24961802319

07/14/2004 15 : 26

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)

St. Louis | MO | 63141

2. FEC IDENTIFICATION NUMBER ▼ C00293910

CITY ▲ STATE ▲ ZIPCODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- X July 15 Quarterly Report(Q2)
- 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 04 01 2004 through 06 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 07 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)

24961802320

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 2004 To: 06 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	44857.33	
(c) Total Receipts (from Line 19)	28450.00	59005.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73307.33	136307.33
7. Total Disbursements (from Line 31)	24250.00	87250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49057.33	49057.33
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

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 2004 To: 06 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)	15150.00	
(ii) Unitemized	13300.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	28450.00	59005.00
(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) ▶	28450.00	59005.00
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))	28450.00	59005.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28450.00	59005.00

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) 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	24250.00	87250.00
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))	24250.00	87250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	24250.00	87250.00

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)	28450.00	59005.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28450.00	59005.00
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

24961802324

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28
(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. 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: 400.00
Date of Receipt: 05 10 2004
Transaction ID: R11586
Amount of Each Receipt this Period: 400.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Wayne M. Beuknight
Mailing Address 2020 Greenbrook Pkwy
City: Matthews State: NC Zip Code: 28104
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: 06 30 2004
Transaction ID: R11689
Amount of Each Receipt this Period: 400.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Ronald M. Bellohusen
Mailing Address 50 Thornapple Dr
City: Elmira State: NY Zip Code: 14503
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 10 2004
Transaction ID: R11585
Amount of Each Receipt this Period: 250.00
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 7 / 28
(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. Fabio Beltran
Mailing Address 13500 Summerhill Dr
City: Phoenix State: MD Zip Code: 21131
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 30 2004
Transaction ID: R11714
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Robert J. Brown
Mailing Address 100 Via Copla
City: Alamo State: CA Zip Code: 94507
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 10 2004
Transaction ID: R11584
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. John F. Buzzetto
Mailing Address 4012 Letort Lane
City: Allison Park State: PA Zip Code: 15101
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: 06 22 2004
Transaction ID: R11634
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 8 / 28
(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. Ross L. Crist
Mailing Address: 1204 N Pikes Peak Cir
City: Sioux Falls | State: SD | Zip Code: 57103
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 30 2004
Transaction ID: R11718
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. David L. Crouch
Mailing Address: 11007 38th St Ct E
City: Edgewood | State: WA | Zip Code: 98372
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: 06 22 2004
Transaction ID: R11635
Amount of Each Receipt this Period: 400.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Joseph Damona, II
Mailing Address: 240 Bay Rd
City: Ocean City | State: NJ | Zip Code: 08226
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 30 2004
Transaction ID: R11713
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) ..... ▶

24961802327

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28
(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. Eugene L. Dellinger
Mailing Address 1326 Old Lantern Tr
City: Fort Wayne State: IN Zip Code: 46845
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 22 2004
Transaction ID: R11659
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Keith Robert Erickson
Mailing Address 3600 Tangle Wood Ct
City: Eagan State: MN Zip Code: 55123
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 05 2004
Transaction ID: R11576
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. John C. Ford
Mailing Address 221 Winnetka Ave
City: Winnetka State: IL Zip Code: 60093
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: 06 22 2004
Transaction ID: R11636
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 10 / 28
(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. Jeffrey L. Gilmore
Mailing Address 304 Flintwood Dr
City: Marietta State: OH Zip Code: 45750
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 10 2004
Transaction ID: R11583
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Gayle Glenn
Mailing Address 3922 Travis St #12
City: Dallas State: TX Zip Code: 75204
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 30 2004
Transaction ID: R11716
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Lee W. Graber
Mailing Address 21350 W Lakeview Pkwy
City: Mundelein State: IL Zip Code: 60060
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 30 2004
Transaction ID: R11686
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) ..... ▶

24961802329

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(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 I. Heslop
Mailing Address: 510 Stonehenge Dr
City: Lititz State: PA Zip Code: 17543
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 30 2004
Transaction ID: R11717
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Mark E. Hixson
Mailing Address: 3501 Catalano Dr
City: Raleigh State: NC Zip Code: 27612
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: 06 30 2004
Transaction ID: R11710
Amount of Each Receipt this Period: 150.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Lill K. Horton
Mailing Address: 677 Ala Moana Blvd #801
City: Honolulu State: HI Zip Code: 96813
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: 04 14 2004
Transaction ID: R11560
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) ..... ▶

24961802330

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28
(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 H. Hoxie
Mailing Address 885 Weston Ridge Pkwy
City: Chaska State: MN Zip Code: 55318
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: 04 21 2004
Transaction ID: R11564
Amount of Each Receipt this Period: 400.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Bruce W. Hultgren
Mailing Address 7367 Lilac Ln
City: Victoria State: MN Zip Code: 55386
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: 05 05 2004
Transaction ID: R11577
Amount of Each Receipt this Period: 400.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Alan W. Irvin
Mailing Address 106 Elmwood Dr
City: Greensboro State: NC Zip Code: 27408
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 30 2004
Transaction ID: R11687
Amount of Each Receipt this Period: 250.00
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 13 / 28
(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 A. Jokstad
Mailing Address: 20770 Linwood Rd
City: Deephaven | State: MN | Zip Code: 55331
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: 05 10 2004
Transaction ID: R11587
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Douglas A. Jokstad
Mailing Address: 20770 Linwood Rd
City: Deephaven | State: MN | Zip Code: 55331
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: 06 22 2004
Transaction ID: R11650
Amount of Each Receipt this Period: 150.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. James D. Kaley
Mailing Address: 391D Hazel Lane
City: Greensboro | State: NC | Zip Code: 27408
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 22 2004
Transaction ID: R11660
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28
(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. Keith A. Kernitz
Mailing Address 12716 Diamond Dr
City: Burnsville State: MN Zip Code: 55337
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: 05 05 2004
Transaction ID: R11569
Amount of Each Receipt this Period: 200.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Keith A. Kernitz
Mailing Address 12716 Diamond Dr
City: Burnsville State: MN Zip Code: 55337
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: 06 22 2004
Transaction ID: R11649
Amount of Each Receipt this Period: 150.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Larson R. Keso
Mailing Address 3001 Ridgewood Dr
City: Edmond State: OK Zip Code: 73013
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 22 2004
Transaction ID: R11632
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 600.00

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

24961802333

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 28
(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. Valmy P. Kulbersh
Mailing Address: 1417 Cedar Bend Dr
City: Bloomfield Hills State: MI Zip Code: 48302
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: 06 30 2004
Transaction ID: R11707
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. James E. Lupi
Mailing Address: 42 Hermitage Dr
City: Stafford State: VA Zip Code: 22556
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 22 2004
Transaction ID: R11630
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Justin J. Martin, Jr.
Mailing Address: 4117 East Lake Rd
City: Canandaigua State: NY Zip Code: 14424
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 14 2004
Transaction ID: R11559
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) ..... ▶

24961802334

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 28
(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 Leo Mergen
Mailing Address 1887 Hidden Valley Ln
City: Fort Dodge State: IA Zip Code: 50501
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: 06 22 2004
Transaction ID: R11637
Amount of Each Receipt this Period: 400.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Robert M. Merrill
Mailing Address 1026 N Fairview Pl
City: East Wenatchee State: WA Zip Code: 98802
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 30 2004
Transaction ID: R11690
Amount of Each Receipt this Period: 1000.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Frank R. Miller
Mailing Address 1108 Squaw Valley
City: Rockwall State: TX Zip Code: 75087
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 30 2004
Transaction ID: R11688
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1650.00

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 / 28
(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. James W. Mine
Mailing Address 882B Erdman Blvd
City: Middleton State: WI Zip Code: 53562
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: 04 21 2004
Transaction ID: R11567
Amount of Each Receipt this Period: 400.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. W. Jim Moore, Jr.
Mailing Address 3024 Olive St
City: Pine Bluff State: AR Zip Code: 71603
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 22 2004
Transaction ID: R11658
Amount of Each Receipt this Period: 250.00
Check

C. Full Name (Last, First, Middle Initial)
Dr. Karl F. Muster
Mailing Address 809 Ayrshire Dr
City: Champaign State: IL Zip Code: 61820
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 22 2004
Transaction ID: R11633
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 18 / 28
(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. Stephen Robert Nelson
Mailing Address 4405 Highland Rd
City: Minnetonka State: MN Zip Code: 55345
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: 05 05 2004
Transaction ID: R11574
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Stephen Robert Nelson
Mailing Address 4405 Highland Rd
City: Minnetonka State: MN Zip Code: 55345
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: 06 22 2004
Transaction ID: R11654
Amount of Each Receipt this Period: 150.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. S. Edwin Noffel
Mailing Address 2435 Brookwood
City: Cape Girardeau State: MO Zip Code: 63701
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 22 2004
Transaction ID: R11657
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) ..... ▶

24961802337

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. Kenneth H. Peterson
Mailing Address 1409 Ambleside Cir
City: Naperville State: IL Zip Code: 60540
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 22 2004
Transaction ID: R11631
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. John W. Pitner
Mailing Address 220 Williamstown Way
City: Columbia State: SC Zip Code: 29212
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: 06 22 2004
Transaction ID: R11629
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Theodore R. Pope
Mailing Address 573 David Pkwy
City: Kettering State: OH Zip Code: 45429
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 10 2004
Transaction ID: R11588
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) ..... ▶

24961802338

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. J. Anthony Quinn
Mailing Address PO Box 771
City: Waverly State: PA Zip Code: 18471
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: 06 22 2004
Transaction ID: R11662
Amount of Each Receipt this Period: 400.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. John E. Roussalis, II
Mailing Address 1220 W 30th St
City: Casper State: WY Zip Code: 82601
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: 04 14 2004
Transaction ID: R11548
Amount of Each Receipt this Period: 150.00
Cash

C.
Full Name (Last, First, Middle Initial)
Dr. Michael J. Rovner
Mailing Address 812 38th Street
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: 250.00
Date of Receipt: 06 22 2004
Transaction ID: R11628
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 21 / 28
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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. David M. Solomon
Mailing Address 92 Louis Dr
City: Montville State: NJ Zip Code: 07045
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 30 2004
Transaction ID: R11719
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Paul W. Sproul
Mailing Address 106 Indian Crest Dr
City: Madison State: AL Zip Code: 35758
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: 06 09 2004
Transaction ID: R11606
Amount of Each Receipt this Period: 400.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Stephanie Edwards Steckel
Mailing Address 446 Fletcher Dr
City: Smyrna State: DE Zip Code: 19977
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 30 2004
Transaction ID: R11711
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) ..... ▶

24961802340

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 28
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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. Frederic C. Stemitt
Mailing Address 8 Daniel Dr
City: Belle Mead State: NJ Zip Code: 08502
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: 550.00
Date of Receipt: 04 14 2004
Transaction ID: R11561
Amount of Each Receipt this Period: 400.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Charles S. Tjarsland
Mailing Address 65 Gull Point
City: Milsboro State: DE Zip Code: 19966
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 10 2004
Transaction ID: R11562
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Luis A. Toro-Llovera
Mailing Address #13 Marbella St
Paseo Las Brisas
City: Rio Piedras State: PR Zip Code: 00926
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 14 2004
Transaction ID: R11558
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) ..... ▶

24961802341

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 28
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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. Thomas P. Weirich
Mailing Address 4315 St Gregory Drive
City: Oklahoma City State: OK Zip Code: 73120
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: 06 22 2004
Transaction ID: R11652
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Terrence L. Wenger
Mailing Address 14385 Hartwell Trail
City: Novelty State: OH Zip Code: 44072
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: 06 30 2004
Transaction ID: R11715
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas H. Williams
Mailing Address PO Box 1241
City: Wewoka State: OK Zip Code: 74884
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 22 2004
Transaction ID: R11661
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) ..... ▶ 15150.00

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): 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 X Primary / General / Other (specify)
Transaction ID: D621
Date of Disbursement: 04 / 14 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Committee to Re-Elect Congressman Duncan Hunter
Mailing Address: 8340 Fuerte Drive Suite #302
City: La Mesa State: CA Zip Code: 91941
Purpose of Disbursement: Contr.
Candidate Name: Duncan L. Hunter
Category/Type
Office Sought: X House / Senate / President
State: CA District: 52
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: D636
Date of Disbursement: 06 / 17 / 2004
Amount of Each Disbursement this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Friends of Roger Wicker
Mailing Address: PO Box 874
City: Tupelo State: MS Zip Code: 38802
Purpose of Disbursement: Contr.
Candidate Name: Roger F. Wicker
Category/Type
Office Sought: X House / Senate / President
State: MS District: 01
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D629
Date of Disbursement: 04 / 14 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2250.00**

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): 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
State: NM District: 01
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D638
Date of Disbursement: 04 / 14 / 2004
Amount of Each Disbursement this Period: 1000.00

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
State: MD District: 05
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: D622
Date of Disbursement: 04 / 14 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Hulshof for Congress
Mailing Address: PO Box 1621
City: Columbia State: MO Zip Code: 65205
Purpose of Disbursement: Contr.
Candidate Name: Kenny Hulshof
Category/Type
Office Sought: X House / Senate / President
State: MO District: 09
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D623
Date of Disbursement: 04 / 14 / 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) ..... ▶

24961802344

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

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)
Jack Ryan for US Senate

Mailing Address
PO Box 11606

City: Chicago | State: IL | Zip Code: 60611

Purpose of Disbursement
Contr.

Candidate Name
Jack Ryan

Category/Type

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

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

Transaction ID: D631
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 2000.00

B. 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
X Primary / General
Other (specify)

Transaction ID: D634
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 5000.00

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

Mailing Address: PO Box 942080

City: Atlanta | State: GA | Zip Code: 31141

Purpose of Disbursement
Contr.

Candidate Name
John Linder

Category/Type

Office Sought: X House / Senate / President
State: GA District: 07

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

Transaction ID: D625
Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

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)
Lungren for Congress
Mailing Address 287 Iron Point Road
City Folsom State CA Zip Code 95630
Purpose of Disbursement
Contr.
Candidate Name
Dan Lungren
Category/Type
Office Sought: X House / Senate / President
State: CA District: 03
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D626
Date of Disbursement 04 / 14 / 2004
Amount of Each Disbursement this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
National Republican Congressional Committee
Mailing Address 320 First Street, SE
City Washington State DC Zip Code 20003
Purpose of Disbursement
Contr. National Republican Congr (DC-R)
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D632
Date of Disbursement 04 / 14 / 2004
Amount of Each Disbursement this Period 5000.00

C.
Full Name (Last, First, Middle Initial)
Nethercutt for Congress 2000
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: D627
Date of Disbursement 04 / 14 / 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)

☐ 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): Team Emerson

Mailing Address: PO Box 822

City: Cape Girardeau | State: MO | Zip Code: 63701

Purpose of Disbursement: Contr.

Candidate Name: Jo Ann Emerson

Category/Type

Office Sought: X House / Senate / President

State: MO District: 08

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

Transaction ID: D635

Date of Disbursement: 05 / 17 / 2004

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Tiberi 2000

Mailing Address: 865 Macon Alley

City: Columbus | State: OH | Zip Code: 43206

Purpose of Disbursement: Contr.

Candidate Name: Patrick J. Tiberi

Category/Type

Office Sought: X House / Senate / President

State: OH District: 12

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

Transaction ID: D628

Date of Disbursement: 04 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	2000.00
TOTAL This Period (last page this line number only) ..... ▶	24250.00