REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 23 12 19 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Association of Orthodontists Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
401 North Lindbergh Blvd.

CITY, STATE and ZIP CODE
St. Louis, MO 63108

2. FEC IDENTIFICATION NUMBER
C00293910

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

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

☒ Twelfth day report preceding General (Type of Election) election on Nov. 5 in the State of MO

☐ Thirtieth day report following the General Election on _____ in the State of _____

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 10-1-96 through 10-16-96		
6. (a)	Cash on Hand January 1, 19 96		$108,618.02
(b)	Cash on Hand at Beginning of Reporting Period	$105,698.84	
(c)	Total Receipts (from Line 19)	$6,000.00	$66,416.02
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$111,698.84	$175,034.04
7.	Total Disbursements (from Line 30)	$48,100.00	$111,435.20
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$63,598.84	$63,598.84
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Ronald S. Moen, Secretary-Treasurer

Signature of Treasurer
Ronald S. Moen

Date
10-18-96

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

FEC FORM 3X
(revised 9/93)

FE6AN099

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

(revised 1/1/91)

NAME OF COMMITTEE: American Association of Orthodontists Political Action Committee

REPORT COVERING PERIOD FROM 10-1-96 TO: 10-16-96

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	Ø	2500.02
ii. Unitemized	6,000.00	63,916.00
iii. Total (add i and ii) ➤	6,000.00	66,416.02
b. Political Party Committees	Ø	Ø
c. Other Political Committees (such as PACs)	Ø	Ø
d. Total Contributions (add a iii, b and c) ➤	6,000.00	66,416.02
12. Transfers From Affiliated/Other Party Committees	Ø	Ø
13. All Loans Received	Ø	Ø
14. Loan Repayments Received	Ø	Ø
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	Ø	Ø
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	Ø	Ø
17. Other Federal Receipts (Dividends, Interest, etc.)	Ø	Ø
18. Transfers from Nonfederal Account for Joint Activity	Ø	Ø
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,000.00	66,416.02
20. Total Federal Receipts (subtract line 16 from line 19) ➤	6,000.00	66,416.02
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	Ø	Ø
ii. Non-Federal Share	Ø	Ø
b. Other Federal Operating Expenditures	Ø	2035.20
c. Total Operating Expenditures (add a i, a ii, and b) ➤	Ø	2035.20
22. Transfers to Affiliated/Other Party Committees	Ø	Ø
23. Contributions to Federal Candidates/Committees and Other Political Committees	$48,000.00	$109,000.00
24. Independent Expenditures (use Schedule E)	Ø	Ø
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	Ø	Ø
26. Loan Repayments Made	Ø	Ø
27. Loans Made	Ø	Ø
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	$100.00	$400.00
b. Political Party Committees	Ø	Ø
c. Other Political Committees (such as PACs)	Ø	Ø
d. Total Contribution Refunds (add a, b and c) ➤	$100.00	$400.00
29. Other Disbursements	Ø	Ø
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$48,100	111,435.20
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$48,100	111,435.20
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	$6,000.00	$66,416.02
33. Total Contribution Refunds (from line 28d)	$100.00	$400.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	$5,900.00	66,016.02
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	Ø	2035.20
36. Offsets to Operating Expenditures (from line 15)	Ø	Ø
37. Net Operating Expenditures (subtract line 36 from 35) ➤	Ø	2035.20

FE6AN069

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commerc purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
A. Cardin for Congress P.O. Box 65056 Baltimore, MD 21209-0056	Benjamin Cardin House of Representatives MD-3 YTD = $1,500 Disbursement for: Primary [X] General Other (specify)	10-3-96	$1,500.00
B. Friends of Ron Packard 4503 A Sahalee Court Alexandria, VA 22312	Ron Packard House of Representatives CA-48 YTD = $1,500 Disbursement for: Primary [X] General Other (specify)	10-3-96	$1,500.00
C. Brian Babin for Congress 1203 W. Dogwood Woodville, TX 75979	Brian Babin House of Representatives TX-2 YTD = $2,500 Disbursement for: Primary [X] General Other (specify)	10-9-96	$2,500.00
D. Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Michael Bilirakis House of Representatives FL-9 YTD = $2,500 Disbursement for: Primary [X] General Other (specify)	10-3-96	$2,500.00
E. Bliley for Congress 3830 Ingalls Avenue Alexandria, VA 22302	Thomas Bliley, Jr. House of Representatives VA-7 YTD = $2,500 Disbursement for: Primary [X] General Other (specify)	10-3-96	$2,500.00
F. Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown House of Representatives OH-13 YTD = $1,000 Disbursement for: Primary [X] General Other (specify)	10-3-96	$1,000.00
G. John Ensign for Congress 413 Decatur Blvd. Las Vegas, NV 89107	John Ensign House of Representatives NV-1 YTD = $5,000 Disbursement for: Primary [X] General Other (specify)	10-3-96	$5,000.00
H. Friends of Newt Gingrich 1085 Holcomb Bridge Rd. Suite 190A Roswell, GA 30076	Newt Gingrich House of Representatives GA-6 YTD = $4,000 Disbursement for: Primary [X] General Other (specify)	10-3-96	$4,000.00
I. Gephardt in Congress Committee 7435 Watson Rd., Suite 107 St. Louis, MO 63119	Richard Gephardt House of Representatives MO-3 YTD = 3,000 Disbursement for: Primary [X] General Other (specify)	10-4-96	$3,000.00

SUBTOTAL of Disbursements This Page (optional) $23,500.00

TOTAL This Period (last page this line number only)

FEMA008

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBE. 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commerc 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

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe.
A. Committee to Re-elect J.D. Hayworth P.O. Box 14273 Scottsdale, AZ 85267	J.D. Hayworth House of Representatives AZ-6 YTD=$2,500 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10-9-96	$2,500.00
B. Trent Lott for Mississippi P.O. Box 22824 Jackson, MS 39225	Trent Lott Senate MS YTD=$2,500 Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10-9-96	$2,500.00
C. Norwood for Congress P.O. Box 499 Evans, GA 30809	Charles Norwood House of Representatives GA-10 YTD=$9,000 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10-9-96	$5,000.00
D. Porter for Congress P.O. Box 7126 Deerfield, IL 60015	John Edward Porter House of Representatives IL-10 YTD=$1,000 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10-9-96	$1,000.00
E. Jim Ramstad Volunteer Committee 8100 Penn Avenue, Suite 104 Bloomington, MN 55431	Jim Ramstad House of Representatives MN-3 YTD=$2,500 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10-4-96	$2,500.00
F. Rangel for Congress P.O. Box 5577 Manhattanville Station 345 W. 125th St. New York, NY 10027	Charles Rangel House of Representatives NY-15 YTD=$1,000 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10-9-96	$1,000.00
G. Pete Stark Re-Election Committee P.O. Box 121 Hayward, CA 94543	Fortney "Pete" Stark House of Representatives CA-13 YTD=$2,500 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10-3-96	$2,500.00
H. Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas House of Representatives CA-21 YTD=$2,500 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10-9-96	$2,500.00
I. Weld for Senate 90 Canal St., 4th Floor Boston, MA 02114	William Weld Senate MA YTD=$4,000 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10-3-96	$4,000.00

SUBTOTAL of Disbursements This Page (optional) $23,500.00

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

FE6AN060

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 13

FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commerc purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Wilde for Congress 8311 Haven Avenue #150 Rancho Cucamonga, CA 91730	Linda Wilde House of Representatives CA-42 YTD = $4,000 Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	10-9-96	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Peri
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Peri
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Peri
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $1,000.00

TOTAL This Period (last page this line number only) $48,000.00

FE8A Note

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 28

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code Sammy R. Bryan, D.D.S., INC 1516 16th Street Huntsville, Tx 77340	Purpose of Disbursement Contribution Refund Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/14/96	Amount of Each Disbursement This Period $ 100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$100.00
TOTAL This Period (last page this line number only)	$ 100.00

FE8AN060

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10-18-96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

10-23-96
DATE PREPARED

FEC FORM 70-2 (12/92)