FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American Association of Orthodontists Political Action Committee

ADDRESS (number and street)

401 N. Lindbergh Blvd

Check if different than previously reported. (ACC)

CITY	STATE	ZIPCODE
St. Louis	MO	63141

2. **FEC IDENTIFICATION NUMBER**

C00293910

3. IS THIS REPORT — NEW (N) X **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- X October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **Pre**-Election Report for the: Primary (12P) | General (12G) | Runoff (12R) | Convention (12C) | Special (12G)

Election on ____ in the State of ____

(d) 30-Day **Post** -Election Report for the: General (30G) | Runoff (30R) | Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2004 through 09 30 2004

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: James R. Bowlin

Signature of Treasurer: Electronically Filed by James R. Bowlin — Date 10 14 2004

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Association of Orthodontists Political Action Committee

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		77302.33
(b) Cash on Hand at Begining of Reporting Period	49057.33	
(c) Total Receipts (from Line 19)	73375.00	132380.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122432.33	209682.33
7. Total Disbursements (from Line 31)	95500.00	182750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26932.33	26932.33
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

American Association of Orthodontists Political Action Committee

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	36300.00	
(ii) Unitemized	37075.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	73375.00	132380.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	73375.00	132380.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	73375.00	132380.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73375.00	132380.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	95500.00	182750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	95500.00	182750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	95500.00	182750.00

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	73375.00	132380.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73375.00	132380.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15. page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Michael C. Alpern
Mailing Address 4486 Northshore Dr
City: Charlotte Harbor | State: FL | Zip Code: 33980
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 19 2004
Transaction ID: R11944
Amount of Each Receipt this Period: 250.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. Albert J. Apicella
Mailing Address 27 S Lewisberry Rd
City: Mechanicsburg | State: PA | Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11779
Amount of Each Receipt this Period: 150.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Kolman P. Apt
Mailing Address 7220 Evans Mill Rd
City: Mc Lean | State: VA | Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 07 19 2004
Transaction ID: R11923
Amount of Each Receipt this Period: 400.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Dan Banh
Mailing Address 848 S La Serena Dr
City: West Covina | State: CA | Zip Code: 91791
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11823
Amount of Each Receipt this Period: 150.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Steven S. Banks
Mailing Address 277 Forest Ave
City: Glen Ellyn | State: IL | Zip Code: 60137
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 19 2004
Transaction ID: R11921
Amount of Each Receipt this Period: 400.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Dean M. Bartlett
Mailing Address One Crestwood Drive
City: Glens Falls | State: NY | Zip Code: 12801
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 28 2004
Transaction ID: R12082
Amount of Each Receipt this Period: 150.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Gary R. Baughman
Mailing Address 4011 Fort Donelson Dr
City: Stockton | State: CA | Zip Code: 95219
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11799
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Jack R. Beattie
Mailing Address 561 Via Lugano
City: Winter Park | State: FL | Zip Code: 32789
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11843
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. John Robert Beattie
Mailing Address 8025 Lake Waunatta Dr
City: Winter Park | State: FL | Zip Code: 32792
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11850
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas J. Began
Mailing Address 4703 Allison Creek Rd
City: York | State: SC | Zip Code: 29745
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11890
Amount of Each Receipt this Period: 250.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. Maurice J. Belden
Mailing Address 176 Academy St
City: Presque Isle | State: ME | Zip Code: 04769
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11891
Amount of Each Receipt this Period: 250.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Berkley Howell Benson
Mailing Address 130 Geers Dr
City: Lebanon | State: TN | Zip Code: 37087
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 19 2004
Transaction ID: R11914
Amount of Each Receipt this Period: 150.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Brian H. Bergh
Mailing Address 332 S Mariposa St
City: Burbank | State: CA | Zip Code: 91506
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 21 2004
Transaction ID: R12002
Amount of Each Receipt this Period: 400.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Michael J. Bernard
Mailing Address 1670 Ashford Cir NE
City: North Canton | State: OH | Zip Code: 44720
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 02 2004
Transaction ID: R11785
Amount of Each Receipt this Period: 150.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Richard R. Bevis
Mailing Address 1820 Holdridge Cir
City: Wayzata | State: MN | Zip Code: 55391
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 20 2004
Transaction ID: R11959
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Kathryn Lynn Bielik
Mailing Address 1430 N LaSalle St E 1
City: Chicago | State: IL | Zip Code: 60610
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 14 2004
Transaction ID: R11855
Amount of Each Receipt this Period: 400.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Hendrik F. Blom
Mailing Address 9716 Weddington Cir
City: Granite Bay | State: CA | Zip Code: 95746
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 14 2004
Transaction ID: R11853
Amount of Each Receipt this Period: 400.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Gregory M. Bookwalter
Mailing Address 1329 Sheirer Rd
City: Mansfield | State: OH | Zip Code: 44903
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 13 2004
Transaction ID: R12144
Amount of Each Receipt this Period: 150.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Joe E. Bowers
Mailing Address 2812 Tickery Ln
City: Harrison | State: AR | Zip Code: 72601
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 20 2004
Transaction ID: R11960
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Michael V. Casey
Mailing Address 42 Sawgrass Dr
City: Lemont | State: IL | Zip Code: 60439
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 02 2004
Transaction ID: R11757
Amount of Each Receipt this Period: 400.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Jerry F. Dash
Mailing Address 5138 S Pratt
City: Springfield | State: MO | Zip Code: 65804
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 19 2004
Transaction ID: R11943
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Albert Philip Cavallari
Mailing Address 387 High St
City: Lockport | State: NY | Zip Code: 14094
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 07 21 2004
Transaction ID: R11996
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Louis G. Chmura
Mailing Address 604 Laura Ln
City: Marshall | State: MI | Zip Code: 49068
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 07 21 2004
Transaction ID: R11994
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Louis G. Chmura
Mailing Address 604 Laura Ln
City: Marshall | State: MI | Zip Code: 49068
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 08 10 2004
Transaction ID: R12088
Amount of Each Receipt this Period: 400.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. George B. Clarke, Jr.
Mailing Address 2598 W Lake Van Ness Cir
City: Fresno | State: CA | Zip Code: 93711
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 10 2004
Transaction ID: R12083
Amount of Each Receipt this Period: 150.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Ronald A. Cohen
Mailing Address 526 Twin Eagles Lvd
City: Fort Wayne | State: IN | Zip Code: 46749
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11749
Amount of Each Receipt this Period: 250.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Jonathan S. Cooper
Mailing Address 11419 S Oxford Ave
City: Tulsa | State: OK | Zip Code: 74137
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 02 2004
Transaction ID: R11788
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Dale U. Cox Jr.
Mailing Address 44 Glenwood Rd
City: Fanwood | State: NJ | Zip Code: 07023
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 27 2004
Transaction ID: R12135
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Sidney M. Craft
Mailing Address 5827 Wanakah Dr
City: Houston | State: TX | Zip Code: 77069
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11750
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Craig H. Davis
Mailing Address 1500 Oak Springs Ln
City: Santa Rosa | State: CA | Zip Code: 95404
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R11988
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Damon Warren De Arment
Mailing Address 804 Armistead St
City: Winchester | State: VA | Zip Code: 22601
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 19 2004
Transaction ID: R11924
Amount of Each Receipt this Period: 400.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Dick J. Dijkman
Mailing Address 7367 E Visao Dr
City: Scottsdale | State: AZ | Zip Code: 85262
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11869
Amount of Each Receipt this Period: 150.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. James W. Dougherty
Mailing Address 206 Westchester Dr
City: Griffin | State: GA | Zip Code: 30223
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 03 2004
Transaction ID: R12140
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Harold G. Edwards
Mailing Address 167 Lagoon Dr E
City: Lido Beach | State: NY | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary | General | Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 28 2004
Transaction ID: R12069
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Rex H. Ervin
Mailing Address 14837 Hill Rd
City: Klamath Falls | State: OR | Zip Code: 97603
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary | General | Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 28 2004
Transaction ID: R12058
Amount of Each Receipt this Period: 150.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Guy A. Fewlaro
Mailing Address 189 Chateau Latour Dr
City: Kenner | State: LA | Zip Code: 70065
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary | General | Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 14 2004
Transaction ID: R11827
Amount of Each Receipt this Period: 150.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. David D. Feuer
Mailing Address 757 Harbour Isles Pl
City: North Palm Beach | State: FL | Zip Code: 33410
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 19 2004
Transaction ID: R11942
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Brett C. Fidler
Mailing Address 3417 122nd Pl NE
City: Bellevue | State: WA | Zip Code: 98005
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 07 14 2004
Transaction ID: R11885
Amount of Each Receipt this Period: 150.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Kenneth F. Freer
Mailing Address 4500 Green Valley Rd
City: Fairfield | State: CA | Zip Code: 94534
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 02 2004
Transaction ID: R11781
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Robert W. Fry
Mailing Address 12340 Pflumm Road
City: Olathe | State: KS | Zip Code: 66062
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11848
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Roland K. Fulcher
Mailing Address 113 Tea Farm Rd
City: Summerville | State: SC | Zip Code: 29483
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 19 2004
Transaction ID: R11918
Amount of Each Receipt this Period: 250.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Clayton Scott Fuller
Mailing Address 28 Center St
City: Chula Vista | State: CA | Zip Code: 91910
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11842
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Eloisa S. Garcia
Mailing Address 214 Keystone
City: River Forest | State: IL | Zip Code: 60305
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 19 / 2004
Transaction ID: R11947
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Richard M. Gadiz
Mailing Address 3145 Laurel Ridge Rd NW
City: Hickory | State: NC | Zip Code: 28601
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 02 / 2004
Transaction ID: R11797
Amount of Each Receipt this Period: 250.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. William C. Gaylord
Mailing Address 1759 W Stevanna Way
City: Flagstaff | State: AZ | Zip Code: 86001
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 02 / 2004
Transaction ID: R11783
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Mark S. Geller
Mailing Address #4 Manzano Cir
City: Dallas | State: TX | Zip Code: 75230
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 07 02 2004
Transaction ID: R11792
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. John A. Garling
Mailing Address 616 Avocet
City: Mcallen | State: TX | Zip Code: 78504
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11754
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. James H. Glisdorf
Mailing Address 600 Vernon Hts Blvd
City: Marion | State: OH | Zip Code: 43302
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 10 2004
Transaction ID: R12100
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert F. Girgis
Mailing Address 1952 Nutmeg Ln
City: Naperville | State: IL | Zip Code: 60565
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 28 2004
Transaction ID: R12071
Amount of Each Receipt this Period: 400.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. James E. Gjerset
Mailing Address 112 Tanager Trail
City: Georgetown | State: TX | Zip Code: 78628
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11784
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Joseph W. Grey
Mailing Address 116 Browning ST
City: Upland | State: CA | Zip Code: 91784
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 10 2004
Transaction ID: R12101
Amount of Each Receipt this Period: 400.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Alfred C. Griffin Jr.
Mailing Address 8498 Opal Rd
City: Warrenton | State: VA | Zip Code: 20186
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 20 2004
Transaction ID: R11961
Amount of Each Receipt this Period: 250.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. Ronald B. Gross
Mailing Address 11 Crow Creek Ln
City: Radnor | State: PA | Zip Code: 19087
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 20 2004
Transaction ID: R12121
Amount of Each Receipt this Period: 250.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Carl S. Gulleh
Mailing Address 35 Bullard Lane
City: Millis | State: MA | Zip Code: 02054
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R11978
Amount of Each Receipt this Period: 150.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. David C. Hamilton, Jr.
Mailing Address 2163 13th St Ct NE
City: Hickory | State: NC | Zip Code: 28601
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11753
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. R. Cree Hamilton
Mailing Address 1900 Fox Canyon Cir
City: Las Vegas | State: NV | Zip Code: 89117
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 02 2004
Transaction ID: R11759
Amount of Each Receipt this Period: 400.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Scott D. Hamilton
Mailing Address 5821 SW Urish Rd
City: Topeka | State: KS | Zip Code: 66610
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 28 2004
Transaction ID: R12032
Amount of Each Receipt this Period: 100.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Todd L. Hamilton
Mailing Address 289 Wester Brewlands
City: Iron Station | State: NC | Zip Code: 28080
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 19 2004
Transaction ID: R11919
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Thomas G. Handy
Mailing Address 425 Friar Tuck Road
City: Winston-Salem | State: NC | Zip Code: 27104
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11886
Amount of Each Receipt this Period: 150.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Yone V. Heuseman
Mailing Address 3170 N Craycroft Rd
City: Tucson | State: AZ | Zip Code: 85712
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 28 2004
Transaction ID: R12070
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. William C. Heintz
Mailing Address #4 Fairmount Dr S
City: Alton | State: IL | Zip Code: 62002
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 10 2004
Transaction ID: R12087
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Richard Furman Hewitt
Mailing Address 515 Huntington Rd
City: Greenville | State: SC | Zip Code: 29615
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11747
Amount of Each Receipt this Period: 250.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Dennis C. Hiller
Mailing Address Hiller Rd
PO Box 518
City: Jackson | State: NH | Zip Code: 03846
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 21 2004
Transaction ID: R12029
Amount of Each Receipt this Period: 400.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Michael S. Hipp
Mailing Address 4728 Brookview Dr
City: West Des Moines | State: IA | Zip Code: 50265
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 / 19 / 2004
Transaction ID: R11922
Amount of Each Receipt this Period: 400.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Robert W. Hortin
Mailing Address One Quail Acres
City: Saratoga | State: CA | Zip Code: 95070
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 02 / 2004
Transaction ID: R11781
Amount of Each Receipt this Period: 150.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth M. Hrachka
Mailing Address 7201 Ludwood Ct
City: Alexandria | State: VA | Zip Code: 22308
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 / 20 / 2004
Transaction ID: R12122
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Michael L. Jacobsen
Mailing Address 13847 Pamlico Rd
City: Apple Valley | State: CA | Zip Code: 92307
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 28 2004
Transaction ID: R12046
Amount of Each Receipt this Period: 150.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. A. Page Jacobson
Mailing Address 14128 NW 15th Ln
City: Gainesville | State: FL | Zip Code: 32606
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11892
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. J. Dean Jensen
Mailing Address 2700 Redding Dr
City: Plano | State: TX | Zip Code: 75093
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 08 10 2004
Transaction ID: R12089
Amount of Each Receipt this Period: 400.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Brian R. Jesperson
Mailing Address 2811 Domino Dr
City: Bismarck | State: ND | Zip Code: 58501
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 21 2004
Transaction ID: R11984
Amount of Each Receipt this Period: 150.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. David C. Jones
Mailing Address 975 Stonewall Jackson Tr
City: Martinsville | State: VA | Zip Code: 24112
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 20 2004
Transaction ID: R11956
Amount of Each Receipt this Period: 150.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Donald R. Joondeph
Mailing Address 2445 204th Terr NE
City: Sammamish | State: WA | Zip Code: 98074
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R12027
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 69
(check only one)
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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Paul J. Keck
Mailing Address 8720 Bennett SE
City: Ada | State: MI | Zip Code: 49301
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 10 2004
Transaction ID: R12084
Amount of Each Receipt this Period: 150.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. William L. Koshenour, II
Mailing Address 248 Shore Dr
City: Palm Harbor | State: FL | Zip Code: 34683
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 14 2004
Transaction ID: R11847
Amount of Each Receipt this Period: 250.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Gregory F. Kubik
Mailing Address 6909 New Hampshire Tr
City: Crystal Lake | State: IL | Zip Code: 60012
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 02 2004
Transaction ID: R11746
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Peter W. Kuipers
Mailing Address 915 Coventry Pl
City: Edina | State: MN | Zip Code: 55435
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 10 2004
Transaction ID: R12079
Amount of Each Receipt this Period: 150.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Idelia Lastra
Mailing Address 2001 SW 4th Ave
City: Miami | State: FL | Zip Code: 33129
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11802
Amount of Each Receipt this Period: 250.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Alan G. Lauter
Mailing Address 220 Pine Crest Cir
City: Barrington | State: IL | Zip Code: 60010
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 19 2004
Transaction ID: R11941
Amount of Each Receipt this Period: 150.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Larry J. Leber
Mailing Address 2820 N Santa Lucia
City: Tucson | State: AZ | Zip Code: 85715
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 02 2004
Transaction ID: R11760
Amount of Each Receipt this Period: 400.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Melvyn M. Leifert
Mailing Address 14 Rutland Rd
City: Great Neck | State: NY | Zip Code: 11020
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 21 2004
Transaction ID: R12026
Amount of Each Receipt this Period: 250.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Dean P. Leonard
Mailing Address 1812 Bay Oaks Dr
City: Albert Lea | State: MN | Zip Code: 56007
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 14 2004
Transaction ID: R11854
Amount of Each Receipt this Period: 400.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 69
(check only one)
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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Dr. James C. Lyles
Mailing Address 133 April Point Dr S
City: Montgomery | State: TX | Zip Code: 77356
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 20 2004
Transaction ID: R12114
Amount of Each Receipt this Period: 150.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Ernest A. Maggioncalda
Mailing Address 7 Woodrow Pl
City: Pacifica | State: CA | Zip Code: 94044
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11846
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Anthony J. Mikloni
Mailing Address 5220 Central
City: Western Springs | State: IL | Zip Code: 60558
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 07 21 2004
Transaction ID: R12028
Amount of Each Receipt this Period: 400.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. L. Donald Meyer
Mailing Address 500 N Jackson At Guadalupe
City: La Grange | State: TX | Zip Code: 78945
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11801
Amount of Each Receipt this Period: 250.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. DalWayne B. McCamish
Mailing Address 11 Ballard Bluff
City: Signal Mountain | State: TN | Zip Code: 37377
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 02 2004
Transaction ID: R11756
Amount of Each Receipt this Period: 400.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Kimberly J. McNeal
Mailing Address Rt 8 Box 1615
City: Paris | State: TX | Zip Code: 75462
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R12024
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 69
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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Ernest S. Melamson
Mailing Address 37 Chiltern Hill Dr N
City: Worcester | State: MA | Zip Code: 01609
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 14 2004
Transaction ID: R11815
Amount of Each Receipt this Period: 150.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Joseph T. Mellon
Mailing Address 2820 Round Hill Dr
City: Akron | State: OH | Zip Code: 44333
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 14 2004
Transaction ID: R11856
Amount of Each Receipt this Period: 400.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Nicholas P. Mellon
Mailing Address 8715 Baneberry Cr NW
City: Clinton | State: OH | Zip Code: 44216
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 14 2004
Transaction ID: R11857
Amount of Each Receipt this Period: 400.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 36 / 69
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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Dr. Michael L. Mizell
Mailing Address 1014 Briar Ridge
City: Houston | State: TX | Zip Code: 77057
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 25 2004
Transaction ID: R12129
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Kambiz Moin
Mailing Address 133 Shepherd Rd
City: Manchester | State: NH | Zip Code: 03104
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 09 13 2004
Transaction ID: R12143
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Robert T. Morrison
Mailing Address 64 Willowbrook
City: Hutchinson | State: KS | Zip Code: 67502
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11785
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Greg C. Nalchajian
Mailing Address 1080 E Kelso Ave
City: Fresno | State: CA | Zip Code: 93720
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 14 2004
Transaction ID: R11893
Amount of Each Receipt this Period: 400.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. Donald J. Neely
Mailing Address 48 Douglas Hill
City: Norwich | State: VT | Zip Code: 05055
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 20 2004
Transaction ID: R12107
Amount of Each Receipt this Period: 250.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. John O. Nord
Mailing Address 3850 21st Ave S
City: Grand Forks | State: ND | Zip Code: 58201
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11789
Amount of Each Receipt this Period: 150.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Perry M. Opin
Mailing Address 520 Sportsmans Rd
City: Orange | State: CT | Zip Code: 06477
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11748
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. David A. Paolini
Mailing Address 250 Buford Avenue
City: Gettysburg | State: PA | Zip Code: 17325
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R12025
Amount of Each Receipt this Period: 250.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. William D. Petty
Mailing Address 7550 Woodland Ct
City: Burr Ridge | State: IL | Zip Code: 60525
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 28 2004
Transaction ID: R12048
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Hugh R. Phillis
Mailing Address 10 Poliquin Dr
City: Nashua | State: NH | Zip Code: 03062
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 21 2004
Transaction ID: R11975
Amount of Each Receipt this Period: 150.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Arnold Charles Pitts
Mailing Address 3368 Belford Rd
City: Reno | State: NV | Zip Code: 89509
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R11985
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Mario Polo
Mailing Address B-10 Neptuno
Paseo de la Fuente
City: San Juan | State: PR | Zip Code: 00918
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 28 2004
Transaction ID: R12068
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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 (Last, First, Middle Initial)
Dr. Morris N. Poole
Mailing Address 55 Bristol Rd
City: Logan | State: UT | Zip Code: 84321
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed | Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11745
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. D. Spencer Pope
Mailing Address 19337 Cormoy Ln
City: Tinley Park | State: IL | Zip Code: 60477
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed | Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 21 2004
Transaction ID: R12003
Amount of Each Receipt this Period: 400.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Charles E. Pritchett
Mailing Address 11980 Bluestone Dr
City: Indianapolis | State: IN | Zip Code: 46236
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed | Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 02 2004
Transaction ID: R11758
Amount of Each Receipt this Period: 400.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Scott E. Prose
Mailing Address 1402 Keim Tr
City: St Charles | State: IL | Zip Code: 60174
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11844
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Anthony Myers Puntillo
Mailing Address 1551 Hogan Ave
City: Chesterton | State: IN | Zip Code: 46304
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11755
Amount of Each Receipt this Period: 250.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Richard E. Quan
Mailing Address 15289 Alma Jo Ct
City: Monte Sereno | State: CA | Zip Code: 95030
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 03 2004
Transaction ID: R12141
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. David C. Quast
Mailing Address 3114 Hudrell Ln
City: Edgewood | State: KY | Zip Code: 41017
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 07 14 2004
Transaction ID: R11849
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Robert A. Rilucci
Mailing Address 24 Tarragon Dr
PO Box 985
City: East Sandwich | State: MA | Zip Code: 02537
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 19 2004
Transaction ID: R11908
Amount of Each Receipt this Period: 150.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Ronald Rilucci
Mailing Address 49 Pond Valley Rd
City: Middlebury | State: CT | Zip Code: 06798
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 21 2004
Transaction ID: R11980
Amount of Each Receipt this Period: 150.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael B. Rogers
Mailing Address 3214 Candace Dr
City: Augusta | State: GA | Zip Code: 30909
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R11999
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Barry M. Rosenberg
Mailing Address 10 Norwood Rd
City: West Hartford | State: CT | Zip Code: 06117
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R11985
Amount of Each Receipt this Period: 150.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Edward F. Ross, Jr.
Mailing Address 18 Hampton Hills Ln
City: Richmond | State: VA | Zip Code: 23226
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11845
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. David G. Sabott
Mailing Address 9615 Avocet Ln
City: Lafayette | State: CO | Zip Code: 80026
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 14 2004
Transaction ID: R11824
Amount of Each Receipt this Period: 150.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Christy J. Savage
Mailing Address 7207 Wakefield Cir
City: Birmingham | State: AL | Zip Code: 35242
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 08 20 2004
Transaction ID: R12115
Amount of Each Receipt this Period: 150.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. John L. Schuler
Mailing Address 4017 Tanglecaks Ct
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R11983
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert N. Seebold
Mailing Address 5 Breezy Ct
City: Danville | State: PA | Zip Code: 17821
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11800
Amount of Each Receipt this Period: 250.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. Dana M. Sealy
Mailing Address 16730 Shore Dr N E
City: Seattle | State: WA | Zip Code: 98155
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 08 20 2004
Transaction ID: R12108
Amount of Each Receipt this Period: 400.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Joseph J. Shadeed
Mailing Address 452 Pleasant Lane
City: Bucyrus | State: OH | Zip Code: 44820
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11888
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Richard L. Sikora
Mailing Address 2102 Oakwood Ave
City: Bloomington | State: IL | Zip Code: 61704
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11752
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Craig A. Sinclair
Mailing Address 12000 Hickory Grove Rd
City: Dunlap | State: IL | Zip Code: 61525
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 07 20 2004
Transaction ID: R11962
Amount of Each Receipt this Period: 400.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Peter M. Skoler
Mailing Address 117 Old Farm Rd
City: Milton | State: MA | Zip Code: 02186
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 20 2004
Transaction ID: R12117
Amount of Each Receipt this Period: 150.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 69
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Wayne D. Sletten
Mailing Address 413 Ridge Road
City: Albert Lea | State: MN | Zip Code: 56007
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 20 2004
Transaction ID: R12106
Amount of Each Receipt this Period: 250.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. Dennis D. Sommers
Mailing Address 1418 Cook Dr
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 07 14 2004
Transaction ID: R11894
Amount of Each Receipt this Period: 400.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth E. Sterling, Jr.
Mailing Address 1303 Orleans Ct
City: Grayson | State: GA | Zip Code: 30221
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 20 2004
Transaction ID: R12123
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Earl D. Steinhoff
Mailing Address 18715 Vista De Almaden
City: San Jose | State: CA | Zip Code: 95120
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11851
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Brenda K. Sternfanegel
Mailing Address 1804 Woodmere
City: Valparaiso | State: IN | Zip Code: 46383
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R12001
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Michael Telehman
Mailing Address 2419 Merlot Dr
City: Napa | State: CA | Zip Code: 94558
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R12000
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. James N. Thacker
Mailing Address 2938 Turpinwoods Ct
City: Cincinnati | State: OH | Zip Code: 45244
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11852
Amount of Each Receipt this Period: 250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Steven H. Tinsworth
Mailing Address 509-85th St Ct NW
City: Bradenton | State: FL | Zip Code: 34209
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 10 2004
Transaction ID: R12089
Amount of Each Receipt this Period: 250.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Andrew Trosien
Mailing Address 1353 9th Ave #6
City: San Francisco | State: CA | Zip Code: 94122
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 21 2004
Transaction ID: R11987
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Dr. John W. Tucker, Jr.
Mailing Address 4285 Vancluse Rd
City: Aiken | State: SC | Zip Code: 29801
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 02 2004
Transaction ID: R11803
Amount of Each Receipt this Period: 400.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. Walter S. Vuchnich
Mailing Address 100 Bridlewood Pl
City: Concord | State: NC | Zip Code: 28025
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11790
Amount of Each Receipt this Period: 250.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Charles K. Weir
Mailing Address 5350 Idlewood Rd
City: Santa Rosa | State: CA | Zip Code: 95404
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 19 2004
Transaction ID: R11920
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert G. Werte
Mailing Address 136 Schaeffer Rd
City: Newmanstown | State: PA | Zip Code: 17073
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 28 2004
Transaction ID: R12067
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Tommy Neil Whited
Mailing Address 11281 Country Forest Cove
City: Collierville | State: TN | Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11796
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Robert L. Wilhelm
Mailing Address 1374 Top O The Rock Way
City: Monument | State: CO | Zip Code: 80132
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 02 2004
Transaction ID: R11751
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Don M. Wilkins
Mailing Address 880 Indianola Dr
City: Merritt Island | State: FL | Zip Code: 32952
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 13 2004
Transaction ID: R12150
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Richard A. Williams
Mailing Address 5605 Plum Tree Dr
City: Southaven | State: MS | Zip Code: 38671
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 20 2004
Transaction ID: R12118
Amount of Each Receipt this Period: 150.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Marian Schmitt Wolford
Mailing Address 638 W 8th St
City: Erie | State: PA | Zip Code: 16507
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 14 2004
Transaction ID: R11889
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 69
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (Last, First, Middle Initial)
Dr. Roger A. Wooley

Mailing Address 2810 NW Cornell Rd

City: Portland | State: OR | Zip Code: 97210

FEC ID number of contributing federal political committee: C

Name of Employer: Self-Employed

Occupation: Orthodontist

Receipt For:
Primary General
Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 07 20 2004

Transaction ID: R11958

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only) 36300.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A.
Full Name (Last, First, Middle Initial)
RNC Presidential Trust

Mailing Address: Victory 2004, PO Box 589
City: Arlington | State: VA | Zip Code: 22216

Purpose of Disbursement: Contr. RNC Presidential Trust (VA-R)
Candidate Name:
Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: D692
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial)
Anne Northup for Congress

Mailing Address: PO Box 7313
City: Louisville | State: KY | Zip Code: 40257

Purpose of Disbursement: Contr.
Candidate Name: Anne Meagher Northup
Category/ Type:

Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 03

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: D652
Date of Disbursement: 08 / 05 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Becerra for Congress

Mailing Address: PO Box 261080
City: Los Angeles | State: CA | Zip Code: 90026

Purpose of Disbursement: Contr.
Candidate Name: Xavier Becerra
Category/ Type:

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 31

Disbursement For: 2004 ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: D686
Date of Disbursement: 09 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A.
Full Name (Last, First, Middle Initial)
Ben Cardin for Congress

Mailing Address 100 East Pratt Street 27th Floor

City: Baltimore | State: MD | Zip Code: 21202

Purpose of Disbursement: Contr.

Candidate Name: Benjamin L. Cardin

Category/ Type:

Office Sought: X House / Senate / President

State: MD District: 03

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D672
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Buyer for Congress

Mailing Address PO Box 712

City: Monticello | State: IN | Zip Code: 47960

Purpose of Disbursement: Contr.

Candidate Name: Steve Buyer

Category/ Type:

Office Sought: X House / Senate / President

State: IN District: 04

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D646
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Christopher Shays for Congress Committee

Mailing Address 132 East Putnam Avenue

City: Cos Cob | State: CT | Zip Code: 06807

Purpose of Disbursement: Contr.

Candidate Name: Christopher Shays

Category/ Type:

Office Sought: X House / Senate / President

State: CT District: 04

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D682
Date of Disbursement: 09 / 24 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A. Full Name (Last, First, Middle Initial)
Citizens for Arlen Specter

Mailing Address 734 7th Street, SE, 2nd Floor
111 South 15th Street

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement: Contr.

Candidate Name: Arlen Specter

Category/ Type

Office Sought: House / X Senate / President — State: PA — District:

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D656
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Citizens for Arlen Specter

Mailing Address 734 7th Street, SE, 2nd Floor
111 South 15th Street

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement: Contr.

Candidate Name: Arlen Specter

Category/ Type

Office Sought: House / X Senate / President — State: PA — District:

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D686
Date of Disbursement: 09 / 24 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Citizens for Bunning

Mailing Address 1717 Dixie Highway Suite 180

City: Ft Wright | State: KY | Zip Code: 41011

Purpose of Disbursement: Contr.

Candidate Name: Jim Bunning

Category/ Type

Office Sought: House / X Senate / President — State: KY — District:

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D671
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A.
Full Name (Last, First, Middle Initial)
Coburn for Senate Committee

Mailing Address PO Box 977

City: Muskogee | State: OK | Zip Code: 74402

Purpose of Disbursement: Contr.

Candidate Name: Tom Coburn

Category/ Type:

Office Sought: House / X Senate / President — State: OK District:

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D690
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial)
Crane for Congress Committee

Mailing Address PO Box 8534

City: Rolling Meadows | State: IL | Zip Code: 60008

Purpose of Disbursement: Contr.

Candidate Name: Philip M. Crane

Category/ Type:

Office Sought: X House / Senate / President — State: IL District: 06

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D673
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Cubin for Congress Inc

Mailing Address P.O.Box 4857
P O Box 4857

City: Casper | State: WY | Zip Code: 82604

Purpose of Disbursement: Contr.

Candidate Name: Barbara Cubin

Category/ Type:

Office Sought: X House / Senate / President — State: WY District: 01

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D670
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A. Full Name (Last, First, Middle Initial)
David Vitter for US Senate

Mailing Address 2727 Causeway Blvd.

City: Metarie | State: LA | Zip Code: 70002

Purpose of Disbursement: Contr.

Candidate Name: David Vitter

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President | State: LA | District:

Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D659
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
David Vitter for US Senate

Mailing Address 2727 Causeway Blvd

City: Metairie | State: LA | Zip Code: 70002

Purpose of Disbursement: Contr.

Candidate Name: David Vitter

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President | State: LA | District:

Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D695
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Demint for Congress Committee

Mailing Address PO Box 10407

City: Greenville | State: SC | Zip Code: 29602

Purpose of Disbursement: Contr.

Candidate Name: Jim DeMint

Category/ Type:

Office Sought: ☒ House ☐ Senate ☐ President | State: SC | District: 04

Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D643
Date of Disbursement: 07 / 14 / 2004

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **10000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A. Full Name (Last, First, Middle Initial)
Demint for Congress Committee

Mailing Address PO Box 10407

City: Greenville | State: SC | Zip Code: 29602

Purpose of Disbursement: Contr.

Candidate Name: Jim DeMint

Category/ Type:

Office Sought: X House / Senate / President

Disbursement For: 2004 Primary X General Other (specify)

State: SC District: 04

Transaction ID: D644
Date of Disbursement: 07 / 14 / 2004

Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Dreier for Congress Committee

Mailing Address PO Box 1110

City: Covina | State: CA | Zip Code: 01722

Purpose of Disbursement: Contr.

Candidate Name: David Dreier

Category/ Type:

Office Sought: X House / Senate / President

Disbursement For: 2004 Primary X General Other (specify)

State: CA District: 26

Transaction ID: D675
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Ellen Tauscher for Congress

Mailing Address 20 Park Road Suite E

City: Burlingame | State: CA | Zip Code: 94010

Purpose of Disbursement: Contr.

Candidate Name: Ellen O. Tauscher

Category/ Type:

Office Sought: X House / Senate / President

Disbursement For: 2004 Primary X General Other (specify)

State: CA District: 10

Transaction ID: D689
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Friends of Byron Dorgan

Mailing Address PO Box 871

City: Bismarck | State: ND | Zip Code: 58502

Purpose of Disbursement: Contr.

Candidate Name: Byron L. Dorgan

Category/ Type

Office Sought: House / X Senate / President — State: ND District:

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D674
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Friends of Chris Dodd 2004

Mailing Address PO Box 270701

City: West Hartford | State: CT | Zip Code: 06127

Purpose of Disbursement: Contr.

Candidate Name: Christopher J. Dodd

Category/ Type

Office Sought: House / X Senate / President — State: CT District:

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D647
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Friends of Clay Shaw

Mailing Address 2600 N E 14th Street Causeway

City: Pompano Beach | State: FL | Zip Code: 33062

Purpose of Disbursement: Contr.

Candidate Name: Clay Shaw, Jr.

Category/ Type

Office Sought: X House / Senate / President — State: FL District: 22

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D654
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

A. Full Name (Last, First, Middle Initial)
Friends of Roy Blunt

Mailing Address PO Box 278

City: Strafford | State: MO | Zip Code: 65757

Purpose of Disbursement: Contr.

Candidate Name: Roy Blunt

Category/ Type:

Office Sought: X House / Senate / President

State: MO District: 07

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D687
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Friends of Senator Lisa Murkowski

Mailing Address 300 North Lee Street Suite 500

City: Alexandria | State: VA | Zip Code: 22314

Purpose of Disbursement: Contr.

Candidate Name: Lisa Murkowski

Category/ Type:

Office Sought: House / X Senate / President

State: AK District:

Disbursement For: 2004 X Primary General Other (specify)

Transaction ID: D650
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Georgians for Isakson

Mailing Address PO Box 71855

City: Marietta | State: GA | Zip Code: 30007

Purpose of Disbursement: Contr.

Candidate Name: Johnny Isakson

Category/ Type:

Office Sought: House / X Senate / President

State: GA District:

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D693
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **9500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A. Full Name (Last, First, Middle Initial)
Gibbons for Congress

Mailing Address 542 1/2 Plumas St

City: Reno | State: NV | Zip Code: 89509

Purpose of Disbursement: Contr.

Candidate Name: Jim Gibbons

Category/ Type

Office Sought: X House / Senate / President

State: NV District: 02

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D676
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Hamel for Congress

Mailing Address 92 Central Street

City: Bangor | State: ME | Zip Code: 04401

Purpose of Disbursement: Contr.

Candidate Name: Brian Hamel

Category/ Type

Office Sought: X House / Senate / President

State: ME District: 02

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D680
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Hayes for Congress

Mailing Address PO Box 2000

City: Concord | State: NC | Zip Code: 28026

Purpose of Disbursement: Contr.

Candidate Name: Robin Hayes

Category/ Type

Office Sought: X House / Senate / President

State: NC District: 08

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D677
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

A. Full Name (Last, First, Middle Initial)
Heather Wilson for Congress

Mailing Address PO Box 14070

City: Albuquerque | State: NM | Zip Code: 87191

Purpose of Disbursement: Contr.

Candidate Name: Heather Wilson

Category/ Type

Office Sought: X House / Senate / President

Disbursement For: 2004 Primary / X General / Other (specify)

State: NM District: 01

Transaction ID: D642
Date of Disbursement: 07 / 14 / 2004

Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Hoyer for Congress Committee

Mailing Address 7905 Malcolm Road Suite 102

City: Clinton | State: MD | Zip Code: 20735

Purpose of Disbursement: Contr.

Candidate Name: Steny H. Hoyer

Category/ Type

Office Sought: X House / Senate / President

Disbursement For: 2004 Primary / X General / Other (specify)

State: MD District: 05

Transaction ID: D648
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial)
Ike Skelton for Congress Committee

Mailing Address P.O. Box A

City: Harrisonville | State: MO | Zip Code: 64701

Purpose of Disbursement: Contr.

Candidate Name: Ike Skelton

Category/ Type

Office Sought: X House / Senate / President

Disbursement For: 2004 Primary / X General / Other (specify)

State: MO District: 04

Transaction ID: D684
Date of Disbursement: 09 / 24 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A. Full Name (Last, First, Middle Initial)
J D Hayworth for Congress

Mailing Address 10789 N 90th Street Suite 102

City: Scottsdale | State: AZ | Zip Code: 85260

Purpose of Disbursement: Contr.

Candidate Name: J.D. Hayworth

Category/ Type:

Office Sought: X House / Senate / President

State: AZ District: 05

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D678
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Jefferson Committee

Mailing Address 650 Poydras St Suite 2245

City: New Orleans | State: LA | Zip Code: 70130

Purpose of Disbursement: Contr.

Candidate Name: William J. Jefferson

Category/ Type:

Office Sought: X House / Senate / President

State: LA District: 02

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D679
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
John Thune for US Senate

Mailing Address PO Box 3308

City: Sioux Falls | State: SD | Zip Code: 57101

Purpose of Disbursement: Contr.

Candidate Name: John Thune

Category/ Type:

Office Sought: House / X Senate / President

State: SD District:

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D684
Date of Disbursement: 08 / 09 / 2004

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Levin for Congress

Mailing Address P.O. Box 1092

City: Warren | State: MI | Zip Code: 48092

Purpose of Disbursement: Contr.

Candidate Name: Sander M. Levin

Category/ Type:

Office Sought: X House / Senate / President

State: MI District: 12

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D690
Date of Disbursement: 09 / 24 / 2004

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
McCrery for Congress

Mailing Address 1900 Deposit Guaranty Tower
333 Texas Street

City: Shreveport | State: LA | Zip Code: 71101

Purpose of Disbursement: Contr.

Candidate Name: Jim McCrery

Category/ Type:

Office Sought: X House / Senate / President

State: LA District: 04

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D649
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Mel Martinez for US Senate

Mailing Address 1516 Hillcrest Street, Suite 200

City: Orlando | State: FL | Zip Code: 32803

Purpose of Disbursement: Contr.

Candidate Name: Mel Martinez

Category/ Type:

Office Sought: House / X Senate / President

State: FL District:

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D694
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Mikulski for Senate Committee

Mailing Address P O B 13147

City: Baltimore | State: MD | Zip Code: 21203

Purpose of Disbursement: Contr.

Candidate Name: Barbara A. Mikulski

Category/ Type:

Office Sought: House / X Senate / President — State: MD — District:

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D665
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Nethercutt for Senate

Mailing Address 601 W Riverside #1800

City: Spokane | State: WA | Zip Code: 99201

Purpose of Disbursement: Contr.

Candidate Name: George R. Nethercutt, Jr.

Category/ Type:

Office Sought: X House / Senate / President — State: WA — District: 05

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D640
Date of Disbursement: 07 / 14 / 2004

Amount of Each Disbursement this Period: 3000.00

C. Full Name (Last, First, Middle Initial)
Nethercutt for Senate

Mailing Address 601 W Riverside #1800

City: Spokane | State: WA | Zip Code: 99201

Purpose of Disbursement: Contr.

Candidate Name: George R. Nethercutt, Jr.

Category/ Type:

Office Sought: X House / Senate / President — State: WA — District: 05

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D641
Date of Disbursement: 07 / 14 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Pete Coors for Senate

Mailing Address 900 West Plaza Drive, Suite 175

City: Highlands Ranch | State: CO | Zip Code: 80129

Purpose of Disbursement: Contr.

Candidate Name: Pete Coors

Category/ Type:

Office Sought: House / X Senate / President — State: CO District:

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D691
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City: Fremont | State: CA | Zip Code: 94537

Purpose of Disbursement: Contr.

Candidate Name: Fortney Pete Stark

Category/ Type:

Office Sought: X House / Senate / President — State: CA District: 13

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D657
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Rangel 2004 Committee

Mailing Address PO Box 5577 Manhattanville Sta.

City: New York | State: NY | Zip Code: 10027

Purpose of Disbursement: Contr.

Candidate Name: Charles B. Rangel

Category/ Type:

Office Sought: X House / Senate / President — State: NY District: 15

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D653
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A.
Full Name (Last, First, Middle Initial)
Richard Pombo for Congress

Mailing Address 28375 South Chrisman Road

City: Tracy | State: CA | Zip Code: 95304

Purpose of Disbursement: Contr.

Candidate Name: Richard W. Pombo

Category/ Type:

Office Sought: X House / Senate / President

State: CA District: 11

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D681
Date of Disbursement: 09 / 24 / 2004

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Rob Simmons for Congress

Mailing Address PO Box 268, Drawer 271

City: Stonington | State: CT | Zip Code: 06378

Purpose of Disbursement: Contr.

Candidate Name: Rob Simmons

Category/ Type:

Office Sought: X House / Senate / President

State: CT District: 02

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D685
Date of Disbursement: 09 / 24 / 2004

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Simpson for Congress

Mailing Address 788 Hoff Drive

City: Blackfoot | State: ID | Zip Code: 83221

Purpose of Disbursement: Returned Check #1260 dated 11/3/2003 for

Candidate Name: Michael K. Simpson

Category/ Type:

Office Sought: X House / Senate / President

State: ID District: 02

Disbursement For: 2004 X Primary General Other (specify)

Transaction ID: D639
Date of Disbursement: 07 / 14 / 2004

Amount of Each Disbursement this Period: -1000.00

Michael K. Simpson [ID-2-R].

SUBTOTAL of Disbursements This Page (optional) ▶ **1000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A. Full Name (Last, First, Middle Initial)
Susan Davis for Congress

Mailing Address C/O 144 West D Street

City: Encinitas | State: CA | Zip Code: 92024

Purpose of Disbursement: Contr.

Candidate Name: Susan A. Davis

Category/ Type

Office Sought: X House / Senate / President

State: CA District: 53

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D669
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Tom Reynolds for Congress

Mailing Address PO Box 141

City: Williamsville | State: NY | Zip Code: 14231

Purpose of Disbursement: Contr.

Candidate Name: Thomas M. Reynolds

Category/ Type

Office Sought: X House / Senate / President

State: NY District: 26

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D688
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Volunteers for Shimkus

Mailing Address P.O. Box 5458
PO Box 5458

City: Springfield | State: IL | Zip Code: 62705

Purpose of Disbursement: Contr.

Candidate Name: John Shimkus

Category/ Type

Office Sought: X House / Senate / President

State: IL District: 19

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D655
Date of Disbursement: 08 / 05 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **2500.00**

TOTAL This Period (last page this line number only) ▶ **95500.00**