REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 12 27 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
401 North Lindbergh Boulevard

CITY, STATE and ZIP CODE
Saint Louis MO 63141

2. FEC IDENTIFICATION NUMBER
C00293910

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due On:

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7.1.97 through 12.31.97		
6. (a) Cash on Hand January 1, 19 97		$ 72,433.84
(b) Cash on Hand at Beginning of Reporting Period	$ 65,645.58	
(c) Total Receipts (from Line 19)	$ 61,610.01	$ 87,960.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 127,255.59	$ 160,393.86
7. Total Disbursements (from Line 30)	$ 4,000.01	$ 37,138.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 123,255.58	$ 123,255.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Ronald S. Moen Secretary-Treasurer

Signature of Treasurer
Ronald S. Moen

Date
1-27-98

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

FEC FORM 3X
(revised 9/93)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE: American Association of Orthodontists Political Action Committee

REPORT COVERING PERIOD FROM 7.1.97 TO 12.31.97

Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4106.01	5056.02	11(a)
ii. Unitemized	57504.00	82,904.00	11(a)
iii. Total (add i and ii)	61,610.01	87,960.02	11(a)
b. Political Party Committees	—	—	11(b)
c. Other Political Committees (such as PACs)	—	—	11(c)
d. Total Contributions (add a iii, b and c)	61,610.01	87,960.02	11(d)
12. Transfers From Affiliated/Other Party Committees	—	—	12
13. All Loans Received	—	—	13
14. Loan Repayments Received	—	—	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	—	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—	16
17. Other Federal Receipts (Dividends, Interest, etc.)	—	—	17
18. Transfers from Nonfederal Account for Joint Activity	—	—	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	61,610.01	87,960.02	19
20. Total Federal Receipts (subtract line 18 from line 19)	61,610.01	87,960.02	20

Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	—	—	21(a)i
ii. Non-Federal Share	—	—	21(a)ii
b. Other Federal Operating Expenditures	—	14,338.27	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	—	14,338.27	21(c)
22. Transfers to Affiliated/Other Party Committees	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	22,500.00	23
24. Independent Expenditures (use Schedule E)	—	—	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—	—	25
26. Loan Repayments Made	—	—	26
27. Loans Made	—	—	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	.01	300.01	28(a)
b. Political Party Committees	—	—	28(b)
c. Other Political Committees (such as PACs)	—	—	28(c)
d. Total Contribution Refunds (add a, b and c)	.01	300.01	28(d)
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	4000.01	37,138.28	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	4000.01	37,138.28	31

Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	61,610.01	87,960.02	32
33. Total Contribution Refunds (from line 28d)	.01	300.01	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	61,610.00	87,660.01	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	—	14,338.27	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35)	—	14,338.27	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11a i

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Brian H. Bergh 1111 N Brand Blvd Glendale, CA 91202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: orthodontist Aggregate Year-to-Date > $ 250.00	9.5.97	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Clark C. Browne 3507 Old Montgomery Hwy Birmingham, AL 35209-5714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Orthodontist Aggregate Year-to-Date > $ 250.00	7.14.97	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. James W. Dougherty 320 N Jeff Davis Dr. #C Fayetteville, GA 30214-9785 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: orthodontist Aggregate Year-to-Date > $ 250.00	11.4.97	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ronald B. Gross 531 N Charlotte St. Pottstown, PA 19464-4600 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Orthodontist Aggregate Year-to-Date > $ 250.00	10.9.97	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Michael L. Jacobsen 12550 Hesperia Rd #210 Victorville, CA 92392-5446 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: orthodontist Aggregate Year-to-Date > $	8.22.97	200.01
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. J. Dean Jensen 1605 Ave G #400 Plano, TX 75074-4297 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: orthodontist Aggregate Year-to-Date > $ 250.00	8.26.97	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. John C. Martin PO Box 250344 Atlanta, GA 30325-1817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: orthodontist Aggregate Year-to-Date > $ 201.00	9.3.97	201.00

SUBTOTAL of Receipts This Page (optional) 1651.01

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

FE7/AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 110.1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Dewayne B. McCamish, 4610 Bidwell Rd #3, Chattanooga, TN 37411-3836	Self / orthodontist	8.14.97 10.30.97	150.00 150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
B. Dr. Francis E. Mellion, 2050 W Market St., Akron, OH 44333	Self / orthodontist	7.17.97 9.03.97	100.00 200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
C. Dr. Joseph T. Mellion, 2650 W Market St., Akron, OH 44333	Self / orthodontist	7.17.97 9.3.97	100.00 200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
D. Dr. Nicholas P. Mellion, 3451 Edison St. NW, Uniontown, OH 44685-8428	Self / orthodontist	7.17.97 9.3.97	100.00 200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
E. Dr. Robert M. Merrill, 101 N E 11th, East Wenatchee, WA 98802-1025	Self / orthodontist	8.15.97	205.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 205.00		
F. Mr. Ronald S. Moen, 401 N Lindbergh Blvd, St. Louis, MO 63141	American Assn. of Orthodontists / Association Executive	10.7.97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
G. Dr. Jerry S. Redd, 1620 Valle Vista Ave #200, Vallejo, CA 94589-3812	Self / orthodontist	9.3.97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) > 2155.00

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

FE7ANH04T

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3
	FOR LINE NUMBER 11ai

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Terrence L. Wenger Hillcrest Medical Bldg # 2 6801 Mayfield Rd # 233 Mayfield Heights OH 44124-5124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: orthodontist Aggregate Year-to-Date $ 300.00	9.3.97 11.6.97	200.00 100.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	4106.01

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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 (AAOPAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Norwood for Congress P.O. Box 499 Evans, GA 30809	Charles Norwood House of Representatives GA-10 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD = $1,000	12-4-97	$1,000.00
B. The Capitol Committee 257 E 200th South, Suite 950 Salt Lake City, UT 84111	PAC Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) YTD = $1,000	11-6-97	$1,000.00
C. Friends of Sen. D'Amato 100 Willis Avenue Mineola, NY 11501	Alfonse D'Amato Senate NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD = $1,000	7-22-97	$1,000.00
D. Missourians for Kit Bond 341 N Brentwood Blvd, Suite 14 St. Louis, MO 63105	Christopher Bond Senate MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD = $1,000	12-30-97	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$4,000.00
TOTAL This Period (last page this line number only)	$4,000.00

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 28a

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

A. Full Name, Mailing Address and ZIP Code Gene R. Humphries 27981 Greenfield Dr., Suite F Laguna Niguel, CA 92677	Purpose of Disbursement contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8-6-97	Amount of Each Disbursement This Period $ .01
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$ .01
TOTAL This Period (last page this line number only)	$ .01

FE7AN047

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registerd/Certified Mail	POSTMARKED 1/30/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

2/3/98
DATE PREPARED

(7/97)