FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ 401 N. Lindbergh Blvd

☐ Check if different than previously reported. (ACC)

St. Louis | MO | 63141 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00293910

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 04 / 01 / 2012 through 06 / 30 / 2012

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 Kevin J. Dillard

Signature of Treasurer *Kevin J. Dillard* ***[Electronically Filed]*** Date 07 / 13 / 2012

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2012 To: 06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		153911.24
(b) Cash on Hand at Beginning of Reporting Period	96836.24	
(c) Total Receipts (from Line 19)	15212.50	25637.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	112048.74	179548.74
7. Total Disbursements (from Line 31)	91500.00	159000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20548.74	20548.74
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	

☒ 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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2012 To: 06 / 30 / 2012

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)	11000.00	20050.00
(ii) Unitemized	1212.50	2587.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	12212.50	22637.50
(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) ▶	12212.50	22637.50
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	3000.00	3000.00
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 Transfers (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)) ▶	15212.50	25637.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	15212.50	25637.50

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	86500.00	154000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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))	91500.00	159000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	91500.00	159000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	12212.50	22637.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12212.50	22637.50
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: (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. R. Cary Bocklet
Mailing Address: 4940 Hideaway Pointe
City: Hollywood State: SC Zip Code: 29449
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: 04 / 03 / 2012
Transaction ID : 7480629
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. A. G. Burris
Mailing Address: 960 Ribaut Rd St2
City: Beaufort State: SC Zip Code: 29902
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: 04 / 03 / 2012
Transaction ID : 7491350
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Dr. Earle E. Edwards
Mailing Address: 325 E Del Monte Ave PO BOX 696
City: Clewiston State: FL Zip Code: 33440-2201
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: 04 / 05 / 2012
Transaction ID : 7496248
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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. Rick W. Fuchs
Mailing Address: 516 S Anderson St
City: Mitchell State: SD Zip Code: 57301-3852
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 16 / 2012
Transaction ID : 7525624
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. Deborah R. New
Mailing Address: 23 Bellaqua Estates Ct
City: Rochester State: NY Zip Code: 14624-5361
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: 04 / 18 / 2012
Transaction ID : 7533954
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Dr. Michael R. LaFerla
Mailing Address: 3727 Spring Hill Rd
City: Joplin State: MO Zip Code: 64804-8121
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: 04 / 18 / 2012
Transaction ID : 7537776
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Dr. Richard W. Boyd Jr.
Mailing Address: 10111 Briar Forest Dr
City: Houston State: TX Zip Code: 77042-2417
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: 04 / 24 / 2012
Transaction ID : 7540577
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. Michael L. Keim
Mailing Address: 4468 Oakcreek Dr S
City: Fargo State: ND Zip Code: 58104-6620
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: 04 / 24 / 2012
Transaction ID : 7540579
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Dr. Lindsay Schuster
Mailing Address: 327 E 34Th St Apt 5B
City: New York State: NY Zip Code: 10016-4943
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 17 / 2012
Transaction ID : 7590632
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Dr. Steven L. Hechler
Mailing Address: 11533 Canterbury Cir
City: Leawood | State: KS | Zip Code: 66211-2918
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: 05 / 21 / 2012
Transaction ID : 7593236
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. Dennis D. Sommers
Mailing Address: 1418 Cook Dr
City: Minot | State: ND | Zip Code: 58701-6827
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: 05 / 21 / 2012
Transaction ID : 7593237
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Dr. Anthony E. Fisher
Mailing Address: 1306 22Nd St W
City: Williston | State: ND | Zip Code: 58801-3139
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: 05 / 21 / 2012
Transaction ID : 7593238
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

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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. Bradley Scott Wenande
Mailing Address: 8013 S Copper Ridge Rd
City: Sioux Falls State: SD Zip Code: 57108-6226
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 21 / 2012
Transaction ID : 7593279
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. Ross L. Crist
Mailing Address: 5701 S Deer Park Dr
City: Sioux Falls State: SD Zip Code: 57108-2017
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: 1000.00
Date of Receipt: 05 / 21 / 2012
Transaction ID : 7593280
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Dr. Preston D. Miller III
Mailing Address: 19 Northwood Ave
City: Jackson State: TN Zip Code: 38301-4450
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: 05 / 21 / 2012
Transaction ID : 7593281
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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. Lili K. Horton
Mailing Address:
City: State: 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: 05 / 29 / 2012
Transaction ID : 7598693
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. Christopher A. Roberts
Mailing Address: 459 Penbrooke Dr
City: Findlay State: OH Zip Code: 45840-7472
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: 05 / 29 / 2012
Transaction ID : 7598694
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Dr. Kimberly Mahood
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee.: C
Name of Employer:
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 05 / 29 / 2012
Transaction ID : 7598695
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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. Kenneth H. Lawrence
Mailing Address: 25230 Penshurst Dr
City: Beachwood State: OH Zip Code: 44122-1383
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: 05 / 29 / 2012
Transaction ID : 7598696
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. Robert M. Rosen
Mailing Address: 31 Meadowbrook Rd
City: Chatham State: NJ Zip Code: 07928-2028
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: 05 / 31 / 2012
Transaction ID : 7601455
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Dr. Thomas J. Huerter
Mailing Address: 211 S 93Rd St
City: Omaha State: NE Zip Code: 68114-3964
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: 06 / 04 / 2012
Transaction ID : 7606959
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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. Kevin D. Horner
Mailing Address: 2515 W Sleigh Creek Cir
City: Sioux Falls | State: SD | Zip Code: 57108
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: 06 / 04 / 2012
Transaction ID : 7606960
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Dr. Michael Teichman
Mailing Address: 1566 Silver Trl
City: Napa | State: CA | Zip Code: 94558-1417
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: 06 / 04 / 2012
Transaction ID : 7606961
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Dr. Donald C. Wilson
Mailing Address: 3132 Sw Westover Rd
City: Topeka | State: KS | Zip Code: 66604-2587
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: 06 / 04 / 2012
Transaction ID : 7606962
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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. Maria C. Castano-Rendon
Mailing Address: 3472 Greenbrier Dr
City: Frisco State: TX Zip Code: 75033
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: 06 / 04 / 2012
Transaction ID : 7606964
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. Phillip J. Beckwith
Mailing Address: 845 Pipestone Dr
City: Columbus State: OH Zip Code: 43235-1753
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: 06 / 11 / 2012
Transaction ID : 7636790
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Dr. Stephanie Smith Crise
Mailing Address: 5801 Creekside Ct
City: Mckinney State: TX Zip Code: 75071-4840
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: 06 / 11 / 2012
Transaction ID : 7636797
Amount of Each Receipt this Period: 250.00

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: (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. Douglas J. Klein
Mailing Address: 17681 Crestline Dr
City: Lake Oswego State: OR Zip Code: 97034-6210
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: 06 / 12 / 2012
Transaction ID : 7645615
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. Brian R. Jesperson
Mailing Address: 2611 Domino Dr
City: Bismarck State: ND Zip Code: 58503-0828
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: 06 / 12 / 2012
Transaction ID : 7645697
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Dr. Jacqueline Bunce
Mailing Address: 27926 195Th Ave Se
City: Kent State: WA Zip Code: 98042-8532
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: 06 / 19 / 2012
Transaction ID : 7650927
Amount of Each Receipt this Period: 250.00

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: (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. Ronald G. Heiber
Mailing Address: 1362 Hemlock Ct Ne
City: Lancaster | State: OH | Zip Code: 43130-1177
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: 06 / 19 / 2012
Transaction ID : 7654482
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Dr. Lisa Peter Howard
Mailing Address: 16 Rivers Edge Dr
City: Kennebunk | State: ME | Zip Code: 04043-7741
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: 1000.00
Date of Receipt: 06 / 21 / 2012
Transaction ID : 7669257
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Dr. Bradley Olin Adams
Mailing Address: 3307 Plantation Dr
City: Valdosta | State: GA | Zip Code: 31605-1071
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: 06 / 28 / 2012
Transaction ID : 7685525
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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: (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. Jeff L. Rickabaugh
Mailing Address: 5001 Marble Arch Rd
City: Winston Salem
State: NC
Zip Code: 27104-5026
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: 06 / 29 / 2012
Transaction ID : 7687029
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City:
State:
Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City:
State:
Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 11000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 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): Snowe for Senate
Mailing Address: P.O. Box 2000
City: Portland State: ME Zip Code: 04104
FEC ID number of contributing federal political committee: C C00291955
Name of Employer:
Occupation:
Receipt For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 05 / 17 / 2012
Transaction ID : 7590547
Amount of Each Receipt this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): Carper For Senate
Mailing Address: 19 East Commons Blvd Second Floor
City: New Castle State: DE Zip Code: 19720
FEC ID number of contributing federal political committee: C C00349217
Name of Employer:
Occupation:
Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 06 / 12 / 2012
Transaction ID : 7640681
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 3000.00

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): Lynn Jenkins For Congress
Mailing Address: P.O. Box 1441
City: Topeka State: KS Zip Code: 66601
Purpose of Disbursement:
Candidate Name: Rep. Lynn Jenkins
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 02
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 26 / 2012
Transaction ID : 7544534
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Romney for President, Inc.
Mailing Address: P.O. Box 149756
City: Boston State: MA Zip Code: 02114
Purpose of Disbursement: Void - Romney for President, Inc.
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☒ President
State: District:
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 30 / 2012
Transaction ID : 7600192
Amount of Each Disbursement this Period: -5000.00
Void - Romney for President, Inc.

C. Full Name (Last, First, Middle Initial): Heller For Congress
Mailing Address: 7840 Red Leaf Drive
City: Las Vegas State: NV Zip Code: 89131
Purpose of Disbursement:
Candidate Name: Rep. Dean Heller
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NV District: 02
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7612540
Amount of Each Disbursement this Period: 5000.00

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)
☐ 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): Democratic Senatorial Campaign Committee
Mailing Address: 120 Maryland Avenue NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 06 / D D 07 / Y Y Y Y 2012
Transaction ID : 7614335
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Kristi For Congress
Mailing Address: PO Box 852
City: Sioux Falls State: SD Zip Code: 57101
Purpose of Disbursement:
Candidate Name: Ms. Kristi Noem
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: SD District: 00
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 06 / D D 07 / Y Y Y Y 2012
Transaction ID : 7614336
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Friends of Jack Kingston
Mailing Address: PO Box 2133
City: Savannah State: GA Zip Code: 31402
Purpose of Disbursement:
Candidate Name: Jack Kingston
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 01
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 06 / D D 07 / Y Y Y Y 2012
Transaction ID : 7614337
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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): Cantor for Congress
Mailing Address: 4914 Fitzhugh Ave Ste 202
City: Richmond State: VA Zip Code: 23230
Purpose of Disbursement:
Candidate Name: Eric Cantor
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 07
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7614338
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Ryan For Congress
Mailing Address: P.O. Box 1488
City: Janesville State: WI Zip Code: 53547
Purpose of Disbursement:
Candidate Name: Rep. Paul Ryan
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 01
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7614340
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Pete Sessions for Congress
Mailing Address: PO Box 140970
City: Dallas State: TX Zip Code: 75214
Purpose of Disbursement:
Candidate Name: Pete Sessions
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 32
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7614343
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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): Berg For Congress
Mailing Address: PO Box 9394
City: Fargo State: ND Zip Code: 58106
Purpose of Disbursement:
Candidate Name: Rep. Rick Berg
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: ND District: 00
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7621974
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Kay Granger Campaign Fund
Mailing Address: 715 Jones Street, Suite 101
City: Fort Worth State: TX Zip Code: 76102
Purpose of Disbursement:
Candidate Name: Rep. Kay Granger
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 12
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7621975
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): New Republican Majority Fund
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name: New Republican Majority Fund
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7621977
Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 9000.00

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): Next Century Fund PAC
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name: Next Century Fund PAC
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7621979
Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial): Hoosiers for Richard Mourdock
Mailing Address: 855-1 N HIGH SCHOOL RD
City: INDIANAPOLIS State: IN Zip Code: 46214
Purpose of Disbursement:
Candidate Name: Hoosiers for Richard Mourdock
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: IN District:
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7621980
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Romney for President, Inc.
Mailing Address: P.O. Box 149756
City: Boston State: MA Zip Code: 02114
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☒ President
State: District:
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 15 / 2012
Transaction ID : 7647513
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 11500.00

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
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Cantor for Congress
Mailing Address: 4914 Fitzhugh Ave Ste 202
City: Richmond State: VA Zip Code: 23230
Purpose of Disbursement:
Candidate Name: Eric Cantor
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 07
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 15 / 2012
Transaction ID : 7647647
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): New Republican Majority Fund
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: Void - New Republican Majority Fund
Candidate Name: New Republican Majority Fund
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 20 / 2012
Transaction ID : 7668398
Amount of Each Disbursement this Period: -1500.00
Void - New Republican Majority Fund

C. Full Name (Last, First, Middle Initial): Duffy For Congress
Mailing Address: PO Box 186
City: Ashland State: WI Zip Code: 54806
Purpose of Disbursement:
Candidate Name: Mr. Sean Duffy
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 07
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2012
Transaction ID : 7685579
Amount of Each Disbursement this Period: 4500.00

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): Pat Meehan For Congress
Mailing Address: 50 S. Providence Road, PO Box 308
City: Media State: PA Zip Code: 19063
Purpose of Disbursement:
Candidate Name: Mr. Patrick Meehan
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 07
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2012
Transaction ID : 7685580
Amount of Each Disbursement this Period: 4500.00

B. Full Name (Last, First, Middle Initial): Friends Of Nan Hayworth
Mailing Address: 51 Gleneida Avenue
City: Carmel State: NY Zip Code: 10512
Purpose of Disbursement:
Candidate Name: Ms. Nan Hayworth
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 19
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2012
Transaction ID : 7685581
Amount of Each Disbursement this Period: 4500.00

C. Full Name (Last, First, Middle Initial): Tom Reed For Congress
Mailing Address: PO Box 450
City: Victor State: NY Zip Code: 14564
Purpose of Disbursement:
Candidate Name: Rep. Tom Reed
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 29
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2012
Transaction ID : 7685582
Amount of Each Disbursement this Period: 4500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 13500.00

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 [X] 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): Dold For Congress
Mailing Address: PO Box 8145
City: Northfield State: IL Zip Code: 60093
Purpose of Disbursement:
Candidate Name: Mr. Robert Dold
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 10
Disbursement For: 2012 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 06 / 28 / 2012
Transaction ID : 7685588
Amount of Each Disbursement this Period: 4500.00

B. Full Name (Last, First, Middle Initial): Pompeo For Congress Inc
Mailing Address: PO Box 780146
City: Wichita State: KS Zip Code: 67212
Purpose of Disbursement:
Candidate Name: Rep. Mike Pompeo
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: KS District: 04
Disbursement For: 2012 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 06 / 28 / 2012
Transaction ID : 7685589
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Allyson Schwartz For Congress
Mailing Address: 201 Leedom St
City: Jenkintown State: PA Zip Code: 19046
Purpose of Disbursement:
Candidate Name: Rep. Allyson Schwartz
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 13
Disbursement For: 2012 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 06 / 28 / 2012
Transaction ID : 7685687
Amount of Each Disbursement this Period: 2500.00

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

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): Richmond For Congress
Mailing Address: 1631 Elysian Fields, Suite 150
City: New Orleans State: LA Zip Code: 70126
Purpose of Disbursement:
Candidate Name: Rep. Cedric Richmond
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 02
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2012
Transaction ID : 7685693
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 86500.00

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 X 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): 13th Colony Leadership Committee, Inc.
Mailing Address: PO Box 114
City: Savannah State: GA Zip Code: 31402
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 06 / 07 / 2012
Transaction ID : 7621976
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 5000.00