REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Association of Orthodontists Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported

401 North Lindbergh Blvd.

CITY, STATE and ZIP CODE

St. Louis, MO 63141-7816

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -1 P 11: 58

2. FEC IDENTIFICATION NUMBER C00293910

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-99 through 12-31-99		
6. (a) Cash on Hand January 1, 19 99		$ 87,065.58
(b) Cash on Hand at Beginning of Reporting Period	$ 87,669.58	
(c) Total Receipts (from Line 19)	$ 72,860.22	$ 96,464.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 160,529.80	$ 183,529.80
7. Total Disbursements (from Line 30)	$ 6,673.25	$ 29,673.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 153,856.55	$ 153,856.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 M. Drinan

Signature of Treasurer: James M. Drinan

Date: 1-31-00

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

FEC FORM 3X
(revised 9/93)

FEBAN121

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Association of Orthodontists Political Action Committee

REPORT COVERING PERIOD FROM 7-1-99 TO: 12-31-99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees	$11,145.00	$11,395.00	11(a)(i)
i. Itemized (use Schedule A)	61,715.22	85,069.22	11(a)(ii)
ii. Unitemized	72,860.22	96,464.22	11(a)(iii)
iii. Total (add i and ii) ➤	—	—	11(b)
b. Political Party Committees	—	—	11(c)
c. Other Political Committees (such as PACs)	72,860.22	96,464.22	11(d)
d. Total Contributions (add a ii, b and c) ➤	—	—	12
12. Transfers From Affiliated/Other Party Committees	—	—	13
13. All Loans Received	—	—	14
14. Loan Repayments Received	—	—	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	—	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—	17
17. Other Federal Receipts (Dividends, Interest, etc.)	—	—	18
18. Transfers from Nonfederal Account for Joint Activity	72,860.22	96,464.22	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	72,860.22	96,464.22	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	—	—	21(a)(i)
i. Federal Share	—	—	21(a)(ii)
ii. Non-Federal Share	1,073.25	1,073.25	21(b)
b. Other Federal Operating Expenditures	1,073.25	1,073.25	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	—	—	22
22. Transfers to Affiliated/Other Party Committees	5,500.00	28,500.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	—	—	24
24. Independent Expenditures (use Schedule E)	—	—	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—	—	26
26. Loan Repayments Made	—	—	27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	100.00	100.00	28(a)
b. Political Party Committees	—	—	28(b)
c. Other Political Committees (such as PACs)	—	—	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	100.00	100.00	28(d)
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,673.25	29,673.25	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	6,673.25	29,673.25	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	72,860.22	96,464.22	32
33. Total Contribution Refunds (from line 28d)	100.00	100.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	72,760.22	96,364.22	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1,073.25	1,073.25	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1,073.25	1,073.25	37

FE8NN121

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

Other Federal Operating Expenditures

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nova Information Systems, Inc. 200 Hanover Park Road Atlanta, GA 30350	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7-2-99 7-2-99	$ 46.53 2.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nova Information Systems, Inc. 200 Hanover Park Road Atlanta, GA 30350	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-3-99 8-3-99 8-27-99	35.55 2.00 150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nova Information Systems, Inc. 200 Hanover Park Road Atlanta, GA 30350	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/2/99 9/2/99	325.39 2.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nova Information Systems, Inc. 200 Hanover Park Road Atlanta, GA 30350	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/4/99 10/4/99	337.59 2.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nova Information Systems, Inc. 200 Hanover Park Road Atlanta, GA 30350	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-2-99 11-2-99	54.23 2.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nova Information Systems, Inc. 200 Hanover Park Road Atlanta, GA 30350	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-2-99 12-2-99 12-27-99	61.96 2.08 50.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) ..... $ 1,073.25

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contributions to Federal Candidates/Committees

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name, Mailing Address and ZIP Code Jim Ramstad Volunteer Committee 8100 Penn Ave. South, Suite 104 Bloomington, MN 55431	Purpose of Disbursement: Contrib: Jim Ramstad (MN-3-R) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 7-7-99	Amount of Each Disbursement This Period $5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Doc Hastings P.O. Box 2926 Pasco, WA 99302	Purpose of Disbursement: Contrib: Doc Hastings (WA-4-R) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 8-20-99	Amount of Each Disbursement This Period $ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $5,500.00

FE8AH121

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Refunds of Contributions to Individuals

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

PAGE 1 OF 1

FOR LINE NUMBER 28a

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NAME OF COMMITTEE (in Full)

American Association of Orthodontists Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. David C. Hamilton RD 3 Box 599 Forrest Rd. New Castle, PA 16105	Refund: To Ineligible Contributor	7-6-99	$100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$100.00

FE8AN121

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8

FOR LINE NUMBER 11a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Michael C. Alpern, 3100 Port Charlotte Blvd., Port Charlotte, FL 33952	Self / Orthodontist	8-18-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
B. Dr. David J. Angus, 1 Kennedy Drive #3, South Burlington, VT 05403	Associates in Orthodontics, P.C. / Orthodontist	9-22-99	250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 600		
C. Dr. William A. Barton, 10715 Tierrasanta Blvd., San Diego, CA 92124	Self / Orthodontist	9-8-99	150
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250		
D. Dr. Paul J. Batastini, 69 Berlin-Haddonfield Rd., Cherry Hill, NJ 08034	Self / Orthodontist	8-18-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
E. Dr. Ronald M. Bellhouse, 440 East Water St., Elmira, NY 14901	Self / Orthodontist	8-25-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
F. Dr. Hendrik F. Blom, 8035 Madison Ave. #G2, Citrus Heights, CA 95610	Self / Orthodontist	11-18-99	250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250		
G. Dr. Henry J. Bratcher, 1118 N. Larkin Ave., Joliet, IL 60435	Associated Orthodontists, Ltd / Orthodontist	9-3-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		

SUBTOTAL of Receipts This Page (optional) $1,450.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Comm.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Albert Cavallari, 130 Professional Pkwy S, Lockport, NY 14094	Rittenthaler & Cavallari, DDS, P.C. / Orthodontist	12-2-99	100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
B. Dr. David L. Crouch, 1706 Meridian S, #110, Puyallup, WA 98371	Self / Orthodontist	9-10-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
C. Dr. Dennis G. Cuendet, 2314 Weymouth Dr., Baton Rouge, LA 70809	Self / Orthodontist	9-3-99	100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
D. Dr. Richard J. Dakar, 1428 Park Bldg, 355 Fifth Ave., Pittsburgh PA 15222	Self / Orthodontist	8-31-99	100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
E. William W. Dunjo, 1225 Plainfield Road, Darien, IL 60561	Self / Orthodontist	10-28-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
F. A. Thomas Decker, 1004 Western Ave., Albany, NY 12203	Self / Orthodontist	12-23-99 12-29-99	200 200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
G. Robert F. Gamisen, 502 N. Lake Dr., Lexington, SC 29072	Self / Orthodontist	8-31-99	250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		

SUBTOTAL of Receipts This Page (optional) $1,350.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Mark S. Geller, 1220 N. Coit Rd #108, Plano, TX 75075	Self / Orthodontist	8-25-99	200
		11-23-99	100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
B. Dr. James E. Gjerset, 1165A S. Columbia Rd., Grand Forks	Self / Orthodontist	8-31-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
C. Dr. William G. Grieve, 995 Willagillespie, Eugene, OR 97401	Self / Orthodontist	8-25-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 399		
D. Dr. Steven E. Hallgren, 4019 W. Main St., Kalamazoo, MI 49006	Self / Orthodontist	11-10-99	245
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 245		
E. Dr. R. Creg Hamilton, 401 N. Buffalo, Las Vegas, NV 89128	Self / Orthodontist	9-22-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
F. Dr. C. Robert Henry, 2000 W. Cuthbert, Midland, TX 79701	Self / Orthodontist	8-16-99	100
		11-8-99	150
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250		
G. Dr. James I. Heslop, 2175 Oregon Pike, Lancaster, PA 17601	Self / Orthodontist	9-17-99	199
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 349		

SUBTOTAL of Receipts This Page (optional) $1,594.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Gene R. Humphries, 27981 Greenfield Dr., Laguna Beach Niguel, CA 92677	Self / Orthodontist	8-16-99	201
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 201		
B. Dr. Mark W. Joiner, 1713 Dominican Way, Santa Cruz, CA 95065	Self / Orthodontist	10-29-99 12-2-99	100 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
C. Dr. Larson R. Keso, 3501 Northwest 50th, Oklahoma City, OK 73112	Self / Orthodontist	8-20-99 10-28-99	150 200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350		
D. Dr. Dennis K. Langwith, 7180 Hickman Road, Des Moines, IA 50322	Kinser & Langwith & Hull, P.C. / Orthodontist	11-18-99	150
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250		
E. Dr. Kenneth S. Lawrence, 8857 Mentor Ave., Mentor, OH 44060	Self / Orthodontist	8-31-99	250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250		
F. Dr. Melvyn M. Leifert, 30 Fifth Ave., New York, NY 10011	Self / Orthodontist	9-3-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
G. Dr. Paul J. McKenna, 1285 Springfield St., Feeding Hills, MA 01030	McKenna Orthodontics, P.C. / Orthodontist	9-22-99 11-1-99	200 200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		

SUBTOTAL of Receipts This Page (optional) $1,751.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a.1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Robert M. Merrill, 801 Eastmont Ave., East Wenatchee, WA 98802	Self / Orthodontist	8-25-99	250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $250		
B. Dr. Darrel G. Moreland, 220 N. 89th St., Omaha, NE 68114	Self / Orthodontist	12-2-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $300		
C. Dr. Norman K. Nakaji, 2440 Statesville Blvd., Salisbury, NC 28147	Self / Orthodontist	8-25-99	150
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $350		
D. Dr. Perry M. Opin, 243 Broad St., Milford, CT 06460	Self / Orthodontist	8-31-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $200		
E. Dr. James L. Peck, 3406 American River Dr., Sacramento, CA 95864	Self / Orthodontist	8-20-99	150
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $250		
F. Dr. James Pelletier, 1595 Lakeview Ave., Dracut, MA 01826	Self / Orthodontist	11-23-99 12-3-99	100 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $300		
G. Dr. Anthony Quinn, 327 N. Washington Ave., Scranton, PA 18503	Orthodontics Unlimited / Orthodontist	9-10-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $400		

SUBTOTAL of Receipts This Page (optional) > $1,350.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a i

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

NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Comm.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Stephen J. Reichheld, 75 Arcand Dr., Lowell, MA 01852	self / Orthodontist	8-27-99	200
B. Dr. Ronald Ritucci, 650 Chase Parkway, Waterbury, CT 06708	Self / Orthodontist	8-31-99 11-1-99	200 200
C. Dr. James D. Ritzenthaler, 130 Professional Parkway, Lockport, NY 14094	Self / Orthodontist	8-27-99	200
D. Dr. Martin S. Salmon, Genesee County Mall #5A, Batavia, NY 14020	Self / Orthodontist	10-8-99	100
E. Dr. Paul E. Shok, 296 Chestnut St., Meadville, PA 16335	self / Orthodontist	9-10-99	100
F. Dr. Larry C. Smedley, 797 S. East Lancaster Ave, Downingtown PA 19335	Self / Orthodontist	8-25-99	200
G. Dr. John R. Smith, 1350 Tuskawilla Rd., Winter Springs, FL 32708	self / Orthodontist	9-8-99	150

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

Aggregate Year-to-Date: A > $400; B > $400; C > $400; D > $200; E > $300; F > $300; G > $300

SUBTOTAL of Receipts This Page (optional) > $1,350.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11ai

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Claude R. Stephens, 555 E. Belt Line Rd., DeSoto, TX 75115	Self / Orthodontist	9-8-99	100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
B. Dr. Frederic C. Sterritt, 2139 Route 206, Belle Mead, NJ 08502	Self / Orthodontist	12-23-99	250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 450		
C. Dr. Robert S. Strange, 17-E Fort Evans Rd NE, Leesburg, VA 20176	Self / Orthodontist	8-31-99 11-1-99 12-30-99	100 100 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
D. Dr. J. William Stumbo, 2601 Dudley Ave., Parkersburg, WV 26101	Self / Orthodontist	8-31-99 11-1-99	200 200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
E. Dr. Roger W. Triftshauser, 5A Genesee Country Mall, Batavia, NY 14020	Self / Orthodontist	10-8-99	100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250		
F. Dr. Frank J. Verde, 24 Old Boxwood Lane, Lutherville, MD 21093	Self / Orthodontist	8-27-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
G. Dr. Don M. Wilkins, 105 N. Grove St, Merritt Island, FL 32953	Self / Orthodontist	10-8-99	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350		

SUBTOTAL of Receipts This Page (optional) $1,550.00

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

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HEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Comm.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Greg Woodfin, 4867 N 9th Ave., Pensacola, FL 32503 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Woodfin Cabrera Orthodontics / Orthodontist — Aggregate Year-to-Date > $300	9-10-99	100
B. Dr. A. Wright Pond, P.O. Box 697, Colonial Heights, VA 23834 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / Orthodontist — Aggregate Year-to-Date > $400.	9-8-99 12-2-99	200 200
C. Dr. Ronald P. Gross, 531 N. Charlotte St., Pottstown, PA 19464-4600 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / Orthodontist — Aggregate Year-to-Date > $250.	9-3-99	250
D. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation: Orthodontist — Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation: Orthodontist — Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation: Orthodontist — Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation: Orthodontist — Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $ 750.00

TOTAL This Period (last page this line number only) > $ 11,145.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 2/1/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

RB
PREPARER

2/1/00
DATE PREPARED

(4/98)