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)
American Association of Orthodontists Political Action Committee

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

CITY, STATE and ZIP CODE
St. Louis, MO 63141

FEB 3 8 45 AM '96

2. FEC IDENTIFICATION NUMBER
C00243910

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07-01-95 through 12-31-95		
6. (a) Cash on Hand January 1, 19 95		$18,782.01
(b) Cash on Hand at Beginning of Reporting Period	$53,208.00	
(c) Total Receipts (from Line 19)	$61,210.00	$95,636.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$114,418.00	$114,418.00
7. Total Disbursements (from Line 30)	$5,800.00	$5,800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$108,618.00	$108,618.00
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

Signature of Treasurer
Ronald S. Moen

Date
1-30-96

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)

FE5ANK06

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 07-01-95 TO 12-31-95

	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)	$8,630.00	$12,527.01	11(a)(i)
ii. Unitemized	$52,580.00	$83,109.00	11(a)(ii)
iii. Total (add i and ii) ➤	$61,210.00	$95,636.01	11(a)(iii)
b. Political Party Committees	Ø	Ø	11(b)
c. Other Political Committees (such as PACs)	Ø	Ø	11(c)
d. Total Contributions (add a iii, b and c) ➤	$61,210.00	$95,636.01	11(d)
12. Transfers From Affiliated/Other Party Committees	Ø	Ø	12
13. All Loans Received	Ø	Ø	13
14. Loan Repayments Received	Ø	Ø	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	Ø	Ø	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	Ø	Ø	16
17. Other Federal Receipts (Dividends, Interest, etc.)	Ø	Ø	17
18. Transfers from Nonfederal Account for Joint Activity	Ø	Ø	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$61,210.00	$95,636.01	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$61,210.00	$95,636.01	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	Ø	Ø	21(a)(i)
ii. Non-Federal Share	Ø	Ø	21(a)(ii)
b. Other Federal Operating Expenditures	Ø	Ø	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	Ø	Ø	21(c)
22. Transfers to Affiliated/Other Party Committees	Ø	Ø	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$5,000.00	$5,000.00	23
24. Independent Expenditures (use Schedule E)	Ø	Ø	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	Ø	Ø	25
26. Loan Repayments Made	Ø	Ø	26
27. Loans Made	Ø	Ø	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	$800.00	$800.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤	$800.00	$800.00	28(d)
29. Other Disbursements	Ø	Ø	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$5,800.00	$5,800.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$5,800.00	$5,800.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$61,210.00	$95,636.01	32
33. Total Contribution Refunds (from line 28d)	$800.00	$800.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$60,410.00	$94,836.01	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	Ø	Ø	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	Ø	Ø	37

FE5AN068

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 6

FOR LINE NUMBER 11a1

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 A. Dean Alpine, 4901 Limestone Road, Wilmington, DE 19808-1200	A. Dean Alpine, DMD, PA / Orthodontist	11-14-95	$200.00
B. Dr Walter C. Buchsieb, Department of Orthodontics, OSU College of Dentistry, Postle Hall, 305 W. 12th Avenue, Columbus, OH 43210-1241	Walter C Buchsieb, DDS / Orthodontist	8-12-95	$200.00
C. Dr. Joseph M. Caruso, 25044-200 Peachland Avenue, Newhall, CA 91321-2552	Joseph M. Caruso, DDS, MS, PC / Orthodontist	8-12-95 12-4-95	$100.00 $200.00
D. Dr. Ronald L. Champion, 1524 McHenry Ave #535, Modesto, CA 95350 4568	Ronald L. Champion, DDS, MSD / Orthodontist	10-31-95 12-5-95	$200.00 $200.00
E. Dr Harold J. Cohen, 135 E. Elm Avenue, Hanover, PA 17331-1895	Harold J. Cohen, DMD, PC / Orthodontist	8-22-95	$100.00
F. Dr Richard J. Dahar, 1428 Park Building, 355 5th Avenue, Pittsburgh, PA 15222-2499	Richard J. Dahar, DMD / Orthodontist	9-20-95	$201.00
G. Dr Carl Dann III, 2200 East Robinson Street, Orlando, FL 32803-6099	Carl Dann III, DDS, PA / Orthodontist	9-21-95 10-9-95	$100.00 $100.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date: $ 400.00 / $ 400.00 / $ 300.00 / $ 400.00 / $ 250.00 / $ 201.00 / $ 500.00

SUBTOTAL of Receipts This Page (optional) $1601.00

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

FE5AN065

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 6

FOR LINE NUMBER 11a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. William H DeKock 2727 First Ave S.E. Cedar Rapids, IA 52402-1812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: William H. DeKock Occupation: Orthodontist Aggregate Year-to-Date $ 400.00	8-14-95	$200.00
B. Dr Richard C. Drummond 101 S Bryn Mawr Avenue #320 Bryn Mawr, PA 19010-2461 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Richard C Drummond DMD, Inc. Occupation: Orthodontist Aggregate Year-to-Date $ 300.00	8-22-95	$200.00
C. Dr. Julian D Freeman 728 Black Horse Pike #202 203 Turnersville, NJ 08012-1200 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Julian D. Freeman, DMD Occupation: Orthodontist Aggregate Year-to-Date $ 399.00	8-12-95	$199.00
D. Dr. David G Haas 3500 West Market Street. Akron, OH 44333-2696 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: David G. Haas, DDS, Inc. Occupation: Orthodontist Aggregate Year-to-Date $ 300.00	10-3-95 12-11-95	$100.00 $200.00
E. Dr. David C. Hamilton 3754 Darlington Road Beaver Falls, PA 15010-1051 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Orthodontic Associates Occupation: Orthodontist Aggregate Year-to-Date $ 250.00	7-6-95	$200.00
F. Dr Thomas G. Handy 1700 S. Hawthorne Road Winston-Salem, NC 27103-3161 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Thomas G. Handy, DDS Occupation: Orthodontist Aggregate Year-to-Date $ 400.00	9-7-95	$200.00
G. Dr. Clark L Jones 4025 West Bell Road #5 Phoenix, AZ 85023-1625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Clark L Jones, DDS MSD, LTD Occupation: Orthodontist Aggregate Year-to-Date $ 299.00	9-6-95	$100.00

SUBTOTAL of Receipts This Page (optional) $1399.00

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

FE8AN060

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 6

FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr Steven M Kazley, 1688 Monroe Avenue, Rochester, NY 14618-1417	Steven M. Kazley, DDS / Orthodontist	8-12-95 / 10-3-95	$200.00 / $200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 400.00		
B. Dr Charles R. Kent, 107 W. Kerr Street, Lufkin, TX 75901-3857	Charles R. Kent, DDS, MS, Inc. / Orthodontist	9-6-95	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
C. Dr. Alan G. Lauter, 3430 N. Old Arlington Heights Rd., Arlington Heights, IL 60004-3045	Alana Lauter DDS, PC / Orthodontist	10-17-95	$200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
D. Dr. Lee A. Mahlmann, 4411 Avenue N, Rosenberg, TX 77471-4856	Lee A. Mahlmann, DDS, MS, Inc. / Orthodontist	7-6-95 / 10-17-95	$100.00 / $125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 225.00		
E. Dr. Michael Matlof, 410 Sovereign Ct #19, Manchester, MO 63011-4432	Michael Matlof, DDS, PC / Orthodontist	8-12-95	$150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
F. Dr. Larry D. Mayer, 500 N Jackson at Guadalupe, Lagrange, TX 78945-2041	Larry D Mayer, DDS / Orthodontist	9-6-95	$200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
G. Dr Stephen J. McAuliff, 1549 West Main Street, Visalia, CA 93291-2819	Stephen J. McAuliff, DDS, Inc. / Orthodontist	7-6-95	$150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		

SUBTOTAL of Receipts This Page (optional) $1425.00

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

FE5AN085

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 6

FOR LINE NUMBER 11a.

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr Paul J McKenna 614 Hopmeadow Street Simsbury, CT 06070-2449 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Paul J McKenna, DMD, PC Occupation: Orthodontist Aggregate Year-to-Date > $ 250.00	8-17-95	$150.00
B. Dr. Robert M. Merrill 101 NE 11th East Wenatchee, WA 98802-1025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Robert M Merrill, DDS, MS Occupation: Orthodontist Aggregate Year-to-Date > $ 250.00	8-28-95	$250.00
C. Dr. Perry M. Opin 243 Broad Street Milford, CT 06460-4998 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Perry M. Opin, DDS, PC Occupation: Orthodontist Aggregate Year-to-Date > $ 300.00	8-17-95 10-31-95 11-14-95	$100.00 $100.00 $100.00
D. Dr. James W. Osborne 10760 E. 350 Highway Raytown, MO 64138-1815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	James W. Osborne DDS, PC Occupation: Orthodontist Aggregate Year-to-Date > $ 350.00	8-10-95	$150.00
E. Dr Gerald P. Poulsen 3107 W. 5400 South Bennion, UT 84118-1436 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gerald P. Poulsen, DDS, PC Occupation: Orthodontist Aggregate Year-to-Date > $ 275.00	9-19-95	$50.00
F. Dr. James D Ritzenthaler 123 East Avenue Lockport, NY 14094-1097 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	James D. Ritzenthaler, DDS, PC Occupation: Orthodontist Aggregate Year-to-Date > $ 250.00	7-6-95 9-6-95	$100.00 $100.00
G. Dr Louis J. Russo, Jr. Princeton Professional Park 601 Ewing Street #B 12 Princeton, NJ 08540-3196 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Louis J. Russo, Jr and Kevin Leal, DMD, PA Occupation: Orthodontist Aggregate Year-to-Date > $ 400.00	10-9-95	$200.00

SUBTOTAL of Receipts This Page (optional) $1300.00

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

FE5AN006

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Victor S. Sands 5445 Laurel Canyon Blvd. North Hollywood, CA 91607-3973 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Victor S. Sands, DDS, Inc Occupation: Orthodontist Aggregate Year-to-Date > $ 250.00	8-28-95	$150.00
B. Dr. Richard L. Sikora 305 S. Linden Normal, IL 61761-1088 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richard L. Sikora, DDS Occupation: Orthodontist Aggregate Year-to-Date > $ 250.00	9-6-95	$250.00
C. Dr. Larry C. Smedley 797-5 E. Lancaster Avenue Downington, PA 19335-5428 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Larry C. Smedley, DDS, LTD Occupation: Orthodontist Aggregate Year-to-Date > $ 300.00	9-21-95	$200.00
D. Dr. Greg W. Sutherland 217 Fourth Avenue S.W. Puyallup, WA 98371-5863 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greg W. Sutherland, DDS, MS, PS Occupation: Orthodontist Aggregate Year-to-Date > $ 300.00	8-17-95	$200.00
E. Dr. Jeffrey W. Vecere 22 West Pacific Avenue Cape May Court House, NJ 08210-2311 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jeffrey W. Vecere, DMD, PA Occupation: Orthodontist Aggregate Year-to-Date > $ 300.00	9-5-95	$100.00
F. Dr. Bradley L. Videen 133 SW 2nd Ave, P.O. Box 206 Cambridge, MN 55008-0206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bradley L. Videen, DDS, MS Occupation: Orthodontist Aggregate Year-to-Date > $ 400.00	10-31-95	$250.00
G. Dr. C. Edwin Wentz 4013 84th Street Lubbock, TX 79423-1913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	C. Edwin Wentz, DDS, Inc. Occupation: Orthodontist Aggregate Year-to-Date > $ 300.00	8-17-95 10-17-95	$200.00 $100.00

SUBTOTAL of Receipts This Page (optional) $1450.00

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

FEBAN095

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 6

FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Robert L. Wilhelm 109 W. 9th Avenue Fort Morgan, CO 80701-2011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Robert L. Wilhelm, DDS, PC Occupation: Orthodontist Aggregate Year-to-Date: $ 305.00	8-12-95 8-22-95	$200.00 $105.00
B. Dr. David S. Williams 806 Hatcher Lane Columbia, TN 38401-3590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David S. Williams DDS, MS Occupation: Orthodontist Aggregate Year-to-Date: $ 420.00	8-28-95	$200.00
C. Dr. David F. Zak 1475 Oakton Street Des Plaines, IL 60018-2119 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	David F. Zak, DDS, MS, LTD Occupation: Orthodontist Aggregate Year-to-Date: $ 300.00	9-11-95	$150.00
D. Dr. Arthur H. Ingram 2111 Parkside Drive, Suite A Freemont, CA 94536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arthur H. Ingram, DDS, Inc. Occupation: Orthodontist Aggregate Year-to-Date: $ 800.00	8-17-95	$800.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$1455.00
TOTAL This Period (last page this line number only)	$8630.00

FE5AN066

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28a

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

A. 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
Dr Arthur H. Ingram 211 Parkside Drive, Suite A Fremont, CA 94536	Contribution refund	10/17/95	$800.00
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) $800.00

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

FE3/N056

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. Box 499 Evans, GA 30809	Purpose of Disbursement Charles Norwood House of Representatives GA-10 YTD-$1000 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period $1,000.00
B. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Purpose of Disbursement William M. Thomas House of Representatives CA-21 YTD-$1000 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period $1,000.00
C. Full Name, Mailing Address and ZIP Code Senator Chafee Committee P.O. Box 623 Providence, RI 02901	Purpose of Disbursement John H. Chafee Senate-RI YTD-$1000 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period $1000.00
D. Full Name, Mailing Address and ZIP Code Acct of People Supporting Thomas Daschle 245 2nd Street NW, Suite #300 Washington, DC 20002	Purpose of Disbursement Thomas A. Daschle Senate-SD YTD-$1000 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period $1000.00
E. Full Name, Mailing Address and ZIP Code Hatch Election Committee c/o Candice Dibblee 9115 Westerholme Way Vienna, VA 22182-2144	Purpose of Disbursement Orrin Hatch Senate-UT YTD-$1000 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period $1000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $5,000

TOTAL This Period (last page this line number only) $5,800

IN050

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
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☐	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

2/3/96
DATE PREPARED

FEC FORM 70-2 (12/92)