REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 18 1 10 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 Boulevard

CITY, STATE and ZIP CODE
St Louis, MO 63141

2. FEC IDENTIFICATION NUMBER
C00293911

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 7/1/96 through 9/30/96

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 1996		$ 108,618.02
	(b) Cash on Hand at Beginning of Reporting Period	$ 114,217.82	
	(c) Total Receipts (from Line 19)	$ 48481.02	$ 60416.02
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 162698.84	$ 169,034.04
7.	Total Disbursements (from Line 30)	$ 57000.00	$ 63,335.20
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 105698.84	$ 105698.84
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
10-14-96

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)

FE3AN096

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 7/1/96 TO: 9/30/96

	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)	2030.02	2500.02	11
ii. Unitemized	46451.00	57916.00	11
iii. Total (add i and ii) ➤	48481.02	60416.02	11
b. Political Party Committees	Ø	Ø	11
c. Other Political Committees (such as PACs)	Ø	Ø	11
d. Total Contributions (add a iii, b and c) ➤	48481.02	60416.02	11
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) ➤	48481.02	60416.02	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	48481.02	60416.02	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	Ø	Ø	21
ii. Non-Federal Share	Ø	Ø	21
b. Other Federal Operating Expenditures	Ø	2035.20	21
c. Total Operating Expenditures (add a i, a ii, and b) ➤	Ø	2035.20	21
22. Transfers to Affiliated/Other Party Committees	Ø	Ø	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	57,000.00	61,000.00	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	Ø	300.00	28
b. Political Party Committees	Ø	Ø	28
c. Other Political Committees (such as PACs)	Ø	Ø	28
d. Total Contribution Refunds (add a, b and c) ➤	Ø	300.00	28
29. Other Disbursements	Ø	Ø	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	57,000.00	63335.20	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	57,000.00	63335.20	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	48481.02	60416.02	32
33. Total Contribution Refunds (from line 28d)	Ø	300.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	48481.02	60116.02	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	Ø	2035.20	35
36. Offsets to Operating Expenditures (from line 15)	Ø	Ø	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	Ø	2035.20	37

FE6AN068

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

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 John F. Buzzatto, 304 Hickman St, Bridgeville, PA 15017-1823	DR John F. Buzzatto / Occupation: orthodontist	8.13.96	$250.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date: $ 250.00		
B. Dr. Brian H. Bergh, 607 N Central Ave # 309, Glendale, CA 91203	Dr. Brian H. Bergh / Occupation: orthodontist	8.27.96	$200.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date: $ 450.00		
C. Dr. Craig W. Fischer, East St. Prof. Bldg, 10 2nd St, Pittsfield, MA 01201-6204	Dr. Craig W Fischer / Occupation: orthodontist	8.20.96 9.24.96	$100.00 $125.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date: $ 225.00		
D. Dr. Raymond George, Jr., 869 Broadway, East Providence, RI 02914	Dr. Raymond George, Jr. / Occupation: orthodontist	4.5.96	$200.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date: $ 400.00		
E. Dr. Ronald B. Gross, 531 N Charlotte St, Pottstown, PA 19464-4600	Dr. Ronald B. Gross / Occupation: orthodontist	7.17.96	$300.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date: $ 300.00		
F. Dr. Larson R. Keso, 3501 Northwest 50th, Oklahoma City, OK 73112-5603	Dr. Larson R. Keso / Occupation: orthodontist	8.13.96	$205.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date: $ 255.00		
G. Dr. Randall C. Welser, 3003 41st St., Moline, IL 61265-7826	Dr. Randall C. Welser, 3003 41st St, Moline, IL 61265-7826 / Occupation: orthodontist	8.20.96	$200.01
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date: $ 200.01		

SUBTOTAL of Receipts This Page (optional) $1580.01

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

FE6AN/96

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11ai

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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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. James W. Osborne 10760 E 350 Hwy Raytown, MO 64138-1915 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dr. James W. Osborne orthodontist Aggregate Year-to-Date $ 250.00	8.19.96	$250.00
B. Dr. K. Kirby Marine 3003 41st St Moline, IL 61265-7826 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dr. K. Kirby Marine orthodontist Aggregate Year-to-Date $ 200.01	8.20.96	$200.01
C. 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
D. 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
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) $450.01

TOTAL This Period (last page this line number only) $2050.02

FE6ANPAC

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John D. Dingell for Congress Committee 9216 Pelham, Suite 101 Taylor, MI 48180	John D. Dingell House of Representatives MI-16 YTD=$1,500.00 Disbursement for: Primary [X] General Other (specify)	9.18.96	$1,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dick Armey Campaign P.O. Box 85 Lewisville, TX 75067	Dick Armey House of Representatives TX-26 YTD=$4,000.00 Disbursement for: Primary [X] General Other (specify)	9.18.96	$4,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Phil Gramm P.O. Box 565087 Dallas, TX 75356-5087	Phil Gramm Senate TX YTD=$5,000.00 Disbursement for: Primary [X] General Other (specify)	9.18.96	$5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Harkin 1901 Bell Avenue, Suite 4 Des Moines, IA 50315	Tom Harkin Senate IA YTD=$5,000.00 Disbursement for: Primary [X] General Other (specify)	9.18.96	$5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Cochran P.O. Box 22761 Jackson, MS 39225	Thad Cochran Senate MS YTD=$5,000.00 Disbursement for: Primary [X] General Other (specify)	9.18.96	$5,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Talent for U.S. Congress 1031 Executive Parkway Suite 100 St. Louis, MO 63141	James Talent YTD=$1,000.00 MO-2 House of Representatives Disbursement for: Primary [X] General Other (specify)	9.18.96	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Linder for Congress P.O. Box 942060 Atlanta, GA 31141	John Linder House of Representatives GA-4 YTD=$2,500.00 Disbursement for: Primary [X] General Other (specify)	9.18.96	$2,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-elect Nancy Johnson to Congress Committee P.O. Box 1986 New Britain, CT 06050	Nancy Johnson House of Representatives CT-6 YTD=$2,500.00 Disbursement for: Primary [X] General Other (specify)	9.23.96	$2,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Kasich 2021 East Dublin-Granville Rd. Suite 216 Columbus, OH 43229	John Kasich House of Representatives OH-12 YTD=$3,000.00 Disbursement for: Primary [X] General Other (specify)	9.18.96	$3,000.00

SUBTOTAL of Disbursements This Page (optional) $29,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Association of Orthodontics Political Action Committee

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Hastert For Congress P.O. Box 625 Batavia, IL 60510	Dennis Hastert House of Representatives 14th - IL YTD=$1500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/96	$1,500.00
B. Full Name, Mailing Address and ZIP Code Tom DeLay Congressional Committee 10707 Corporate Drive, Suite 130 Stafford, TX 77477	Purpose of Disbursement Tom DeLay House of Representatives TX-22nd YTD=$4000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/96	$4,000.00
C. Full Name, Mailing Address and ZIP Code Waxman Campaign Committee 8665 Wilshire Blvd. 220 Beverly Hills, CA 90211	Purpose of Disbursement Henry A. Waxman House of Representatives CA-29th YTD=$2000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/96	$2,000.00
D. Full Name, Mailing Address and ZIP Code People for Ganske 5907 Grand Avenue Des Moines, IA 50309	Purpose of Disbursement Greg Ganske House of Representatives IA-4th YTD=$5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/96	$5,000.00
E. Full Name, Mailing Address and ZIP Code Sabo for Congress 2425 E. Franklin Ave. #310 Minneapolis, MN 55406	Purpose of Disbursement Martin Olav Sabo House of Representatives MN-5th YTD=$1500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/96	$1,500.00
F. Full Name, Mailing Address and ZIP Code Franks for Congress P.O. Box 661 New Providence, NJ 07974	Purpose of Disbursement Bob Franks House of Representatives NJ-7th YTD=$1,500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/96	$1,500.00
G. Full Name, Mailing Address and ZIP Code Kolbe For Congress 3955 East Speedway, Suite 101 Tucson, AZ 85716	Purpose of Disbursement Jim Kolbe House of Representatives AZ-5th YTD=$1200.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18/96	$2,000.00
H. Full Name, Mailing Address and ZIP Code American Dental Political Action Committee 1111 14th Street, N.W. Suite 1200 Washington, D.C. 20005	Purpose of Disbursement PAC to PAC contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	8.28.96	$5,000.00
I. Full Name, Mailing Address and ZIP Code A-PAC 1575 I Street, N.W. Washington, DC 20005-1168	Purpose of Disbursement PAC to PAC contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	8.28.96	$5,000.00

SUBTOTAL of Disbursements This Page (optional)	$27,500.00
TOTAL This Period (last page this line number only)	$57,000.00

FE8AN0/8