06/12/2002 12 : 59

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

American Association of Orthodontists Political Action Committee

ADDRESS (Number and street) 401 N. Lindbergh Blvd

(Check if address is changed)

St. Louis MO 63141 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 / 01 / 1994

3. **FEC IDENTIFICATION NUMBER** ▶ **C00293910**

4. IS THIS STATEMENT X NEW (N) **OR** AMENDED (A)

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

Type or Print Name of Treasurer James R. Bowlin

Signature of Treasurer Electronically Filed by James R. Bowlin Date 06 / 12 / 2002

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

FEC FROM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

American Association of Orthodontists

Mailing Address 401 North Lindbergh Blvd

St. Louis MO 63141

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected Organizations

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

X Membership Organization Trade Association Cooperative

Write or Type Committee Name

American Association of Orthodontists Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Kevin Dillard

Mailing Address: 401 N. Lindbergh Blvd.

St. Louis | MO | 63141 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number ____ – ____ – ____

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: James Bowlin

Mailing Address: 401 N. Lindbergh Blvd

St. Louis | MO | 63141 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number ____ – ____ – ____

Full Name of Designated Agent: Kevin Dillard

Mailing Address: 401 N. Lindbergh Blvd.

St. Louis | MO | 63141 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number ____ – ____ – ____

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Commerce Bank

Mailing Address 8000 Forsyth Blvd

Clayton MO 63105 -

CITY △ STATE △ ZIP CODE △