REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00293910 061495 N 224
RONALD S MOEN
AMERICAN ASSOCIATION OF ORTHOD
ONTISTS POLITICAL ACTION COMMI
401 NORTH LINDBERGH BOULEVARD
ST LOUIS MO 63141

JUL 31 11 26 AM '95

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 _____ (Type of Election) election on _____ in the State of _____

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

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

SUMMARY

5. Covering Period 01-01-95 through 06-30-95

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 95		$18,782.01
(b) Cash on Hand at Beginning of Reporting Period	$18,782.01	
(c) Total Receipts (from Line 19)	$34,426.01	$34,426.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$53,208.02	$53,208.02
7. Total Disbursements (from Line 30)	$ 0	$ 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$53,208.02	$53,208.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Signature of Treasurer
Ronald S. Moen

Date
7-26-95

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)

FE8AN068

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 01-01-95 TO: 06-30-95

	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)	3,897.01	3,897.01	11(a)(i)
ii. Unitemized	30,529.00	30,529.00	11(a)(ii)
iii. Total (add i and ii) ➤	34,426.01	34,426.01	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	34,426.01	34,426.01	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	34,426.01	34,426.01	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	34,426.01	34,426.01	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	0	0	30
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0	0	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	34,426.01	34,426.01	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	34,426.01	34,426.01	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE3AN095

95U5920254

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11. a. i.

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. James A. Bond 530 W. Butler Ave. Chalfont, PA 18914-0128 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	James A. Bond, DDS Occupation: Orthodontist Aggregate Year-to-Date > $ 201.00	6-13-95	$201.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Clark C. Browne 3507 Old Montgomery Hwy. Birmingham, AL 35209-5714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Orthodontic Associates, Clark C. Browne, PA Occupation: Orthodontist Aggregate Year-to-Date > $ 400.00	5-30-95	$400.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Carl Dann III 2200 E. Robinson St. Orlando, FL 32803-6099 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carl Dann III, DDS, PA Occupation: Orthodontist Aggregate Year-to-Date > $ 300.00	3-27-95 6-29-95	$200.00 $100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. John M. Grewe The Professional Centre 120 Sister Pierre Dr., Ste. 502 Towson, MD 21204-7527 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	John M. Grewe, DDS, MSD, PhD, PA Occupation: Orthodontist Aggregate Year-to-Date > $ 500.00	5-5-95	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Peter C. Knudson 105 Skyline Dr. Brigham City, UT 84302-3196 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Peter C. Knudson, DDS, MS, PC Occupation: Orthodontist Aggregate Year-to-Date > $ 250.00	5-30-95	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. John H. Nuveen 165 W. Ashland St. Doylestown, PA 18901-4050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	John H. Nuveen, DMD Occupation: Orthodontist Aggregate Year-to-Date > $ 300.00	4-27-95	$300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Gerald P. Poulsen 3105 West 5400 South Bennion, UT 84118-1436 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gerald P. Poulsen, DDS, PC Occupation: Orthodontist Aggregate Year-to-Date > $ 225.00	1-17-95	$225.00

SUBTOTAL of Receipts This Page (optional) $2,176.00

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

FE8AN066

95 0 3 3 9 2 0 1 5

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Donald R. Poulton Univ. of the Pacific School of Dentistry 2155 Webster St. San Francisco, CA 94115-1641 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Univ. of the Pacific School of Dentistry Occupation: Orthodontist Aggregate Year-to-Date: $ 201.00	5-30-95	$201.00
B. Dr. Steven T. Short 4701 N. Federal Hwy. #A30 Fort Lauderdale, FL 33308-4608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Steven T. Short, DDS, PA Occupation: Orthodontist Aggregate Year-to-Date: $ 200.01	2-2-95	$200.01
C. Dr. Philip T. Siegel 6404 Roosevelt Blvd. Philadelphia, PA 19149-5714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pediatric Dental Associates Occupation: Orthodontist Aggregate Year-to-Date: $ 500.00	4-14-95	$500.00
D. Dr. Marvin G. Stephens, Jr. 3707 Brookside Dr. Tyler, TX 75701-8699 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Marvin G. Stephens, Jr. DDS, MSD Occupation: Orthodontist Aggregate Year-to-Date: $ 300.00	5-30-95 6-29-95	$100.00 $200.00
E. Dr. David S. Williams 806 Hatcher Ln. Columbia, TN 38401-3590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David S. Williams DDS, MS Occupation: Orthodontist Aggregate Year-to-Date: $ 220.00	1-11-95	$220.00
F. Dr. Warren D. Woods 441 Rte. 130 Sandwich, MA 02563-2340 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Warren D. Woods DMD Occupation: Orthodontist Aggregate Year-to-Date: $ 300.00	5-30-95 6-30-95	$100.00 $200.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) $3,897.01

FE5AN055

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 7-27-95
☐	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

S.K.G.
PREPARER

7-31-95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 9 0 9 2 0 7