrook Rd		Transaction ID: R14066	
City State Zip Code Bernardsville NJ 07924	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Douglas Hiser		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 407 Arbor Green Ct		Transaction ID: R14715	
City State Zip Code Alpharetta GA 30004	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. James F. Hoag		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 5308 E 22nd St		Transaction ID: R14499	
City State Zip Code Casper WY 82609	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Dudley M. Hodgkins		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 8508 Navidad Dr		Transaction ID: R14022
City Austin State TX Zip Code 78735	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John Kevin Holman		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 2740 St Andrews Dr		Transaction ID: R14086
City Belden State MS Zip Code 38826	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Howard L. Howell		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 701 Spottis Woode Ln		Transaction ID: R14510
City Clearwater State FL Zip Code 33756	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard C. Howells		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 5614 Woodbury Pike		Transaction ID: R14221	
City State Zip Code Roaring Spring PA 16673	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Herbert M. Hughes		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 1209 Burtonwood Ct		Transaction ID: R14189	
City State Zip Code Alexandria VA 22307	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Donald W. Hunt		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 185 Chapman Rd		Transaction ID: R14457	
City State Zip Code Greenville SC 29605	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Donald W. Hunt, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 232 Camille Ave		Transaction ID: R14204
City State Zip Code Greenville SC 29605	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J. Todd Hunt		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address 1695 Rood Point Rd		Transaction ID: R14625
City State Zip Code Muskegon MI 49441	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David J. Huyser		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 133 E Central Ave		Transaction ID: R14082
City State Zip Code Zeeland MI 49464	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William R. Hyman

Mailing Address 3533 W Beverly Blvd

City State Zip Code
Montebello CA 90640

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14175

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Robert Iezman

Mailing Address 540 Coventry Rd

City State Zip Code
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14220

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Thomas H. Inglis

Mailing Address 650 Lakewood Dr

City State Zip Code
Hutchinson MN 55350

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: R14274

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Alan W. Irvin		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2006	
Mailing Address 106 Elmwood Dr		Transaction ID: R14191	
City Greensboro	State NC	Zip Code 27408	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Thomas A. Iverson		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006	
Mailing Address 1729 Del Lago		Transaction ID: R14084	
City Yuba City	State CA	Zip Code 95991	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Jerome A. Jarosz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 208 W Plum Grove Cir		Transaction ID: R14705	
City Arlington Heights	State IL	Zip Code 60004	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. J. Dean Jensen		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 5881 Versailles Ave		Transaction ID: R14600	
City State Zip Code Frisco TX 75034	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 1750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. J. Dean Jensen		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 5881 Versailles Ave		Transaction ID: R14602	
City State Zip Code Frisco TX 75034	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 1750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Bruce J. Jiorle		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 59 Country Acres Dr		Transaction ID: R14316	
City State Zip Code Hampton NJ 08827	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Brett A. Johnson		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 3225 West Rathgeber		Transaction ID: R14352	
City State Zip Code Wichita Falls TX 76310	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. David W. Johnson		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 617 Dublin Way		Transaction ID: R14341	
City State Zip Code Alameda CA 94502	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Douglas A. Jolstad		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 20770 Linwood Rd		Transaction ID: R14024	
City State Zip Code Deephaven MN 55331	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. L. Alan Jones

Mailing Address 516 Bradford Ln

City State Zip Code
Huntsville AL 35811

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14159

Amount of Each Receipt this Period
300.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Donald R. Joondeph

Mailing Address 2445 204th Terr NE

City State Zip Code
Sammamish WA 98074

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: R14394

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey W. Jordan

Mailing Address 1040 Lake Shore Overlook

City State Zip Code
Alpharetta GA 30005

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2006

Transaction ID: R14618

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Gregory J. Jorgensen		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 6420 Pojoaque NW		Transaction ID: R14097
City State Zip Code Albuquerque NM 87120	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark William Justice		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 6335 Howell Cobb Ct		Transaction ID: R14511
City State Zip Code Acworth GA 30101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth Y. Kai		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address PO Box 3136		Transaction ID: R14209
City State Zip Code San Jose CA 95156	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. James D. Kaley

Mailing Address 3910 Hazel Lane

City Greensboro State NC Zip Code 27408

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2006

Transaction ID: R14037

Amount of Each Receipt this Period
 250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. James Richard Karpac

Mailing Address 5816 Leven Links

City Dublin State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2006

Transaction ID: R14016

Amount of Each Receipt this Period
 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Lee Kaswiner

Mailing Address 38 Park St. 7-D

City Florham Park State NJ Zip Code 07932

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 05 / 2006

Transaction ID: R13946

Amount of Each Receipt this Period
 250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Paul J. Keck Mailing Address 8720 Bennett SE City <u>Ada</u> State <u>MI</u> Zip Code <u>49301</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: R14720 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Credit Card	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	0	6														
250.00																							
Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

B. Full Name (Last, First, Middle Initial) Dr. Daniel Kelly Mailing Address 566 Lake Ridge Dr City <u>South Elgin</u> State <u>IL</u> Zip Code <u>60177</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: R14692 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Credit Card	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		3	1		2	0	0	6														
250.00																							
Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

C. Full Name (Last, First, Middle Initial) Dr. William M. Kelly Mailing Address 4N224 Ferson Ck Rd City <u>St Charles</u> State <u>IL</u> Zip Code <u>60174</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: R14666 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Credit Card	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	9		2	0	0	6														
250.00																							
Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. David H. Kemp Mailing Address 4557 Peytonville Rd City State Zip Code Franklin TN 37064 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006 Transaction ID: R14180 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Larson R. Keso Mailing Address 3001 Ridgewood Dr City State Zip Code Edmond OK 73013 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 Transaction ID: R14484 Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. John G. Kharouf Mailing Address 23570 Wilderness Canyon Cir City State Zip Code Rapid City SD 57702 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 Transaction ID: R14441 Amount of Each Receipt this Period 100.00 Credit Card
Name of Employer Self-Employed Occupation Self-Employed Orthodontist 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)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 204						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert W. Kidd, III		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address PO Box 232		Transaction ID: R14487	
City State Zip Code Wyoming DE 19934	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. J. Peter Kierl		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 2509 Thunderwind Cir		Transaction ID: R14213	
City State Zip Code Edmond OK 73034	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Gene P. King		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 2206 Briarhill		Transaction ID: R14251	
City State Zip Code Champaign IL 61822	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Kerry W. Kirsch		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 928 Winterset Rd		Transaction ID: R14318	
City State Zip Code Ebensburg PA 15931	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Seth C. Kleinrock		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 5 Milbar Heath		Transaction ID: R14303	
City State Zip Code Hewlett NY 11557	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Rodney J. Klima		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 9807 Flintridge Ct		Transaction ID: R14561	
City State Zip Code Fairfax VA 22032	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William L. Kochenour, II

Mailing Address 248 Shore Dr

City State Zip Code
Palm Harbor FL 34683

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2006

Transaction ID: R14068

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Mary Cay Koen

Mailing Address 101 Hidden Way Ct

City State Zip Code
Hendersonville TN 37075

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: R14454

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Jodi L. Koford

Mailing Address 7210 E Orchard Grass Blvd

City State Zip Code
Crestwood KY 40014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: R14263

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Michael L. Koropp		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 3530 Cutlass Circle		Transaction ID: R14346	
City Anchorage	State AK	Zip Code 99516	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. William J. Kottemann		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 835 Partenwood Rd		Transaction ID: R14092	
City Orono	State MN	Zip Code 55356	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr. Charles M. Krowicki		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 456 Mine Rd		Transaction ID: R14187	
City Asbury	State NJ	Zip Code 08802	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert A. Krueger		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2006	
Mailing Address 7 Queens Ln		Transaction ID: R14196	
City State Zip Code Jacksonville IL 62650	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. William B. Kuen		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006	
Mailing Address 7 Diann Drive		Transaction ID: R14065	
City State Zip Code Montville NJ 07045	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Valmy Pangrazio- Kulbersh		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006	
Mailing Address 1417 Cedar Bend Dr		Transaction ID: R14118	
City State Zip Code Bloomfield Hills MI 48302	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Steven K. Kunihiro

Mailing Address 1883 Heritage Way

City State Zip Code
Yontville CA 94599

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: R14637

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Lester H. Kuperman

Mailing Address 3809 Candlelite Ct

City State Zip Code
Fort Worth TX 76109

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: R14402

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Hyue Kyung Kwon

Mailing Address 6327 Wilmington Dr

City State Zip Code
Burke VA 22015

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2006

Transaction ID: R14551

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Michele Laboda

Mailing Address 6640 Plantation Pines Blvd

City State Zip Code
Ft Myers FL 33912

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: R14639

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Gregory A. Lacy

Mailing Address 1370 Western Ave

City State Zip Code
Morgantown WV 26505

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14203

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Paul Ladner

Mailing Address Box 37

City State Zip Code
Oneida IL 61467

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2006

Transaction ID: R14018

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. W. Blake Lane, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 6698 Waterford Ct		Transaction ID: R14028	
City State Zip Code Columbus GA 31904	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. D. William Lange		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 8360 Shawnee Run Rd		Transaction ID: R14562	
City State Zip Code Cincinnati OH 45243	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Clifton Neal Lauritzen		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 11445 W North Ave		Transaction ID: R14580	
City State Zip Code Fresno CA 93706	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Andrew H. Leavitt		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 14312 148th Ave SE		Transaction ID: R14630	
City State Zip Code Yelm WA 98597	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Lisa A. Lehyk		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 405 Tournament Tr		Transaction ID: R14477	
City State Zip Code Cortland OH 44410	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Melvyn M. Leifert		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 14 Rutland Rd		Transaction ID: R14021	
City State Zip Code Great Neck NY 11020	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Thomas G. Leonard		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 20 Algonquin Ave		Transaction ID: R14177
City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William S. Lieber		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 627 Mia Court		Transaction ID: R14512
City State Zip Code Danville CA 94526	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edward Y. Lin		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 555 Main Ave #205		Transaction ID: R14603
City State Zip Code De Pere WI 54115	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard B. Lines		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 1909 W Relation		Transaction ID: R14027
City State Zip Code Safford AZ 85546	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark David Lively		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 3622 SW Mashie Ct		Transaction ID: R14598
City State Zip Code Palm City FL 34990	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Carney D. Loucks		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006
Mailing Address 900 W 18th St S		Transaction ID: R13959
City State Zip Code Newton IA 50208	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey D. Loveless

Mailing Address 1940 Woodcrest Dr NE

City State Zip Code
Owatonna MN 55060

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2006

Transaction ID: R14090

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Benjamin F. Lowe, Jr.

Mailing Address 309 Stonewyck Dr

City State Zip Code
Burlington NC 27215

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2006

Transaction ID: R14572

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Sarah Burguieres Lowe

Mailing Address 15427 Greens Cove Way

City State Zip Code
Houston TX 77059

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: R14624

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Jennifer J. Lowney		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 444 Fitchville Rd		Transaction ID: R14049	
City State Zip Code Bozrah CT 06334		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Kristin R. Lundquist		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 61 Pine St		Transaction ID: R14002	
City State Zip Code Mahtomedi MN 55115		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James C. Lyles		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 133 April Point Dr S		Transaction ID: R14098	
City State Zip Code Montgomery TX 77356		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Steven J. Mack		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 6531 Eagle Ridge Rd		Transaction ID: R14697
City State Zip Code Bettendorf IA 52722	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lee A. Mahlmann		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 1611 Fair Oaks Ln		Transaction ID: R14474
City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Diana T. Malone		Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2006
Mailing Address 13518 Orchard Ridge Dr		Transaction ID: R14669
City State Zip Code San Antonio TX 78231	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Philip M. Mansour		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 89 S Mast St		Transaction ID: R14659	
City Goffstown	State NH	Zip Code 03045	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Anthony J. Maoloni		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 5220 Central		Transaction ID: R14388	
City Western Springs	State IL	Zip Code 60558	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Mark S. Mappes		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 7604 River Fork Dr		Transaction ID: R14581	
City Nashville	State TN	Zip Code 37221	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Claire H. Ogata Marcel		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1936 Chalon Glen Ct		Transaction ID: R14467	
City State Zip Code Livermore CA 94550	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Thomas J. Marcel		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 2084 Fourth St		Transaction ID: R14207	
City State Zip Code Livermore CA 94550	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Anthony V. Maresca		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 5 Lantern Ct		Transaction ID: R14391	
City State Zip Code Stony Brook NY 11790	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John R. Mariotti		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 1631 N Washington Ave		Transaction ID: R14547	
City State Zip Code Scranton PA 18509	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Ceceilia M. Markham		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 2119 Susquehana Rd		Transaction ID: R14456	
City State Zip Code Abington PA 19001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Joel Martinez		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 1001 Highland		Transaction ID: R14610	
City State Zip Code Mc Allen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Nawaf Masri		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 7573 windgate		Transaction ID: R14519	
City State Zip Code west bloomfield MI 48323		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Scott S. Masunaga		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1010 So King St #101		Transaction ID: R14700	
City State Zip Code Honolulu HI 96814		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Raymond M. Maxwell		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 16619 117th Way		Transaction ID: R14486	
City State Zip Code Redmond WA 98052		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. L. Donald Mayer		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 500 N Jackson At Guadalupe		Transaction ID: R14013
City State Zip Code La Grange TX 78945	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Samuel B. Mayfield		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 2205 Beach Blvd		Transaction ID: R14304
City State Zip Code Pascagoula MS 39567	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mart Gaynor McClellan		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1133 Edgewood Rd		Transaction ID: R14736
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard E. McClung		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006	
Mailing Address 199 Mathews St		Transaction ID: R14070	
City State Zip Code Lewisburg WV 24901	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Maston R. McCorkle, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 14 / 2006	
Mailing Address 3215 Allendale St SW		Transaction ID: R14599	
City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Joseph A. McCormick		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 128 Knoxlyn Farm Dr		Transaction ID: R14464	
City State Zip Code Kennett Square PA 19348	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Erin L. McCutchen		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 3101 Childers St		Transaction ID: R14009	
City Raleigh	State NC	Zip Code 27612	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Richard T. McDaniel		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 55 Bellerive Rd		Transaction ID: R14627	
City Springfield	State IL	Zip Code 62704	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Michael G. McDermott		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 3341 Edmonton Rd N		Transaction ID: R14279	
City Baxter	State MN	Zip Code 56425	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Gregory A. McKenna		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 22 Lyndenwood Dr		Transaction ID: R14493	
City State Zip Code Brookfield CT 06804	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Kimberly J. McNeal		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address Rt 6 Box 1615		Transaction ID: R14331	
City State Zip Code Paris TX 75462	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. William A. Mehan		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 344 Webster St		Transaction ID: R14055	
City State Zip Code Manchester NH 03104	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Tammy L. Meister		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 1605 Summit Ave		Transaction ID: R14716	
City State Zip Code St Paul MN 55105	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Liliانا Mejia		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 104 Bayberry Hills		Transaction ID: R14741	
City State Zip Code Mc Donough GA 30253	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Carolyn Melita		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 13 Upton St #6		Transaction ID: R14693	
City State Zip Code Boston MA 02118	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Joseph T. Mellion		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 2820 Round Hill Dr		Transaction ID: R14214	
City State Zip Code Akron OH 44333	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Nicholas P. Mellion		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 8715 Baneberry Cr NW		Transaction ID: R14161	
City State Zip Code Clinton OH 44216	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Maria Del Carmen Mendez		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 5015 Keeneland Cir		Transaction ID: R14069	
City State Zip Code Orlando FL 32819	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. George Menken		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 11 Elaine Dr		Transaction ID: R14030	
City State Zip Code New City NY 10956	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Virginia A. Mennemeyer		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 145 Fairway Ln		Transaction ID: R14152	
City State Zip Code Troy MO 63379	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. John Leo Mergen		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 840 Mesquite Drive		Transaction ID: R13977	
City State Zip Code Coralville IA 52241	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 117 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert M. Merrill		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 1026 N Fairview Pl		Transaction ID: R14155	
City State Zip Code East Wenatchee WA 98802	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Thomas E. Merrill		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 1513 Hannah Way		Transaction ID: R14072	
City State Zip Code East Wenatchee WA 98802	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Kenneth B. Messer		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 1017 Grand Ave		Transaction ID: R14549	
City State Zip Code Keokuk IA 52632	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 118 / 204						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert B. Meyer

Mailing Address 110 Widecombe Ct

City State Zip Code
Cary NC 27513

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14186

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Diane J. Milberg

Mailing Address 8419 Cliffridge Ln

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2006

Transaction ID: R14258

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Van D. Miller

Mailing Address 728 Baldwin Rd

City State Zip Code
Pittsburgh PA 15205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: R14707

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 204		
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. D. Gary Mobley

Mailing Address 500 Verna Ln

City State Zip Code
Denison TX 75020

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2006

Transaction ID: R13975

Amount of Each Receipt this Period
150.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Kambiz Moin

Mailing Address 133 Shepherd Rd

City State Zip Code
Manchester NH 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2006

Transaction ID: R14106

Amount of Each Receipt this Period
150.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Bruce R. Molen

Mailing Address 714 W Hi Crest Dr

City State Zip Code
Auburn WA 98001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: R14420

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Randall C. Moles

Mailing Address 1833 S Main St

City State Zip Code
Racine WI 53403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: R14321

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Alan B. Montgomery

Mailing Address 18 Lake Ct

City State Zip Code
North Oaks MN 55127

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: R14326

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Edwin L. Morris

Mailing Address 7635 Chapman Road

City State Zip Code
Kingsville MD 21087

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: R14455

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James A. Morrish, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 8003 11th Ave NW		Transaction ID: R14173	
City State Zip Code Bradenton FL 34209	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Thomas A. Moryl		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 150 EMS T36 Lane		Transaction ID: R14550	
City State Zip Code Leesburg IN 46538	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Wade L. Murphy		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 4493 Hwy 201 S		Transaction ID: R14468	
City State Zip Code Mountain Home AR 72653	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 122 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Karl F. Muster

Mailing Address 809 Ayrshire Dr

City State Zip Code
Champaign IL 61820

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: R14410

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Michael W. Naborowski

Mailing Address 34 Mockingbird Ln

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14206

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Wade J. Najem

Mailing Address 405 Tournament Tr

City State Zip Code
Cortland OH 44410

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: R14478

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Arthur Najera		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 1397 Santa Teresita		Transaction ID: R14418
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James Nasby		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 2683 E Lake Of Isles Pkwy		Transaction ID: R14395
City State Zip Code Minneapolis MN 55408	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William D. Neale		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 21 Paradise Point Rd		Transaction ID: R14500
City State Zip Code Shalimar FL 32579	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 204		
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Eric R. Nease

Mailing Address 2455 E Main St

City State Zip Code
Spartanburg SC 29307

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2006

Transaction ID: R13955

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Steven J. Nedrelow

Mailing Address 1465 SW 15th St

City State Zip Code
Willmar MN 56201

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: R14488

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Richard S. Nichols

Mailing Address PO Box 1021

City State Zip Code
Manhattan MT 59741

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2006

Transaction ID: R14673

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. S. Edwin Noffel		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 2435 Brookwood		Transaction ID: R14330	
City State Zip Code Cape Girardeau MO 63701	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Patrick James Nolan		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 11118 Bradley Ct		Transaction ID: R14708	
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Robert (Tito) Alan Norris		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 244 Canada Verde		Transaction ID: R14733	
City State Zip Code San Antonio TX 78232	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Larry A. Okmin		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 11048 Via Temprano		Transaction ID: R14083	
City State Zip Code San Diego CA 92124	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Jay Michael Oltjen		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 4300 W 143rd St		Transaction ID: R14041	
City State Zip Code Leawood KS 66224	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Charles E. Osborn		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 2213 Parker St		Transaction ID: R14160	
City State Zip Code Amarillo TX 79109	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John M. Oubre		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 411 Doyle Dr		Transaction ID: R14063	
City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Eric R. Overby		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 1000 8th Ave NW		Transaction ID: R14403	
City State Zip Code Austin MN 55912	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Jason Warren Pair		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 18907 Nordhoff St #42		Transaction ID: R13966	
City State Zip Code Northridge CA 91324	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 128 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Nalin H. Panchal		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 27 Wilzette Dr		Transaction ID: R14569	
City Middletown	State NJ	Zip Code 07067	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Juliana Panchura		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 569 N E Clay		Transaction ID: R14172	
City Bend	State OR	Zip Code 97701	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Marshall Parker		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 802 Bluff Drive		Transaction ID: R14730	
City Knoxville	State TN	Zip Code 37919	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Melanie Parker		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 820 Tourmaline		Transaction ID: R14475	
City State Zip Code San Diego CA 92109		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. William R. Parks		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 25 Museum Dr		Transaction ID: R14504	
City State Zip Code Newport News VA 23601		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Walter Thomas Pattison		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2006	
Mailing Address 11129 Crown Pl		Transaction ID: R14216	
City State Zip Code Knoxville TN 37922		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 204		
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. M. John Pautienis

Mailing Address 155 Woodside Dr

City State Zip Code
West Barnstable MA 02668

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: R14498

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Michael H. Payne

Mailing Address 4410 Chicago Ave

City State Zip Code
Fair Oaks CA 95628

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2006

Transaction ID: R14305

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Joe W. Pearson

Mailing Address 1938 E El Freda

City State Zip Code
Tempe AZ 85284

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: R14459

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James Pelletier		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 4 Island Pond Rd		Transaction ID: R14176	
City Dracut	State MA	Zip Code 01826	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Robert A. Penna		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 1401 Clive Cir		Transaction ID: R13950	
City Wilmington	State DE	Zip Code 19803	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. James J. Peterson		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 65 Barchester Way		Transaction ID: R14672	
City Westfield	State NJ	Zip Code 07090	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. William D. Petty		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 7550 Woodland Ct		Transaction ID: R14401	
City State Zip Code Burr Ridge IL 60525	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Hugh R. Phillis		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 10 Poliquin Dr		Transaction ID: R14392	
City State Zip Code Nashua NH 03062	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Carlyn S. Phucas		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 59 Bortons Rd		Transaction ID: R13958	
City State Zip Code Marlton NJ 08053	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Arnold Charles Pitts		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 235 Juniper Hill Rd		Transaction ID: R14508	
City State Zip Code Reno NV 89509	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Thomas R. Pitts		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 4110 Inwood Ln		Transaction ID: R14465	
City State Zip Code Reno NV 89502	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Michael D. Plunk		Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2006	
Mailing Address 8827 Kenton Dr		Transaction ID: R13952	
City State Zip Code Dallas TX 75231	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 134 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. A. Wright Pond, Sr.		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 1025 Avon Court		Transaction ID: R14212	
City State Zip Code Colonial Heights VA 23834	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Liza H. Pond		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 225 Timberwind Ln		Transaction ID: R14544	
City State Zip Code Vandalia OH 45377	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. D. Spencer Pope		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 19337 Cormoy Ln		Transaction ID: R14205	
City State Zip Code Tinley Park IL 60477	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert S. Portenga		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 6387 Peninsula Dr		Transaction ID: R14485	
City State Zip Code Traverse City MI 49684	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. James K. Poulsen		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 2302 W Bolton St		Transaction ID: R14306	
City State Zip Code Eagle ID 83616	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Robert W. Prince		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 1287 Bloomington Dr S #15		Transaction ID: R13957	
City State Zip Code St George UT 84790	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Scott E. Prose		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 3001 Fox Glen Court		Transaction ID: R14195	
City State Zip Code St Charles IL 60174	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Kenneth G. Purvis		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address RD 2 Box 354A		Transaction ID: R14340	
City State Zip Code Ligonier PA 15658	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Richard E. Quan		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 15289 Alma Jo Ct		Transaction ID: R14458	
City State Zip Code Monte Sereno CA 95030	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. J. Anthony Quinn		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address PO Box 771		Transaction ID: R14548	
City Waverly	State PA	Zip Code 18471	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Holly Wentz Reeves		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 4704 86th St		Transaction ID: R14570	
City Lubbock	State TX	Zip Code 79424	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Paul D. Regan		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 32834 Snowshoe Rd		Transaction ID: R14073	
City Evergreen	State CO	Zip Code 80439	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Juan F. Rendon		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 344 Park Valley Dr		Transaction ID: R14168
City State Zip Code Coppell TX 75019	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard Resler		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 2877 Nottingham W		Transaction ID: R14061
City State Zip Code Saginaw MI 48603	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lourdes M. Reyes Gonzalez		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address PG 88 Via Arcoiris Urb Pacifica Encantada		Transaction ID: R14385
City State Zip Code Trujillo Alto PR 00976	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Michael L. Reznik		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 1423 Sweetbriar Cir		Transaction ID: R14225	
City State Zip Code Odessa TX 79761	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Mary Richmond		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 29 Southern Hills Dr		Transaction ID: R14489	
City State Zip Code Skillman NJ 08558	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Randall P. Rigsby		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 2344 Arriviste Way		Transaction ID: R14552	
City State Zip Code Pensacola FL 32504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Anthony Rinaldi		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 5755 Richmond Park Dr		Transaction ID: R13964	
City State Zip Code Mason OH 45040	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Ronald K. Risinger		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 3760 Seminole		Transaction ID: R14694	
City State Zip Code Beaumont TX 77707	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Michael B. Rogers		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 3214 Candace Dr		Transaction ID: R14099	
City State Zip Code Augusta GA 30909	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 204
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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Gary J. Romeo		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 420 Birch Rd		Transaction ID: R14200
City State Zip Code Fairfield CT 06824	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert M. Rosen		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 31 Meadowbrook Rd		Transaction ID: R14091
City State Zip Code Chatham NJ 07928	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Barry M. Rosenberg		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 10 Norwood Rd		Transaction ID: R14088
City State Zip Code West Hartford CT 06117	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Edward F. Ross, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 16 Hampton Hills Ln		Transaction ID: R14426	
City Richmond	State VA	Zip Code 23226	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Loring L. Ross		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 212 81st Ave N		Transaction ID: R14062	
City Myrtle Beach	State SC	Zip Code 29572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. John E. Roussalis, II		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1220 W 30th St		Transaction ID: R14706	
City Casper	State WY	Zip Code 82601	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Budd Rubin		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1145 Pacific Beach Dr #408		Transaction ID: R14734	
City State Zip Code San Diego CA 92109		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Dr. Louis J. Russo, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 135 Montadale Dr		Transaction ID: R14004	
City State Zip Code Princeton NJ 08540		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Dr. Michael R. Sabat		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 9320 Stover Ln		Transaction ID: R14427	
City State Zip Code Brecksville OH 44141		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. David R. Sain		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address 1535 Avon Rd		Transaction ID: R14660	
City Murfreesboro	State TN	Zip Code 37129	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Phillip J. Santucci		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 20517 N 93rd PI		Transaction ID: R14619	
City Scottsdale	State AZ	Zip Code 85255	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Christy J. Savage		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6	
Mailing Address 7207 Wakefield Cir		Transaction ID: R14698	
City Birmingham	State AL	Zip Code 35242	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Stephen M. Sawrie		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 3635 Kings Rd		Transaction ID: R14227	
City State Zip Code Chattanooga TN 37416	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Michael J. Sbuttoni		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 92 Middlesex Ct		Transaction ID: R14695	
City State Zip Code Slingerlands NY 12159	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Stephen D. Schasker		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 4702 Ferris Ave		Transaction ID: R14171	
City State Zip Code Madison WI 53716	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Daniel J. Schellhase		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006
Mailing Address 14650 Island Dr		Transaction ID: R13961
City State Zip Code Jacksonville FL 32250	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Petra Schubert		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 3801 Purdue		Transaction ID: R14702
City State Zip Code Dallas TX 75225	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John L. Schuler		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 4017 Tangleoaks Ct		Transaction ID: R14342
City State Zip Code Peoria IL 61615	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Gail E. Schupak		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 333 E 30th St #21H		Transaction ID: R14052	
City State Zip Code New York NY 10016	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Robert N. Seebold		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 5 Breezy Ct		Transaction ID: R14003	
City State Zip Code Danville PA 17821	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Dona M. Seely		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 16730 Shore Dr N E		Transaction ID: R14662	
City State Zip Code Seattle WA 98155	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 770.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 148 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Joseph J. Shadeed

Mailing Address 452 Pleasant Lane

City State Zip Code
Bucyrus OH 44820

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: R14169

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Ilan L. Shamus

Mailing Address 42 Byram Ridge Rd

City State Zip Code
Armonk NY 10504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2006

Transaction ID: R14051

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Gary H. Shanker

Mailing Address 10 Dumbarton

City State Zip Code
St Louis MO 63132

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: R14496

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 204		
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jonathan Shanker

Mailing Address 12111 Tesson Ferry Prof Ctr

City State Zip Code
Saint Louis MO 63128

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: R14507

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Timothy M. Shannon

Mailing Address 4704 Augusta Dr

City State Zip Code
Norman OK 73072

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: R14582

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Tom H. Shelly

Mailing Address 714 15th Ave N

City State Zip Code
Fort Dodge IA 50501

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2006

Transaction ID: R14557

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David T. Shen

Mailing Address 35 Stacey Ct

City Hillsborough State CA Zip Code 94010

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2006

Transaction ID: R14505

Amount of Each Receipt this Period
 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Stephen L. Sherman

Mailing Address 422 Highland Crossing

City Baton Rouge State LA Zip Code 70810

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2006

Transaction ID: R14696

Amount of Each Receipt this Period
 250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. David Sherwood

Mailing Address 808 Milmda Dr

City La Canada State CA Zip Code 91011

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 12 / 2006

Transaction ID: R14194

Amount of Each Receipt this Period
 250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Mark O. Shoger		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 10525 SW 161st Ct		Transaction ID: R14514
City State Zip Code Beaverton OR 97007	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Randall Clark Shults		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006
Mailing Address 1200 Corporate Centerway #100		Transaction ID: R13965
City State Zip Code Wellington FL 33414	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard A. Simms		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 29654 Highpoint Road		Transaction ID: R14185
City State Zip Code Rancho Palos Verde CA 90275	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Shannon Simons		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 4840 Bissonet Dr		Transaction ID: R14017	
City State Zip Code Metairie LA 70003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Jon J. Sisulak		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 8515 S Deerwood Lane		Transaction ID: R14501	
City State Zip Code Franklin WI 53132	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Thomas Michael Skafidas		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 5051 Oak Tree Ln		Transaction ID: R14019	
City State Zip Code Stone Mountain GA 30087	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John M. Sleichter		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 2761 Edgeview Rd		Transaction ID: R14026
City State Zip Code Muscatine IA 52701	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Christopher Keith Smedley		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 630 Beaumont Cir		Transaction ID: R14044
City State Zip Code West Chester PA 19380	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Larry C. Smedley		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 188 Pheasant Run Rd		Transaction ID: R14043
City State Zip Code West Chester PA 19380	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Steven Jay Smiley		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 1035 Willes Rd		Transaction ID: R14335	
City State Zip Code Spartanburg SC 29301	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Bradley D. Smith		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 203 Carnegie Pl		Transaction ID: R14260	
City State Zip Code Pittsburgh PA 15208	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Douglas N. Smith		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address PO Box 21		Transaction ID: R14472	
City State Zip Code Saegertown PA 16433	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Randall Smith		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 406 Crosslake Drive		Transaction ID: R14555	
City State Zip Code Tullahoma TN 37388	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Daniel B. Snead		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 5043 Brill Point		Transaction ID: R14453	
City State Zip Code Tallahassee FL 32312	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Dennis D. Sommers		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1418 Cook Dr		Transaction ID: R14460	
City State Zip Code Minot ND 58701	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Kurt D. Spieske		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 17229 Buchanan		Transaction ID: R14469	
City State Zip Code Grand Haven MI 49417	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Darrell Keith Spilsbury		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 198 Courtney Ann Dr		Transaction ID: R14079	
City State Zip Code Henderson NV 89074	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. David C. Spokane		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 108 Brian Dr		Transaction ID: R13960	
City State Zip Code Beaver PA 15009	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Thomas M. Stark		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 2115 Hughes Ave		Transaction ID: R14658	
City State Zip Code Ames IA 50014	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Kenneth E. Starling, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 1303 Orleans Ct		Transaction ID: R14556	
City State Zip Code Grayson GA 30221	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Brenda K. Stenftenagel		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1804 Woodmere		Transaction ID: R14701	
City State Zip Code Valparaiso IN 46383	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Corbett (Cory) K. Stephens		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 2933 Shenandoah		Transaction ID: R14182	
City State Zip Code Tyler TX 75701	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Dr. Marvin G. Stephens, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 5801 Covey Ln		Transaction ID: R14184	
City State Zip Code Tyler TX 75703	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Dr. Myron M. Sternstein		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 4540 Santa Clara		Transaction ID: R14558	
City State Zip Code Springfield IL 62707	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 204		
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Frederic C. Sterritt

Mailing Address 464 S Horizon Way

City State Zip Code
Neshanic Station NJ 08853

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2006

Transaction ID: R14087

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Hal C. Stevenson

Mailing Address 21011 James Long Ct

City State Zip Code
Richmond TX 77469

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: R14494

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Lamon A. Stewart, Jr.

Mailing Address 24 Chesapeake Landing

City State Zip Code
Annapolis MD 21403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: R14509

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Elliot R. Storm		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 765 North St		Transaction ID: R14723	
City State Zip Code White Plains NY 10605	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Patrick James Stroh		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 1813 Laurel Ave.		Transaction ID: R14408	
City State Zip Code Manhattan Beach CA 90266	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Randolph Sturup		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 6735 Cypress Point Dr		Transaction ID: R14314	
City State Zip Code Houston TX 77069	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Albert M. Stush, Jr.

Mailing Address 468 Farm Hollow Ln

City Mifflinburg State PA Zip Code 17844

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: R14393

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Paul J. Styr

Mailing Address 1017 Bewicks Ct

City Carlsbad State CA Zip Code 92009

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2006

Transaction ID: R14609

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Robert A. Sullo

Mailing Address 2684 E Collingswood Dr

City Beloit State WI Zip Code 53511

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2006

Transaction ID: R14011

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Randi Sultan		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 201 E 79th St #14 -I		Transaction ID: R14211	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Sven Supplies		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 68 Grist Mill Rd		Transaction ID: R14571	
City State Zip Code Littleton MA 01460	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Gerald P. Tadej		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 2809 Cormier Dr		Transaction ID: R14329	
City State Zip Code Bakersfield CA 93311	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard D. Talbot		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 5944 Granite Glen Ct		Transaction ID: R14425	
City State Zip Code Granite Bay CA 95746	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Richard H. Tate		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 1084 Glenvar Heights Blvd		Transaction ID: R14165	
City State Zip Code Salem VA 24153	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Corey J. Teguis		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 3 Orchard Ln		Transaction ID: R14638	
City State Zip Code Kennebunk ME 04043	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Michael Teichman		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 2419 Merlot Dr		Transaction ID: R14339	
City State Zip Code Napa CA 94558	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Monica A. Teredesai		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 288 Smith Ridge Rd		Transaction ID: R14057	
City State Zip Code New Canaan CT 06840	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. James N. Thacker		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 2938 Turpinwoods Ct		Transaction ID: R14198	
City State Zip Code Cincinnati OH 45244	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. W. Michael Thomas		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 43 Moharimet Dr		Transaction ID: R13949	
City Madbury	State NH	Zip Code 03820	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Dr. Thomas Frederick Tilson		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 3818 Baker Ames Rd NE		Transaction ID: R14188	
City Olympia	State WA	Zip Code 98506	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Steven H. Tinsworth		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 704 51st St NW		Transaction ID: R14075	
City Bradenton	State FL	Zip Code 34209	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Terry Tippin		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 4694 Carlton Dunes Dr #4		Transaction ID: R14076	
City State Zip Code Fernandina Beach FL 32034	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Dr. Charles S. Tjersland		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 38 Ancient Oak Dr		Transaction ID: R13984	
City State Zip Code Lewes DE 19958	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Dr. Kelly H. Toombs		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 8209 Rosewood Ln		Transaction ID: R14336	
City State Zip Code Prairie Village KS 66208	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 204
	<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 Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Timothy J. Tremont

Mailing Address 3 Concord Dr

City State Zip Code
Mc Keesport PA 15135

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2006

Transaction ID: R14192

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Louis Trenchard

Mailing Address Rt 6 Box 1320

City State Zip Code
Paris TX 75460

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2006

Transaction ID: R14289

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. T. Barrett Trotter

Mailing Address 13 Bristlecone Way

City State Zip Code
Augusta GA 30909

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2006

Transaction ID: R14008

Amount of Each Receipt this Period
250.00

Check

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Roanne T. Tsutsui		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 992 Puku St		Transaction ID: R13948	
City Hilo	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96720		Check	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Brad Turchetta		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 41 Signal Rock Dr		Transaction ID: R14573	
City North Kingston	State RI	Amount of Each Receipt this Period 250.00	
Zip Code 02852		Check	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Robert E. Varner		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 161 Birdie Lane		Transaction ID: R14386	
City Roseburg	State OR	Amount of Each Receipt this Period 250.00	
Zip Code 97470		Check	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 169 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Charles Andy Vondran, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address #20 Ivers Drive		Transaction ID: R13967	
City Little Rock	State AR	Zip Code 72223	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Walter S. Vuchnich		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 100 Bridlewood PI		Transaction ID: R14056	
City Concord	State NC	Zip Code 28025	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Michael J. Wagner		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 15019 - 166th PI NE		Transaction ID: R14254	
City Woodinville	State WA	Zip Code 98072	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
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)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. William Randolph Wahl		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 14501 Castlerock Rd		Transaction ID: R14471	
City State Zip Code Salinas CA 93908	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Brandon M. Wainwright		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 3122 11th St		Transaction ID: R14409	
City State Zip Code Silvis IL 61282	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Melvin W. Walters		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 5416 Thunder Ridge Cir		Transaction ID: R14000	
City State Zip Code Rocklin CA 95765	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Mary H.G. Walton		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 3434 Churchill Rd		Transaction ID: R14050	
City Raleigh	State NC	Zip Code 27607	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Barry Walvoord		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 788 Stables Ct W		Transaction ID: R14703	
City Highwood	State IL	Zip Code 60040	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Kimberly J. Ward		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address Route 6 Box 3007		Transaction ID: R13956	
City Andalusia	State AL	Zip Code 36420	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Walter A. Weaver, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006	
Mailing Address 25 Dale St		Transaction ID: R14429	
City State Zip Code Swampscott MA 01907		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Alvin F. Weidman, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006	
Mailing Address 3965 Eastlake Dr		Transaction ID: R14023	
City State Zip Code Morgantown WV 26505		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Michael Weinberg		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006	
Mailing Address 2778 Summit Ave		Transaction ID: R14399	
City State Zip Code Highland Park IL 60035		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Stephen M. Weisner

Mailing Address 6 Cricket Cir

City State Zip Code
Andover MA 01810

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: R14325

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. David W. Welmerink

Mailing Address 3915 LaMay Ln

City State Zip Code
Reno NV 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: R14353

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Lisa K. Wendling

Mailing Address 7333 Old Timber Trl
PO Box 278

City State Zip Code
New Lothrop MI 48460

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2006

Transaction ID: R14230

Amount of Each Receipt this Period
150.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Scott Patrick Werner		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 1468 Stonegate Pass		Transaction ID: R13999
City State Zip Code Germantown TN 38138	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David C. Wertz		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 11272 High Ridge Dr		Transaction ID: R14546
City State Zip Code Dubuque IA 52003	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert G. Wertz		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 136 Schaeffer Rd		Transaction ID: R14319
City State Zip Code Newmanstown PA 17073	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 / 204
	<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	

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 (Last, First, Middle Initial) A. Dr. Robert R. Westbrook, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 317 Tracy Ln		Transaction ID: R14461	
City Victoria	State TX	Zip Code 77904	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. James L. Wetzel, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 3305 Bella Vista Dr		Transaction ID: R14170	
City Casper	State WY	Zip Code 82601	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Bonnie Daniels Wheatley		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 608 Gilbert Ct		Transaction ID: R14545	
City Winchester	State KY	Zip Code 40391	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
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)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 204		
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. John C. White

Mailing Address 3534 St Andrews Lane

City Richfield State OH Zip Code 44286

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2006

Transaction ID: R14179

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Carlin L. Wiemers

Mailing Address 120 Mayan Way

City Mankato State MN Zip Code 56001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2006

Transaction ID: R14006

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Robert L. Wilhelm

Mailing Address 1374 Top O The Rock Way

City Monument State CO Zip Code 80132

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: R14423

Amount of Each Receipt this Period
250.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Don M. Wilkins		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 880 Indianola Dr		Transaction ID: R14654	
City State Zip Code Merritt Island FL 32953	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 262.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Michael D. Williams		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 130 Cedar Woods Trail		Transaction ID: R14671	
City State Zip Code Canton GA 30014	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Thomas H. Williams		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address PO Box 1241		Transaction ID: R14010	
City State Zip Code Wewoka OK 74884	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Donald C. Wilson		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 3132 SW Westover Rd		Transaction ID: R14183
City State Zip Code Topeka KS 66604	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy G. Wilson		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 11429 Pleasant Valley Rd		Transaction ID: R14413
City State Zip Code Smithsburg MD 21783	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael O. Woehst		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 2951 Kingforest Drive		Transaction ID: R14047
City State Zip Code Kingwood TX 77339	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 204
	<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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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Peter S. Wohlgemuth		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 4439 Woodfield Blvd		Transaction ID: R14100
City State Zip Code Boca Raton FL 33434	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Shari L. Wolsky		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 35430 Spicebush Ln		Transaction ID: R14096
City State Zip Code Solon OH 44139	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Randy Wright		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 1460 Keim Cir		Transaction ID: R14046
City State Zip Code Geneva IL 60134	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 180 / 204						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Frank K. Yorita		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 6662 Doral Dr		Transaction ID: R14174	
City State Zip Code Huntington Beach CA 92648	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Paul Yurfest		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 4635 Dudley Ln		Transaction ID: R14709	
City State Zip Code Atlanta GA 30327	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Henry S. Zaytoun, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 325 Buncombe St		Transaction ID: R14446	
City State Zip Code Raleigh NC 27609	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 204
	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Henry S. Zaytoun, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 325 Buncombe St		Transaction ID: R14710	
City Raleigh	State NC	Zip Code 27609	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. J. Steven Zeh		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 813 Towner PI		Transaction ID: R14670	
City Anchorage	State KY	Zip Code 40223	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. David A. Zysik		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 13964 State Highway 37		Transaction ID: R14255	
City Massena	State NY	Zip Code 13662	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	137235.00

**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)

PAGE 182 / 204

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kevin J. Dillard

Mailing Address 1500 Froesel Drive

City State Zip Code
Ellisville MO 63011

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D958

Date of Disbursement

/ /

Amount of Each Disbursement this Period

598.41

SUBTOTAL of Disbursements This Page (optional)

598.41

TOTAL This Period (last page this line number only)

598.41

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)

PAGE 183 / 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. A Lot of People Who Support Jeff Bingaman (2006)		Transaction ID: D985 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address P O Box 2048		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87103	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Jeff Bingaman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Becerra for Congress		Transaction ID: D991 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address PO Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90026	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Xavier Becerra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Buck McKeon for Congress		Transaction ID: D982 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 24265 San Fernando Road		Amount of Each Disbursement this Period 1000.00
City Santa Clarita State CA Zip Code 91321	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Howard P. McKeon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

PAGE 184 / 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Cantor for Congress		Transaction ID: D997 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 4914 Fitzhugh Ave Ste 202		Amount of Each Disbursement this Period 5000.00
City Richmond State VA Zip Code 23230	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Eric Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capito for Congress		Transaction ID: D976 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address PO BOX 11519		Amount of Each Disbursement this Period 2000.00
City Charleston State WV Zip Code 25339	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Shelley Moore Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Christopher Shays for Congress Committee		Transaction ID: D1011 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 132 East Putnam Avenue		Amount of Each Disbursement this Period 5000.00
City Cos Cob State CT Zip Code 06807	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Christopher Shays		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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)

PAGE 185 / 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

A. Citizens to Elect Rick Larsen Full Name (Last, First, Middle Initial) Citizens to Elect Rick Larsen Mailing Address PO Box 326 City Everett State WA Zip Code 98206 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Rick Larsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1000 Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type
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B. Congressman Joe Barton Committee Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee Mailing Address PO Box 1444 City Ennis State TX Zip Code 75120 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Joe Barton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D974 Date of Disbursement 08 / 25 / 2006 Amount of Each Disbursement this Period 2000.00 Category/Type
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C. DC Friend of Bill Clay Full Name (Last, First, Middle Initial) DC Friend of Bill Clay Mailing Address P. O. Box 1830 City Washington State DC Zip Code 20013 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name WM. Lacy Clay Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D987 Date of Disbursement 08 / 25 / 2006 Amount of Each Disbursement this Period 2000.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dave Camp for Congress 2002		Transaction ID: D975 Date of Disbursement 08 / 25 / 2006
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 2000.00
City Midland State MI Zip Code 48640	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Dave Lee Camp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dewine for US Senate		Transaction ID: D966 Date of Disbursement 07 / 24 / 2006
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 5000.00
City Columbus State OH Zip Code 43234	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Mike DeWine		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dreier for Congress Committee		Transaction ID: D972 Date of Disbursement 08 / 25 / 2006
Mailing Address PO Box 1110		Amount of Each Disbursement this Period 5000.00
City Covina State CA Zip Code 91722	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name David Dreier		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Ensign for Senate		Transaction ID: D1004 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 8917 Stafford Springs Drive		Amount of Each Disbursement this Period 5000.00
City Las Vegas	State NV	
Zip Code 89134		
Purpose of Disbursement Contr.		
Candidate Name John Eric Ensign		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District:		

Full Name (Last, First, Middle Initial) B. Friends for Harry Reid		Transaction ID: D983 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address PO Box 85223		Amount of Each Disbursement this Period 2000.00
City Las Vegas	State NV	
Zip Code 89185		
Purpose of Disbursement Contr.		
Candidate Name Harry Reid		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District:		

Full Name (Last, First, Middle Initial) C. Friends for Mike McGavick		Transaction ID: D1002 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 501 8th Ave N		Amount of Each Disbursement this Period 5000.00
City Seattle	State WA	
Zip Code 98109		
Purpose of Disbursement Contr.		
Candidate Name Mike McGavick		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District:		

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Jack Kingston		Transaction ID: D959 Date of Disbursement 07 / 17 / 2006	
Mailing Address PO Box 2133		Amount of Each Disbursement this Period 5000.00	
City Savannah State GA Zip Code 31402	Purpose of Disbursement Contr. Candidate Name Jack Kingston Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Friends of Jack Kingston		Transaction ID: D960 Date of Disbursement 07 / 17 / 2006	
Mailing Address PO Box 2133		Amount of Each Disbursement this Period 5000.00	
City Savannah State GA Zip Code 31402	Purpose of Disbursement Contr. Candidate Name Jack Kingston Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Friends of John Boehner		Transaction ID: D971 Date of Disbursement 08 / 25 / 2006	
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 5000.00	
City West Chester State OH Zip Code 45069	Purpose of Disbursement Contr. Candidate Name John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Max Baucus		Transaction ID: D984 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 203 C Street, N.E.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Mike Sodrel		Transaction ID: D1022 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 1505		Amount of Each Disbursement this Period 5000.00
City Jeffersonville State IN Zip Code 47131	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Mike Sodrel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Rahm Emanuel		Transaction ID: D989 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address PO Box 64415		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60664	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Rahm Emanuel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Graves for Congress		Transaction ID: D980 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 4701 Northwest 82nd Street		Amount of Each Disbursement this Period 1000.00
City Kansas City State MO Zip Code 64151	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Sam B. Graves		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heather Wilson for Congress		Transaction ID: D1015 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87191	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Heather Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hoyer for Congress Committee		Transaction ID: D988 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 2000.00
City Clinton State MD Zip Code 20735	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Steny H. Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

A. Hulshof for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 1621 City Columbia State MO Zip Code 65205 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Kenny Hulshof Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D970 Date of Disbursement 08 / 11 / 2006 Amount of Each Disbursement this Period 1000.00
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B. J D Hayworth for Congress Full Name (Last, First, Middle Initial) Mailing Address 10789 N 90th Street Suite 102 City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D998 Date of Disbursement 09 / 07 / 2006 Amount of Each Disbursement this Period 5000.00
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C. Max Burns for US Congress Full Name (Last, First, Middle Initial) Mailing Address 6409 Abercorn Street City Savannah State GA Zip Code 31405 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Max Burns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1016 Date of Disbursement 09 / 26 / 2006 Amount of Each Disbursement this Period 1000.00
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SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. McConnell Senate Committee '08		Transaction ID: D961 Date of Disbursement 07 / 24 / 2006
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 1000.00
City Louisville	State KY	
Zip Code 40201		
Purpose of Disbursement Contr.		
Candidate Name Mitch McConnell		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District:		

Full Name (Last, First, Middle Initial) B. McCrery for Congress		Transaction ID: D1008 Date of Disbursement 09 / 26 / 2006
Mailing Address 1900 Deposit Guaranty Tower 333 Texas Street		Amount of Each Disbursement this Period 5000.00
City Shreveport	State LA	
Zip Code 71101		
Purpose of Disbursement Contr.		
Candidate Name Jim McCrery		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 04		

Full Name (Last, First, Middle Initial) C. Musgrave for Congress		Transaction ID: D999 Date of Disbursement 09 / 07 / 2006
Mailing Address 15484 Rd 18 1/2		Amount of Each Disbursement this Period 5000.00
City Fort Morgan	State CO	
Zip Code 80701		
Purpose of Disbursement Contr.		
Candidate Name Marilyn N. Musgrave		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 04		

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee		Transaction ID: D967 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 15000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Contr. National Republican Congr (DC-R)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Nelson 2006		Transaction ID: D986 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 21045 Timberlane Circle		Amount of Each Disbursement this Period 1000.00
City Elkhorn	State NE	
Zip Code 68022	Purpose of Disbursement Contr.	Category/ Type
Candidate Name Ben Nelson	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NE District:	

Full Name (Last, First, Middle Initial) C. Norwood for Congress		Transaction ID: D973 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address P O Box 499		Amount of Each Disbursement this Period 5000.00
City Evans	State GA	
Zip Code 30809	Purpose of Disbursement Contr.	Category/ Type
Candidate Name Charlie W. Norwood	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: GA District: 09	

SUBTOTAL of Disbursements This Page (optional)	21000.00
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
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. PETEPAC		Transaction ID: D993 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address PO Box 38585		Amount of Each Disbursement this Period 5000.00
City Dallas	State TX	
Zip Code 75238		
Purpose of Disbursement Contr.		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. People for English		Transaction ID: D977 Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2006
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 2000.00
City Erie	State PA	
Zip Code 16507		
Purpose of Disbursement Contr.		
Candidate Name Phil English		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 03		

Full Name (Last, First, Middle Initial) C. Pete Sessions for Congress		Transaction ID: D996 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address PO Box 140970		Amount of Each Disbursement this Period 5000.00
City Dallas	State TX	
Zip Code 75214		
Purpose of Disbursement Contr.		
Candidate Name Pete Sessions		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 32		

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Pryce for Congress		Transaction ID: D1009 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 145 E Rich Street		Amount of Each Disbursement this Period 5000.00
City Columbus	State OH	
Zip Code 43215		
Purpose of Disbursement Contr.		
Candidate Name Deborah Pryce		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 15		

Full Name (Last, First, Middle Initial) B. Re-Elect Nancy Johnson to Congress		Transaction ID: D981 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 4451 Brookfield Corporate Drive Suite 200		Amount of Each Disbursement this Period 1000.00
City Chantilly	State VA	
Zip Code 20151-1652		
Purpose of Disbursement Contr.		
Candidate Name Nancy Johnson		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 05		

Full Name (Last, First, Middle Initial) C. Re-Elect Nancy Johnson to Congress		Transaction ID: D1017 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 4451 Brookfield Corporate Drive Suite 200		Amount of Each Disbursement this Period 2000.00
City Chantilly	State VA	
Zip Code 20151-1652		
Purpose of Disbursement Contr.		
Candidate Name Nancy Johnson		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 05		

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"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Richard Pombo for Congress		Transaction ID: D962 Date of Disbursement 07 / 24 / 2006
Mailing Address 28375 South Chrisman Road		Amount of Each Disbursement this Period 4000.00
City Tracy State CA Zip Code 95304	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Richard W. Pombo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard Pombo for Congress		Transaction ID: D963 Date of Disbursement 07 / 24 / 2006
Mailing Address 28375 South Chrisman Road		Amount of Each Disbursement this Period 1000.00
City Tracy State CA Zip Code 95304	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Richard W. Pombo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard Pombo for Congress		Transaction ID: D1006 Date of Disbursement 09 / 25 / 2006
Mailing Address 28375 South Chrisman Road		Amount of Each Disbursement this Period 4000.00
City Tracy State CA Zip Code 95304	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Richard W. Pombo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

A. Rick O'Donnell for Congress Full Name (Last, First, Middle Initial) Rick O'Donnell for Congress Mailing Address P.O. Box 260693 City Lakewood State CO Zip Code 80226 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Rick O'Donnell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1019 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type
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B. Rob Simmons for Congress Full Name (Last, First, Middle Initial) Rob Simmons for Congress Mailing Address PO Box 268, Drawer 271 City Stonington State CT Zip Code 06378 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Rob Simmons Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1012 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 Category/Type
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C. Roskam for Congress Full Name (Last, First, Middle Initial) Roskam for Congress Mailing Address 423 W. Wesley City Wheaton State IL Zip Code 60187 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Peter Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1020 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Sekula Gibbs for Congress		Transaction ID: D1021 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address P.O. Box 890954		Amount of Each Disbursement this Period 1000.00	
City Houston State TX Zip Code 77289	Purpose of Disbursement Contr. Candidate Name Shelley Sekula-Gibbs Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Snowe for Senate		Transaction ID: D1001 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address P.O. Box 2000		Amount of Each Disbursement this Period 5000.00	
City Portland State ME Zip Code 04104	Purpose of Disbursement Contr. Candidate Name Olympia J. Snowe Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Steele for Maryland		Transaction ID: D994 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6	
Mailing Address 3611 Branch Avenue Suite 206		Amount of Each Disbursement this Period 5000.00	
City Temple Hills State MD Zip Code 20748	Purpose of Disbursement Contr. Candidate Name Michael Steele Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

A. Steele for Maryland Full Name (Last, First, Middle Initial) Steele for Maryland Mailing Address 3611 Branch Avenue Suite 206 City Temple Hills State MD Zip Code 20748 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Michael Steele Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D995 Date of Disbursement 09 / 07 / 2006 Amount of Each Disbursement this Period 5000.00 Category/Type
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B. Stephanie Tubbs Jones for US Congress Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones for US Congress Mailing Address 3729 Silsby Rd City University Heights State OH Zip Code 44118 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Stephanie Tubbs Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D990 Date of Disbursement 08 / 25 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type
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C. Sweeney for Congress Full Name (Last, First, Middle Initial) Sweeney for Congress Mailing Address PO Box 4698 City Saratoga Springs State NY Zip Code 12866 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name John E. Sweeney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1013 Date of Disbursement 09 / 26 / 2006 Amount of Each Disbursement this Period 5000.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Team Emerson		Transaction ID: D957 Date of Disbursement 07 / 13 / 2006
Mailing Address PO Box 822		Amount of Each Disbursement this Period 1000.00
City Cape Girardeau	State MO	
Zip Code 63701		
Purpose of Disbursement Contr.		
Candidate Name Jo Ann Emerson		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 08		

Full Name (Last, First, Middle Initial) B. The Weldon for Congress Committee		Transaction ID: D1014 Date of Disbursement 09 / 26 / 2006
Mailing Address P O Box 1992		Amount of Each Disbursement this Period 5000.00
City Media	State PA	
Zip Code 19063		
Purpose of Disbursement Contr.		
Candidate Name Curt Weldon		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 07		

Full Name (Last, First, Middle Initial) C. Thelma Drake for Congress		Transaction ID: D1007 Date of Disbursement 09 / 26 / 2006
Mailing Address PO Box 61480		Amount of Each Disbursement this Period 5000.00
City Virginia Beach	State VA	
Zip Code 23466		
Purpose of Disbursement Contr.		
Candidate Name Thelma Drake		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Tom Reynolds for Congress		Transaction ID: D979 Date of Disbursement 08 / 25 / 2006	
Mailing Address PO Box 141		Amount of Each Disbursement this Period 2000.00	
City Williamsville	State NY		Zip Code 14231
Purpose of Disbursement Contr.			Category/ Type
Candidate Name Thomas M. Reynolds			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 26			

Full Name (Last, First, Middle Initial) B. Van Taylor for Congress		Transaction ID: D1023 Date of Disbursement 09 / 26 / 2006	
Mailing Address 530 N. New Road		Amount of Each Disbursement this Period 1000.00	
City Waco	State TX		Zip Code 76703
Purpose of Disbursement Contr.			Category/ Type
Candidate Name Van Taylor			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 17			

Full Name (Last, First, Middle Initial) C. Wally Herger for Congress Committee		Transaction ID: D978 Date of Disbursement 08 / 25 / 2006	
Mailing Address PO Box 1500		Amount of Each Disbursement this Period 2000.00	
City Chico	State CA		Zip Code 95927
Purpose of Disbursement Contr.			Category/ Type
Candidate Name Wally Herger			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 02			

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walsh for Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13215

Purpose of Disbursement
Contr.

Candidate Name
James T. Walsh

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 25

Transaction ID: D965

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

186500.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Howard Starnbach		Transaction ID: D956	
Mailing Address 323 West Fifth St		Date of Disbursement 07 / 13 / 2006	
City Cincinnati	State OH	Zip Code 45202	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Refund to Individual		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 13th Colony Leadership Committee, Inc.

Mailing Address PO Box 114

City Savannah State GA Zip Code 31402

Purpose of Disbursement
Contr. 13th Colony Leadership Co

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D969

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)