

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

2. **FEC IDENTIFICATION NUMBER ▼** C00293910 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2014 through M M / D D / Y Y Y Y Y Y 09 / 30 / 2014

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 M M / D D / Y Y Y Y Y Y 10 / 15 / 2014

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)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="108524.24"/>	<input type="text" value="108524.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="49414.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="150323.00"/>	<input type="text" value="192213.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="199737.24"/>	<input type="text" value="300737.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24500.00"/>	<input type="text" value="125500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="175237.24"/>	<input type="text" value="175237.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

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).....	140447.00	176747.00
(ii) Unitemized	9126.00	12216.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	149573.00	188963.00
(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)	149573.00	188963.00
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.....	750.00	3250.00
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))..... ▶	150323.00	192213.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	150323.00	192213.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	24500.00	125500.00
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	0.00	0.00
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)) ..	24500.00	125500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24500.00	125500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	149573.00	188963.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	149573.00	188963.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Dr. Jason Thomas Herring
 Full Name (Last, First, Middle Initial)
 Mailing Address 168 17Th Ave Nw
 City State Zip Code
 Hickory NC 28601-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : 9648678
 Amount of Each Receipt this Period
 250.00

B. Dr. J. Michael Steffen
 Full Name (Last, First, Middle Initial)
 Mailing Address 11916 Watermill Rd
 City State Zip Code
 Oklahoma City OK 73131-7512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 9652575
 Amount of Each Receipt this Period
 250.00

C. Dr. Walter H. Dickes
 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
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 9652576
 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)	PAGE 7 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Nancy L. Gum
 Full Name (Last, First, Middle Initial)
 Mailing Address 1434 Cherry Ave
 City San Jose State CA Zip Code 95125-3801
 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
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 9652578
 Amount of Each Receipt this Period
 250.00

B. Dr. Lateefah Washington
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 Torin St
 City Lewisville State TX Zip Code 75056-4242
 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
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 9652579
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael D. Plunk
 Full Name (Last, First, Middle Initial)
 Mailing Address 8827 Kenton Dr
 City Dallas State TX Zip Code 75231-4817
 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
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : 9652580
 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)	PAGE 9 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Shannon M. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 769 Prairie Dunes Way

City Edmond State OK Zip Code 73003-3070

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2014
Transaction ID : 9656112

Amount of Each Receipt this Period 250.00

B. Dr. Bret E. Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 13602 Black Bear Ln

City Bemidji State MN Zip Code 56601-6090

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2014
Transaction ID : 9656113

Amount of Each Receipt this Period 250.00

C. Dr. Stephen J. Belli
Full Name (Last, First, Middle Initial)

Mailing Address 647 Rustic Knoll Dr

City Kent State OH Zip Code 44240-2451

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 07 / 08 / 2014
Transaction ID : 9656471

Amount of Each Receipt this Period 1000.00

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)	PAGE 10 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Karen S. Neat
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 Fountain Gate Dr
 City State Zip Code
 Allen TX 75002-2351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 08 2014
Transaction ID : 9656472
 Amount of Each Receipt this Period
 250.00

B. Dr. Christopher C. Massey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6114 77Th St
 City State Zip Code
 Lubbock TX 79424-1747
 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
 M M M / D D D / Y Y Y Y Y Y
 07 08 2014
Transaction ID : 9656473
 Amount of Each Receipt this Period
 250.00

C. Dr. Albert Landucci
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Scenic Way
 City State Zip Code
 San Mateo CA 94403-3161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 08 2014
Transaction ID : 9656474
 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: PAGE 11 OF 174
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)
A. Dr. Michael V. Casey

Mailing Address 42 Sawgrass Dr

City Lemont State IL Zip Code 60439-7738

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014

Transaction ID : 9656475

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. Craig Crawford

Mailing Address 317 Wilson St

City Lake Charles State LA Zip Code 70601-5928

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014

Transaction ID : 9656476

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr. Norman N. Salome

Mailing Address 12506 River Bnd

City Austin State TX Zip Code 78732-6116

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014

Transaction ID : 9656477

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: PAGE 12 OF 174
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Dr. David G. Sabott
Full Name (Last, First, Middle Initial)
Mailing Address 9615 Avocet Ln
City Lafayette State CO Zip Code 80026-9737
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 08 / 2014
Transaction ID : 9656478
Amount of Each Receipt this Period 250.00

B. Dr. Daniel J. Lill
Full Name (Last, First, Middle Initial)
Mailing Address 2523 Goldenfield Ln
City Winchester State VA Zip Code 22601-6433
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 08 / 2014
Transaction ID : 9656479
Amount of Each Receipt this Period 250.00

C. Dr. Scott A. Soderquist
Full Name (Last, First, Middle Initial)
Mailing Address 1125 Wishing Well Ln
City Naperville State IL Zip Code 60564-8782
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 08 / 2014
Transaction ID : 9656481
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)	PAGE 13 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Patrick G. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 1118 N Larkin Ave
 City Joliet State IL Zip Code 60435-3456
 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
 M M / D D / Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : 9656482
 Amount of Each Receipt this Period
 250.00

B. Dr. Kathleen M. Burr
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 West St
 City Hebron State CT Zip Code 06248-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : 9656483
 Amount of Each Receipt this Period
 250.00

C. Dr. James H. Gilsdorf
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Vernon Heights Blvd
 City Marion State OH Zip Code 43302-5346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : 9656484
 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)	PAGE 14 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Kevin C. Duffy
 Full Name (Last, First, Middle Initial)
 Mailing Address 10958 S 93Rd East Ave
 City Tulsa State OK Zip Code 74133-6191
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : 9656485
 Amount of Each Receipt this Period
 250.00

B. Dr. Eric J. Atha
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 Atrium Pt
 City Colorado Springs State CO Zip Code 80906-4042
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : 9656486
 Amount of Each Receipt this Period
 250.00

C. Dr. Jennifer Edwards Butler
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Brooklane Ct
 City Conway State SC Zip Code 29527-8620
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : 9656487
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 174
(check only one)
 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. Dr. Michael D. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Cedar Woods Trl
 City State Zip Code
 Canton GA 30114-9793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 08 2014
Transaction ID : 9656489
 Amount of Each Receipt this Period
 250.00

B. Dr. Robert B. Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5103 Celline Ct
 City State Zip Code
 Wilmington NC 28409-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 08 2014
Transaction ID : 9656490
 Amount of Each Receipt this Period
 250.00

C. Dr. Paul J. Styr
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 676190
 City State Zip Code
 Rancho Santa Fe CA 92067-6190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 08 2014
Transaction ID : 9656491
 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)	PAGE 16 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Dr. Gary O. Inman
Full Name (Last, First, Middle Initial)

Mailing Address 338 Briarwood Cir

City Elizabethtown State KY Zip Code 42701-6914

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014

Transaction ID : 9656492

Amount of Each Receipt this Period
 1000.00

B. Dr. David Cortopassi
Full Name (Last, First, Middle Initial)

Mailing Address 2101 Stonebridge Ct

City Wheaton State IL Zip Code 60189-7100

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014

Transaction ID : 9656493

Amount of Each Receipt this Period
 250.00

C. Dr. Martha Mejia-Maidl
Full Name (Last, First, Middle Initial)

Mailing Address 446 Country Oaks Dr

City El Paso State TX Zip Code 79932-3141

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014

Transaction ID : 9656494

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)	PAGE 17 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Dr. Ben G. Burris
Full Name (Last, First, Middle Initial)

Mailing Address 650 County Road 759

City Jonesboro State AR Zip Code 72401-7726

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 ▼ 2500.00

Date of Receipt
07 / 08 / 2014
Transaction ID : 9656495

Amount of Each Receipt this Period
1250.00

B. Dr. Jing Joanna Yu
Full Name (Last, First, Middle Initial)

Mailing Address 6 Cottonwood Ln

City Falmouth State ME Zip Code 04105-1278

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
07 / 08 / 2014
Transaction ID : 9656496

Amount of Each Receipt this Period
250.00

C. Dr. Ross L. Crist
Full Name (Last, First, Middle Initial)

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 ▼ 500.00

Date of Receipt
07 / 08 / 2014
Transaction ID : 9656498

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 174
(check only one)
 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. Dr. Edward C. Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Blakely Ct
 City West Columbia State SC Zip Code 29170-3511
 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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014
Transaction ID : 9656499
 Amount of Each Receipt this Period
125.00

B. Dr. Charles Andy Vondran Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Marbais Pl
 City Little Rock State AR Zip Code 72223-9205
 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
 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014
Transaction ID : 9668935
 Amount of Each Receipt this Period
250.00

C. Dr. Richard A. Ballard
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Creekside Ln
 City Sandpoint State ID Zip Code 83864-2330
 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
 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014
Transaction ID : 9668936
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **625.00**
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)	PAGE 19 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Dr. Sundus Sindy Goodman
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Greenlawn Ct

City Commerce Township State MI Zip Code 48382

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : 9668937

Amount of Each Receipt this Period
 250.00

B. Dr. Howard E. Spector
Full Name (Last, First, Middle Initial)

Mailing Address 1947 N Maud Ave

City Chicago State IL Zip Code 60614-4907

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : 9668938

Amount of Each Receipt this Period
 250.00

C. Dr. Cary Leizer
Full Name (Last, First, Middle Initial)

Mailing Address 15 Fernwood Ct

City East Brunswick State NJ Zip Code 08816-3333

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : 9668939

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)	PAGE 20 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Robert W. Goodman

Full Name (Last, First, Middle Initial)
Mailing Address 8050 Greenlawn Ct

City Commerce Township	State MI	Zip Code 48382-3578
---------------------------	-------------	------------------------

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : 9668941

Amount of Each Receipt this Period
250.00

B. Dr. Nathan M. Downey

Full Name (Last, First, Middle Initial)
Mailing Address 1136 Robin Ct

City Bowling Green	State OH	Zip Code 43402-8764
-----------------------	-------------	------------------------

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : 9668942

Amount of Each Receipt this Period
250.00

C. Dr. Michael L. Reznik

Full Name (Last, First, Middle Initial)
Mailing Address 1423 Sweetbriar Cir

City Odessa	State TX	Zip Code 79761-3429
----------------	-------------	------------------------

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : 9678637

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)	PAGE 21 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Loring L. Ross
Full Name (Last, First, Middle Initial)

Mailing Address 212 81St Ave N

City Myrtle Beach State SC Zip Code 29572-4340

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : 9678638

Amount of Each Receipt this Period
 250.00

B. Dr. Todd L. Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address 269 Wester Brewlands Rd

City Iron Station State NC Zip Code 28080-9513

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : 9678639

Amount of Each Receipt this Period
 250.00

C. Dr. John C. Aamodt
Full Name (Last, First, Middle Initial)

Mailing Address 1329 Fairmount Ave

City Saint Paul State MN Zip Code 55105-2704

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : 9678640

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: PAGE 22 OF 174
(check only one)
 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. Dr. Scott D. Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 5621 Sw Urish Rd
 City State Zip Code
 Topeka KS 66610-9158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678641
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael Caban
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Oak Hollow Dr
 City State Zip Code
 Longmeadow MA 01106-2424
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678642
 Amount of Each Receipt this Period
 250.00

C. Dr. Alexander Gerard Cassinelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6571 Heritage Club Dr
 City State Zip Code
 Mason OH 45040-4647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678644
 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**

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

FOR LINE NUMBER: PAGE 23 OF 174
(check only one)
 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. Dr. James Dunlap Leitner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 8332 Indigo Row
 City Charlotte State NC Zip Code 28277-3290
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678645
 Amount of Each Receipt this Period
 250.00

B. Dr. Sean Willcutts
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678646
 Amount of Each Receipt this Period
 250.00

C. Dr. Joseph B. Chadwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Augustine Dr
 City Spartanburg State SC Zip Code 29306-6927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678647
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
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)	PAGE 24 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Timothy Allen Theisen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6940 Wicksbury Ln
 City Rockford State IL Zip Code 61114-8149
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678648
 Amount of Each Receipt this Period
 250.00

B. Dr. Donald R. Burkhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1434 Wanderingway
 City Okemos State MI Zip Code 48864-4083
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678650
 Amount of Each Receipt this Period
 250.00

C. Dr. Eloisa S. Garcia
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Keystone Ave
 City River Forest State IL Zip Code 60305-2022
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678653
 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: PAGE 25 OF 174
(check only one)
 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. Dr. Todd S. Bovenizer
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Tenbury Wells Dr
 City State Zip Code
 Cary NC 27518-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678654
 Amount of Each Receipt this Period
 250.00

B. Dr. Daron R. Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 12285 Landau Way
 City State Zip Code
 Nampa ID 83686-8063
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678655
 Amount of Each Receipt this Period
 250.00

C. Dr. Jacklyn Kurth
 Full Name (Last, First, Middle Initial)
 Mailing Address 2709 Comstock Circle
 City State Zip Code
 Belmont CA 94002-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : 9678657
 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: PAGE 27 OF 174
(check only one)
 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. Dr. Eric M. Sacks
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Donlavage Way
 City State Zip Code
 West Orange NJ 07052-6609
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 9705998
 Amount of Each Receipt this Period
 250.00

B. Dr. Stanley Gersch
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Scudder Rd
 City State Zip Code
 Westfield NJ 07090-1929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 9705999
 Amount of Each Receipt this Period
 250.00

C. Dr. Thomas D. Hawley
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Beacon Falls Ct
 City State Zip Code
 Cary NC 27519-6308
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 9706000
 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: PAGE 28 OF 174
(check only one)
 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. Dr. Thomas H. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1241
 City Wewoka State OK Zip Code 74884-1241
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 9706003
 Amount of Each Receipt this Period
 250.00

B. Dr. John M. Capogna
 Full Name (Last, First, Middle Initial)
 Mailing Address 1292 Merritts Rd
 City Farmingdale State NY Zip Code 11735-1841
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 9706004
 Amount of Each Receipt this Period
 250.00

C. Dr. Andrew Kapust
 Full Name (Last, First, Middle Initial)
 Mailing Address 6712 Klein St Nw
 City Olympia State WA Zip Code 98502-3362
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 9706005
 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)	PAGE 29 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Oliver Lee Willham		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 9706154
Mailing Address 233 S 26Th St		Amount of Each Receipt this Period 250.00
City West Des Moines	State IA	Zip Code 50265-7970
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ian Silversmith		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 9706155
Mailing Address 58 S Glen Ct		Amount of Each Receipt this Period 250.00
City Wakefield	State RI	Zip Code 02879-7690
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Joseph R. Pfeffer Jr.		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 9706157
Mailing Address 160 Stonehedge Rd		Amount of Each Receipt this Period 1000.00
City Hollidaysburg	State PA	Zip Code 16648-9764
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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)	PAGE 30 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Carlin L. Wiemers
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Mayan Way
 City Mankato State MN Zip Code 56001-4128
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 9706158
 Amount of Each Receipt this Period
 250.00

B. Dr. Gary S. Lindner
 Full Name (Last, First, Middle Initial)
 Mailing Address 467 Coral Ave
 City Manchester State NH Zip Code 03104-1413
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708853
 Amount of Each Receipt this Period
 250.00

C. Dr. Richard J. Hoskinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Via Maria Dr
 City Scotia State NY Zip Code 12302-5736
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708854
 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)	PAGE 31 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Tammy L. Meister
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 Summit Ave
 City Saint Paul State MN Zip Code 55105-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708855
 Amount of Each Receipt this Period 250.00

B. Dr. Ronald J. Carr
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Santa Fe Pl
 City Odessa State TX Zip Code 79765-8520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708856
 Amount of Each Receipt this Period 250.00

C. Dr. Deborah Bassham
 Full Name (Last, First, Middle Initial)
 Mailing Address 20111 Galen Dr
 City Abingdon State VA Zip Code 24211-6951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708857
 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)	PAGE 32 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Peter F. Bayer
 Full Name (Last, First, Middle Initial)
 Mailing Address 257 W Miracle Strip Pkwy
 City State Zip Code
 Mary Esther FL 32569-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708858
 Amount of Each Receipt this Period
 250.00

B. Dr. Gerald Dodd Brister Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Summerwood Dr
 City State Zip Code
 Pearl MS 39208-9074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708859
 Amount of Each Receipt this Period
 250.00

C. Dr. William R. Caryl Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4911 Bulrush Rd
 City State Zip Code
 Syracuse NY 13215-1265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708860
 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)	PAGE 33 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. William M. Couch
 Full Name (Last, First, Middle Initial)
 Mailing Address 851 Hasty Trl
 City Canton State GA Zip Code 30115-5840
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708861
 Amount of Each Receipt this Period
 250.00

B. Dr. Leigh Bayer Curtis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1066 Windmill Dr
 City Fort Walton Beach State FL Zip Code 32547-1457
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708862
 Amount of Each Receipt this Period
 250.00

C. Dr. James R. Durham
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Hope St
 City Huntsville State AL Zip Code 35806-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer
 Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708863
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Michelle Fogg Neal
 Full Name (Last, First, Middle Initial)
 Mailing Address 4424 95Th Ave Ne
 City Bellevue State WA Zip Code 98004-1303
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708868
 Amount of Each Receipt this Period
 250.00

B. Dr. Wm. Graham Gardner
 Full Name (Last, First, Middle Initial)
 Mailing Address 9712 Cherokee Rd
 City Richmond State VA Zip Code 23235-1329
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708869
 Amount of Each Receipt this Period
 250.00

C. Dr. George M. Georgelis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1138 N Bristol Dr
 City Lititz State PA Zip Code 17543-6620
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708870
 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)	PAGE 36 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Thomas L. Jaeger
 Full Name (Last, First, Middle Initial)
 Mailing Address 8607 W Driftwood Drive
 City Coeur D Alene State ID Zip Code 83814-9603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708872
 Amount of Each Receipt this Period 250.00

B. Dr. Christian R. Kenworthy
 Full Name (Last, First, Middle Initial)
 Mailing Address 18465 Mt Highway 200 E
 City Bonner State MT Zip Code 59823-9722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708873
 Amount of Each Receipt this Period 500.00

C. Dr. Jack E. King
 Full Name (Last, First, Middle Initial)
 Mailing Address 460 Rue Marseille
 City Dayton State OH Zip Code 45429-1878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708874
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Kerry W. Kirsch
Full Name (Last, First, Middle Initial)

Mailing Address 928 Winterset Rd

City Ebensburg State PA Zip Code 15931-5115

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 28 / 2014
Transaction ID : 9708875

Amount of Each Receipt this Period
250.00

B. Dr. Shawn Lehman-Grimes
Full Name (Last, First, Middle Initial)

Mailing Address 4001 Ironwood Dr

City Greenbrier State TN Zip Code 37073-4147

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 28 / 2014
Transaction ID : 9708876

Amount of Each Receipt this Period
250.00

C. Dr. Lindsay Durham Limbaugh
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Cobble Farms Dr Se

City Hampton Cove State AL Zip Code 35763-7009

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 28 / 2014
Transaction ID : 9708877

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)	PAGE 39 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Jason Warren Pair
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
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : 9708882

Amount of Each Receipt this Period
250.00

B. Dr. John Charles Pritchett
Full Name (Last, First, Middle Initial)

Mailing Address 11980 Bluestone Dr

City State Zip Code
Indianapolis IN 46236-8923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : 9708883

Amount of Each Receipt this Period
250.00

C. Dr. Michael D. Riordan
Full Name (Last, First, Middle Initial)

Mailing Address 7084 Montgomery Rd

City State Zip Code
Lake Wylie SC 29710-7042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : 9708884

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)	PAGE 40 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Barry M. Rosenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Norwood Rd
 City West Hartford State CT Zip Code 06117-2233
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708885
 Amount of Each Receipt this Period
500.00

B. Dr. Karen Seder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1747 N Mohawk St
 City Chicago State IL Zip Code 60614-5625
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708887
 Amount of Each Receipt this Period
250.00

C. Dr. James R. Snodgrass
 Full Name (Last, First, Middle Initial)
 Mailing Address 1114 Bishop Walsh Rd
 City Cumberland State MD Zip Code 21502-1904
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708888
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Dr. Corbett K. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 2933 Shenandoah Dr
 City Tyler State TX Zip Code 75701-6536
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708889
 Amount of Each Receipt this Period
 250.00

B. Dr. Deborah Barckhausen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1630 Se 73Rd PI
 City Ocala State FL Zip Code 34480-6644
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708890
 Amount of Each Receipt this Period
 250.00

C. Dr. Jude P. Fairchild
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Locke Ln Lot 32
 City Lake Charles State LA Zip Code 70605-2244
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708892
 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: PAGE 42 OF 174
(check only one)
 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. Dr. Page Hudson
 Full Name (Last, First, Middle Initial)
 Mailing Address 731 Via Zamora
 City Camarillo State CA Zip Code 93010-9115
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708893
 Amount of Each Receipt this Period
 250.00

B. Dr. Alan J. Ker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Maryland Blvd
 City Birmingham State MI Zip Code 48009-4117
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708894
 Amount of Each Receipt this Period
 250.00

C. Dr. John G. Kharouf
 Full Name (Last, First, Middle Initial)
 Mailing Address 23570 Wilderness Canyon Cir
 City Rapid City State SD Zip Code 57702
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708895
 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)	PAGE 43 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Dr. Seth C. Kleinrock
Full Name (Last, First, Middle Initial)

Mailing Address 5 Milbar Heath

City State Zip Code
Hewlett NY 11557-1837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 28 / 2014
Transaction ID : 9708896

Amount of Each Receipt this Period
250.00

B. Dr. Robert E. Varner
Full Name (Last, First, Middle Initial)

Mailing Address 161 Birdie Ln

City State Zip Code
Roseburg OR 97471-9283

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 28 / 2014
Transaction ID : 9708955

Amount of Each Receipt this Period
1000.00

C. Dr. Christopher M. Biety
Full Name (Last, First, Middle Initial)

Mailing Address 8785 Blue Mountain Dr

City State Zip Code
Golden CO 80403-8312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 28 / 2014
Transaction ID : 9708956

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)	PAGE 44 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Kevin L. Carlton
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Cypress Point St
 City Abilene State TX Zip Code 79606-5130
 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
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708957
 Amount of Each Receipt this Period
250.00

B. Dr. Robert N. Pickron
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 924555
 City Norcross State GA Zip Code 30010-4555
 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
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708958
 Amount of Each Receipt this Period
250.00

C. Dr. Salvatore J. Manente
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Forest Creek Ct
 City Grand Island State NY Zip Code 14072-3500
 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
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708959
 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: PAGE 45 OF 174
(check only one)
 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. Dr. Kara J. McCulloch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2242 79Th Ave Ne
 City State Zip Code
 Medina WA 98039-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708960
 Amount of Each Receipt this Period
 250.00

B. Dr. Gerald P. Tadej
 Full Name (Last, First, Middle Initial)
 Mailing Address 2809 Cormier Dr
 City State Zip Code
 Bakersfield CA 93311-2957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708961
 Amount of Each Receipt this Period
 250.00

C. Dr. Seuss Kassisieh
 Full Name (Last, First, Middle Initial)
 Mailing Address 5502 E Sapphire Ln
 City State Zip Code
 Paradise Valley AZ 85253-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708962
 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: PAGE 46 OF 174
(check only one)
 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. Dr. Judith Anne Okun
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 Albemarle Rd
 City State Zip Code
 White Plains NY 10605-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708963
 Amount of Each Receipt this Period
 250.00

B. Dr. Carly C. Cunningham
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Needham Rd
 City State Zip Code
 Dripping Springs TX 78620-4922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708964
 Amount of Each Receipt this Period
 250.00

C. Dr. Barry Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3755 Palazzo Grv
 City State Zip Code
 Colorado Springs CO 80920-2822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708965
 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: PAGE 47 OF 174
(check only one)
 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. Dr. Adam L. Saylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Regent St
 City State Zip Code
 Glen Ellyn IL 60137-5317
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708967
 Amount of Each Receipt this Period
 250.00

B. Dr. Erin L. McCutchen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 Buckingham Rd
 City State Zip Code
 Raleigh NC 27607-3114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708968
 Amount of Each Receipt this Period
 250.00

C. Dr. Robert F. Garrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 Palmer Dr
 City State Zip Code
 Lexington SC 29072-7427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708970
 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)	PAGE 48 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Adam C. Spencer
Full Name (Last, First, Middle Initial)

Mailing Address 3025 Bull Run

City Longview State TX Zip Code 75604-9723

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
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : 9708971

Amount of Each Receipt this Period
 250.00

B. Dr. Clark A. Spencer
Full Name (Last, First, Middle Initial)

Mailing Address 603 Person Rd

City White Oak State TX Zip Code 75693-3813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : 9708972

Amount of Each Receipt this Period
 250.00

C. Dr. Karen Shepherd Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 183 Marshall Bridge Dr

City Greenville State SC Zip Code 29605-1255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : 9708973

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: PAGE 49 OF 174
(check only one)
 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. Dr. Daniel L. Foley
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 Dogwood Ct
 City State Zip Code
 Daniels WV 25832-9201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708974
 Amount of Each Receipt this Period
 250.00

B. Dr. Whybra J. Duay Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1209 S Prescott Dr
 City State Zip Code
 Morgan City LA 70380-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708975
 Amount of Each Receipt this Period
 250.00

C. Dr. Massimo Vincenzo Verduci
 Full Name (Last, First, Middle Initial)
 Mailing Address 1148 Lake Dr E
 City State Zip Code
 Robbinsville NJ 08691-4169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708976
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 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. Dr. Ernest J. Goodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Lakeshore Dr
 City Fayetteville State NC Zip Code 28305-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708977
 Amount of Each Receipt this Period 250.00

B. Dr. Ronald L. Champion
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 Magnolia Ave
 City Modesto State CA Zip Code 95354-0538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708978
 Amount of Each Receipt this Period 250.00

C. Dr. Michael J. Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1772 Morning Dr Ne
 City Cullman State AL Zip Code 35055-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708979
 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)	PAGE 51 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Steven J. Mack
 Full Name (Last, First, Middle Initial)
 Mailing Address 2836 Eagle Heights Ct
 City Bettendorf State IA Zip Code 52722-6307
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708980
 Amount of Each Receipt this Period
250.00

B. Dr. Richard C. Mariani Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5850 Sw 84Th St
 City South Miami State FL Zip Code 33143-8220
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708981
 Amount of Each Receipt this Period
250.00

C. Dr. Sven Supplies
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 Grist Mill Rd
 City Littleton State MA Zip Code 01460-2255
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708982
 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)	PAGE 52 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Bridget Bushon-Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 897 W Peninsula Ct
 City Oxford State MI Zip Code 48371-6726
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708983
 Amount of Each Receipt this Period
 250.00

B. Dr. Joseph A. Sweet
 Full Name (Last, First, Middle Initial)
 Mailing Address 6910 Kassonta Dr
 City Jamesville State NY Zip Code 13078-9660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708984
 Amount of Each Receipt this Period
 250.00

C. Dr. Stephen T. Hicks
 Full Name (Last, First, Middle Initial)
 Mailing Address 7395 Mallard Dr
 City Mobile State AL Zip Code 36695-4279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708986
 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)	PAGE 53 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Marion Bancroft McMurphy III
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Eaton Sq
 City State Zip Code
 Mobile AL 36608-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708987
 Amount of Each Receipt this Period
 250.00

B. Dr. Herbert M. Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1209 Burtonwood Ct
 City State Zip Code
 Alexandria VA 22307-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708989
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael J. Bernard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1670 Ashford Cir Ne
 City State Zip Code
 North Canton OH 44720-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708990
 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)	PAGE 54 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Anthony W. Durall
 Full Name (Last, First, Middle Initial)
 Mailing Address #9 Hilltop Dr
 City Owensboro State KY Zip Code 42303-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708991
 Amount of Each Receipt this Period 250.00

B. Dr. Brian C. O'Leary
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Steeple Ridge Rd
 City Irmo State SC Zip Code 29063-8041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708992
 Amount of Each Receipt this Period 250.00

C. Dr. John N. Reichheld Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 Hutchins Rd
 City Carlisle State MA Zip Code 01741-1030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708993
 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)	PAGE 55 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Dr. John M. Oubre
Full Name (Last, First, Middle Initial)

Mailing Address 411 Doyle Dr

City Lafayette State LA Zip Code 70508-7430

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708994

Amount of Each Receipt this Period 250.00

B. Dr. Melissa K. Stigall
Full Name (Last, First, Middle Initial)

Mailing Address 11209 N Jason Dr

City Dunlap State IL Zip Code 61525-9051

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708995

Amount of Each Receipt this Period 250.00

C. Dr. Stephen C. Roehm
Full Name (Last, First, Middle Initial)

Mailing Address 1315 W Featherwood Dr

City Dunlap State IL Zip Code 61525-9575

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9708996

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: PAGE 56 OF 174
(check only one)
 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. Dr. Charles A. Lindsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Mallard Ln
 City State Zip Code
 Locust Grove GA 30248-2409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708997
 Amount of Each Receipt this Period
 250.00

B. Dr. Robin G. Stratmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 3634 Glen Haven Blvd
 City State Zip Code
 Houston TX 77025-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708998
 Amount of Each Receipt this Period
 250.00

c. Dr. Alan R. Ossi
 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
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9708999
 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)	PAGE 57 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Bryan P. Horsley
 Full Name (Last, First, Middle Initial)
 Mailing Address 11238 Calais Cir
 City Highland State UT Zip Code 84003-5605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : 9709000
 Amount of Each Receipt this Period **250.00**

B. Dr. David Balhoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 10883 Hillrose Ave
 City Baton Rouge State LA Zip Code 70810-7738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : 9709001
 Amount of Each Receipt this Period **250.00**

C. Dr. Tommy Neil Whited
 Full Name (Last, First, Middle Initial)
 Mailing Address 11281 Country Forest Cv
 City Collierville State TN Zip Code 38017-8997
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : 9709002
 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)	PAGE 58 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Thomas H. Cartledge III
Full Name (Last, First, Middle Initial)

Mailing Address 417 N Beach St

City Ormond Beach State FL Zip Code 32174-5302

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : 9709003

Amount of Each Receipt this Period
 250.00

B. Dr. Gregory G. Goggans
Full Name (Last, First, Middle Initial)

Mailing Address 1300 Hampton Rd

City Douglas State GA Zip Code 31533-7916

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : 9709004

Amount of Each Receipt this Period
 250.00

C. Dr. Lee A. Mahlmann
Full Name (Last, First, Middle Initial)

Mailing Address 1611 Fair Oak Ln

City Richmond State TX Zip Code 77406-1388

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : 9709005

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: PAGE 59 OF 174
(check only one)
 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. Dr. Richard A. Battistoni
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 S Spring Ave
 City La Grange State IL Zip Code 60525-2757
 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
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709006
 Amount of Each Receipt this Period
 250.00

B. Dr. William R. Beam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 W Melrose St
 City Chicago State IL Zip Code 60657-2118
 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
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709007
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael B. Pickard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2809 Itani Dr
 City Moscow State ID Zip Code 83843-9670
 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
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709008
 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: PAGE 60 OF 174
(check only one)
 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. Dr. Jeffrey W. Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 Lake Shore Overlook
 City Alpharetta State GA Zip Code 30005-6984
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709009
 Amount of Each Receipt this Period
 250.00

B. Dr. Richard T. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 17720 13Th Ave Nw
 City Shoreline State WA Zip Code 98177-3202
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709011
 Amount of Each Receipt this Period
 250.00

C. Dr. Thomas W. Butterfoss
 Full Name (Last, First, Middle Initial)
 Mailing Address 1109 Moore House Rd
 City Yorktown State VA Zip Code 23690-3620
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709012
 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)	PAGE 62 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Lawrence A. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1950 Cliffview Ct
 City Oshkosh State WI Zip Code 54901-2579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709017
 Amount of Each Receipt this Period 250.00

B. Dr. Charles H. Cooley
 Full Name (Last, First, Middle Initial)
 Mailing Address 15244 Middletown Park Dr
 City Redding State CA Zip Code 96001-8705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709018
 Amount of Each Receipt this Period 250.00

C. Dr. William M. Wilcko
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 Stockbridge Dr
 City Erie State PA Zip Code 16505-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709019
 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:		PAGE 63 OF 174	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Dr. Gilbert A. Principe
 Full Name (Last, First, Middle Initial)
 Mailing Address 2461 Jennifer Hope Blvd
 City Longwood State FL Zip Code 32779-4725
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709020
 Amount of Each Receipt this Period
 250.00

B. Dr. Philip S. Badalamenti
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Michaux Ct
 City Grosse Pointe Shores State MI Zip Code 48236-1461
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709021
 Amount of Each Receipt this Period
 250.00

C. Dr. Harold L. Middleberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 Whitney Ln
 City Richboro State PA Zip Code 18954-1078
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709022
 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)	PAGE 64 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Charles D. Welch Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2304 Windsor Forest Dr

City Florence State SC Zip Code 29501-2092

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709023

Amount of Each Receipt this Period
 250.00

B. Dr. B. Joe Aday
Full Name (Last, First, Middle Initial)

Mailing Address 2840 Mcdowell Pl

City Las Cruces State NM Zip Code 88005-6400

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709024

Amount of Each Receipt this Period
 250.00

C. Dr. Fred A. Booth Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 112 Parkview Ave

City Fayetteville State NC Zip Code 28305-4908

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709025

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)	PAGE 65 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Arnold Charles Pitts
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Juniper Hill Rd
 City Reno State NV Zip Code 89519-2935
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709026
 Amount of Each Receipt this Period
 250.00

B. Dr. Anthony W. Savage
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Little Neck Rd
 City Virginia Beach State VA Zip Code 23452-4740
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709027
 Amount of Each Receipt this Period
 1000.00

C. Dr. Britt Visser
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Holly Cres
 City Virginia Beach State VA Zip Code 23451-2565
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709028
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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)	PAGE 66 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Leon J. Leonard		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 9709029
Mailing Address 1736 Hodges Cir		Amount of Each Receipt this Period 250.00
City Mansfield	State GA	Zip Code 30055-2645
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Kenneth J. Diminick		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 9709030
Mailing Address 817 Acri Rd		Amount of Each Receipt this Period 250.00
City Mechanicsburg	State PA	Zip Code 17050-2231
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. DeWayne B. McCamish		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 9709031
Mailing Address 11 Ballard Bluff Rd		Amount of Each Receipt this Period 1000.00
City Signal Mountain	State TN	Zip Code 37377-2280
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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: PAGE 67 OF 174
(check only one)
 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. Dr. Richard J. Mori
 Full Name (Last, First, Middle Initial)
 Mailing Address 1930 Amys Ridge Ct
 City State Zip Code
 Beavercreek OH 45434-7194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709032
 Amount of Each Receipt this Period
 250.00

B. Dr. Daniel R. Pennella
 Full Name (Last, First, Middle Initial)
 Mailing Address 281 Governors Grant Blvd
 City State Zip Code
 Lexington SC 29072-8826
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709033
 Amount of Each Receipt this Period
 250.00

C. Dr. Brett Edward Eckley
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Rollingwood Dr
 City State Zip Code
 Beckley WV 25801-2335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709034
 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: PAGE 68 OF 174
(check only one)
 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. Dr. Michael B. Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3214 Candace Dr
 City Augusta State GA Zip Code 30909-3259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709036
 Amount of Each Receipt this Period 250.00

B. Dr. Jay A. Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 6337 Rivermont Ct
 City Columbus State GA Zip Code 31904-4588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709037
 Amount of Each Receipt this Period 250.00

C. Dr. John S. Kanyusik
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Indian Hill Rd
 City Mankato State MN Zip Code 56001-8940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709038
 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)	PAGE 69 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Rana Barakat
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 Millfarm Dr
 City Vienna State VA Zip Code 22182-1354
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709039
 Amount of Each Receipt this Period
500.00

B. Dr. Michael L. Conlon
 Full Name (Last, First, Middle Initial)
 Mailing Address 29920 Tanya Trl
 City Libertyville State IL Zip Code 60048-1688
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709040
 Amount of Each Receipt this Period
250.00

C. Dr. Michael A. Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 21817 N Meadowlark Dr
 City Kildeer State IL Zip Code 60047-7214
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709041
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Mary Richmond
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Southern Hills Dr
 City Skillman State NJ Zip Code 08558-2355
 Occupation Orthodontist
 Self-Employed
 Receipt For:
 Primary General
 Other (specify) ▼
 Name of Employer
 Occupation
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709043
 Amount of Each Receipt this Period
 250.00

B. Dr. Justin Trimmell
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 N Chelmsford Ct
 City Wichita State KS Zip Code 67230-6913
 Occupation Orthodontist
 Self-Employed
 Receipt For:
 Primary General
 Other (specify) ▼
 Name of Employer
 Occupation
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709044
 Amount of Each Receipt this Period
 250.00

C. Dr. Deborah Ferrer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Bayview Dr
 City Fort Lauderdale State FL Zip Code 33308-5838
 Occupation Orthodontist
 Self-Employed
 Receipt For:
 Primary General
 Other (specify) ▼
 Name of Employer
 Occupation
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709047
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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)	PAGE 71 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Andrew J. Tringas
 Full Name (Last, First, Middle Initial)
 Mailing Address 3828 Lower Park Rd
 City Orlando State FL Zip Code 32814-6387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709048
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Dr. Scott E. Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Rogers Ct
 City Midland Park State NJ Zip Code 07432-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709050
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

c. Dr. Mark J. Caplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 Summit Ave
 City Summit State NJ Zip Code 07901-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709051
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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)	PAGE 72 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Dr. Douglas S. Harte
Full Name (Last, First, Middle Initial)

Mailing Address 13 Boynton Dr

City Livingston State NJ Zip Code 07039-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709052

Amount of Each Receipt this Period 500.00

B. Dr. Ryan L. Caudill
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Dakar Dr

City Merritt Island State FL Zip Code 32953-3217

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 07 / 28 / 2014
Transaction ID : 9709053

Amount of Each Receipt this Period 250.00

C. Dr. Scott D. Gersch
Full Name (Last, First, Middle Initial)

Mailing Address 130 E 18Th St Apt 9V

City New York State NY Zip Code 10003-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709054

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Stephen S. Luddington
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 Homestead Ln
 City Fruit Heights State UT Zip Code 84037-3607
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709055
 Amount of Each Receipt this Period
 250.00

B. Dr. Deborah Ferrer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Bayview Dr
 City Fort Lauderdale State FL Zip Code 33308-5838
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709057
 Amount of Each Receipt this Period
 125.00

C. Dr. Lew B. Sample
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Brindwood Ln Se
 City Decatur State AL Zip Code 35601-6905
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709058
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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)	PAGE 74 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Cory B. Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 Birch Creek Dr
 City Birmingham State AL Zip Code 35242-6717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 07 / 28 / 2014
Transaction ID : 9709059
 Amount of Each Receipt this Period
 250.00

B. Dr. William G. Horbaly
 Full Name (Last, First, Middle Initial)
 Mailing Address 4215 Redwood Ln
 City Earlysville State VA Zip Code 22936-2847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 07 / 28 / 2014
Transaction ID : 9709060
 Amount of Each Receipt this Period
 250.00

C. Dr. Samuel G. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1162 W Shearwater Ln
 City Eagle State ID Zip Code 83616-5586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 07 / 28 / 2014
Transaction ID : 9709062
 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)	PAGE 75 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Gregory Oppenhuizen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1207 Euna Vista Ct
 City Holland State MI Zip Code 49423-6608
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709063
 Amount of Each Receipt this Period
 500.00

B. Dr. David C. Hamilton Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 36Th Avenue PI Nw
 City Hickory State NC Zip Code 28601-8084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709065
 Amount of Each Receipt this Period
 250.00

C. Dr. Gayle Glenn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3922 Travis St Apt 12
 City Dallas State TX Zip Code 75204-1765
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709066
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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)	PAGE 76 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Michael L. Gold
 Full Name (Last, First, Middle Initial)
 Mailing Address 1743 E Handel St
 City Meridian State ID Zip Code 83646-4707
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709067
 Amount of Each Receipt this Period
 250.00

B. Dr. Gary Dean Mundy
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Singing Hills Dr
 City El Paso State TX Zip Code 79912-3404
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709068
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael L. Koropp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3530 Cutlass Cir
 City Anchorage State AK Zip Code 99516-3582
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709069
 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: PAGE 77 OF 174
(check only one)
 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. Dr. Jeremy Matthew Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2051 Backwater Trl
 City State Zip Code
 Palm Harbor FL 34685-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709070
 Amount of Each Receipt this Period
 250.00

B. Dr. T. Barrett Trotter
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Bristlecone Way
 City State Zip Code
 Augusta GA 30909-4536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709071
 Amount of Each Receipt this Period
 250.00

C. Dr. Joseph Y. de Jesus
 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
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709072
 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)	PAGE 78 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Paul Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 16508 9Th PI Nw
 City Shoreline State WA Zip Code 98177-3724
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709073
 Amount of Each Receipt this Period
 250.00

B. Dr. Joseph F. Coniglio
 Full Name (Last, First, Middle Initial)
 Mailing Address 5414 Ocean Dr
 City Corpus Christi State TX Zip Code 78412-2748
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709074
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael W. Naborowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Mockingbird Ln
 City Oak Brook State IL Zip Code 60523-1749
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709075
 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)	PAGE 79 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. Dr. John Kyle Sparkman		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 9709076
Mailing Address 7901 Continental Pkwy		Amount of Each Receipt this Period 500.00
City Amarillo	State TX	Zip Code 79119-6526
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael J. Gabler		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 9709077
Mailing Address N7949 State Park Rd		Amount of Each Receipt this Period 250.00
City Menasha	State WI	Zip Code 54952-9738
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jacqueline L.P. Zimmer		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 9709078
Mailing Address 225 Burgess Rd		Amount of Each Receipt this Period 250.00
City Geneva	State IL	Zip Code 60134-1926
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

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

FOR LINE NUMBER: PAGE 80 OF 174
(check only one)
 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. Dr. Bryan E. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1966 Hambleton Dr
 City Lorena State TX Zip Code 76655-9744
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709083
 Amount of Each Receipt this Period
 250.00

B. Dr. Thomas A. Stegemann
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Winn Rd
 City Falmouth State ME Zip Code 04105-1135
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709084
 Amount of Each Receipt this Period
 250.00

C. Dr. S. Russell Mullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 43588 Habitat Circle
 City Leesburg State VA Zip Code 20176-8256
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709085
 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: PAGE 83 OF 174
(check only one)
 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. Dr. Raymond M. Sugiyama
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 N Weston Pl
 City Long Beach State CA Zip Code 90807-3302
 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 ▼ 397.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709092
 Amount of Each Receipt this Period
 397.00

B. Dr. David W. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 617 Dublin Way
 City Alameda State CA Zip Code 94502-7445
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709093
 Amount of Each Receipt this Period
 250.00

C. Dr. Jeffrey J. Sturdivant
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 58Th Ct
 City West Des Moines State IA Zip Code 50266-2817
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709094
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 897.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 86 OF 174
(check only one)
 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. Dr. Christopher W. Peluso
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 Providence Pl
 City Providence State RI Zip Code 02903-7000
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709103
 Amount of Each Receipt this Period
 250.00

B. Dr. Joseph R. Peluso
 Full Name (Last, First, Middle Initial)
 Mailing Address 3303 Diamond Hill Rd
 City Cumberland State RI Zip Code 02864-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709104
 Amount of Each Receipt this Period
 250.00

C. Dr. Robin A. Weeks
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 N Windham Rd
 City Windham State CT Zip Code 06280-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709105
 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)	PAGE 87 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Barry E. Booth
Full Name (Last, First, Middle Initial)

Mailing Address 439 Sunset Ave

City La Grange State IL Zip Code 60525-6114

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709106

Amount of Each Receipt this Period 500.00

B. Dr. John C. Ford
Full Name (Last, First, Middle Initial)

Mailing Address 221 Winnetka Ave

City Winnetka State IL Zip Code 60093-4236

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709107

Amount of Each Receipt this Period 250.00

C. Dr. Paul W. Sproul
Full Name (Last, First, Middle Initial)

Mailing Address 182 Intracoastal Dr

City Madison State AL Zip Code 35758-9424

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709108

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Steven John Henseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 9586 Bailey Rd
 City Woodbury State MN Zip Code 55129-9686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709109
 Amount of Each Receipt this Period 500.00

B. Dr. David M. Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1814 Terrace Dr S
 City Brookings State SD Zip Code 57006-1688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709110
 Amount of Each Receipt this Period 250.00

C. Dr. Kimberly Gafkjen Bohlig
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 Fairfield Rd S
 City Minnetonka State MN Zip Code 55305-1750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 9709111
 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**

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

FOR LINE NUMBER: PAGE 89 OF 174
(check only one)
 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. Dr. Thomas G. Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Washington St
 City Bath State ME Zip Code 04530-1636
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709113
 Amount of Each Receipt this Period
 250.00

B. Dr. Todd K. Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Leominster Rd
 City Lunenburg State MA Zip Code 01462-2016
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709114
 Amount of Each Receipt this Period
 250.00

C. Dr. Frank Iuorno Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3208 Lockport Way
 City Richmond State VA Zip Code 23233-7730
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709116
 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)	PAGE 90 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Dr. Ronald G. Heiber
Full Name (Last, First, Middle Initial)

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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2014

Transaction ID : 9709117

Amount of Each Receipt this Period
250.00

B. Dr. William H. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 1502 St James Pl

City Kinston	State NC	Zip Code 28504-2544
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2014

Transaction ID : 9709118

Amount of Each Receipt this Period
250.00

C. Dr. Alan W. Irvin
Full Name (Last, First, Middle Initial)

Mailing Address 106 Elmwood Dr

City Greensboro	State NC	Zip Code 27408-5828
--------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2014

Transaction ID : 9709119

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)	PAGE 91 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Aimee S. Skelton
Full Name (Last, First, Middle Initial)

Mailing Address 504 Alabama Ave Sw

City Fort Payne State AL Zip Code 35967-1742

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709120

Amount of Each Receipt this Period
 250.00

B. Dr. Jason K. Bunch
Full Name (Last, First, Middle Initial)

Mailing Address 2512 Hawthorn Pl

City Noblesville State IN Zip Code 46062-8098

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709121

Amount of Each Receipt this Period
 250.00

C. Dr. Yone V. Hauseman
Full Name (Last, First, Middle Initial)

Mailing Address 6719 N Columbus Blvd

City Tucson State AZ Zip Code 85718-2509

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709122

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)	PAGE 92 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Patrick K. Turley
Full Name (Last, First, Middle Initial)

Mailing Address 3104 The Strand

City Manhattan Beach State CA Zip Code 90266-3953

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : 9709123

Amount of Each Receipt this Period
 250.00

B. Dr. Amy F. Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 1700 80Th St N

City Saint Petersburg State FL Zip Code 33710-3704

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : 9709124

Amount of Each Receipt this Period
 250.00

C. Dr. John P. Peden
Full Name (Last, First, Middle Initial)

Mailing Address 2552 Admirals Walk Dr S

City Orange Park State FL Zip Code 32073-6102

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : 9709125

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)	PAGE 93 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Petra Schubert
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 Purdue Ave
 City Dallas State TX Zip Code 75225-7113
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709126
 Amount of Each Receipt this Period
 250.00

B. Dr. David L. Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2933 Spring Oaks Ct
 City Dubuque State IA Zip Code 52001-7506
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709128
 Amount of Each Receipt this Period
 250.00

C. Dr. Mary Cay Koen
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Hidden Way Ct
 City Hendersonville State TN Zip Code 37075-5549
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709129
 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: PAGE 94 OF 174
(check only one)
 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. Dr. Kathryn Lynn Bielik
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 N Leavitt St
 City Chicago State IL Zip Code 60647-5410
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709131
 Amount of Each Receipt this Period
 250.00

B. Dr. Charles F. Bohl
 Full Name (Last, First, Middle Initial)
 Mailing Address 19125 Alta Vista Dr
 City Brookfield State WI Zip Code 53045-4884
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709133
 Amount of Each Receipt this Period
 500.00

C. Dr. David G. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Greenbrier Ave
 City Selinsgrove State PA Zip Code 17870-9106
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709135
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Billy L. Powell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 Kings Forest Dr
 City Kingwood State TX Zip Code 77339-2448
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709136
 Amount of Each Receipt this Period
 250.00

B. Dr. James Richard Karpac
 Full Name (Last, First, Middle Initial)
 Mailing Address 5816 Leven Links Ct
 City Dublin State OH Zip Code 43017-9744
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709137
 Amount of Each Receipt this Period
 250.00

C. Dr. Robert L. Loeb
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 Natures Way
 City Franklin Lakes State NJ Zip Code 07417-1425
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709138
 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)	PAGE 96 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. George R. Babyak		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 9709139
Mailing Address 17710 SW 63rd Mn		Amount of Each Receipt this Period 250.00
City Fort Lauderdale	State FL	Zip Code 33331
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Brandan L. LeBourdais		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 9709140
Mailing Address 4381 Fieldstone Cir		Amount of Each Receipt this Period 250.00
City Saginaw	State MI	Zip Code 48603-5229
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. John H. Kelsey		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : 9709143
Mailing Address 1146 Oxford Rd		Amount of Each Receipt this Period 250.00
City Deerfield	State IL	Zip Code 60015-3325
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 97 OF 174
(check only one)
 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. Dr. Audrey M. Boutros
 Full Name (Last, First, Middle Initial)
 Mailing Address 4124 Emory Ave
 City Houston State TX Zip Code 77005-1921
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709144
 Amount of Each Receipt this Period
 250.00

B. Dr. Brian P. Radulovich
 Full Name (Last, First, Middle Initial)
 Mailing Address 13087 E Heather Ln
 City Columbia Station State OH Zip Code 44028-9689
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709145
 Amount of Each Receipt this Period
 250.00

C. Dr. Craig Minich
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 9709147
 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: PAGE 99 OF 174
(check only one)
 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. Dr. Darrel R. Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Hillcrest Dr
 City Longview State TX Zip Code 75601-4651
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : 9709202
 Amount of Each Receipt this Period
 250.00

B. Dr. Patrick Riggs Briscoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 Timber Falls Dr
 City Longview State TX Zip Code 75605-8288
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : 9709203
 Amount of Each Receipt this Period
 250.00

C. Dr. Daniel I. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Hawthorne Ct
 City Wheeling State WV Zip Code 26003-6635
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : 9720535
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 100 OF 174
(check only one)
 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. Dr. Philip M. Mansour
 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
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014
Transaction ID : 9720536
 Amount of Each Receipt this Period
250.00

B. Dr. G. Robert Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 High Sierra Dr
 City State Zip Code
 Boerne TX 78006-9403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2014
Transaction ID : 9730693
 Amount of Each Receipt this Period
250.00

C. Dr. Jeremy R. Fry
 Full Name (Last, First, Middle Initial)
 Mailing Address 14184 W 121St Ter
 City State Zip Code
 Olathe KS 66062-6080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2014
Transaction ID : 9730695
 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: PAGE 101 OF 174
(check only one)
 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. Dr. Myron S. Graff
 Full Name (Last, First, Middle Initial)
 Mailing Address 18822 Rue Loire
 City State Zip Code
 Lutz FL 33558-5354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014
Transaction ID : 9730696
 Amount of Each Receipt this Period
 250.00

B. Dr. James D. Hudson
 Full Name (Last, First, Middle Initial)
 Mailing Address 267 Indian Springs Dr
 City State Zip Code
 Florence AL 35634-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014
Transaction ID : 9730697
 Amount of Each Receipt this Period
 250.00

C. Dr. David R. Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1444 Church St Nw
 City State Zip Code
 Washington DC 20005-1972
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014
Transaction ID : 9730698
 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: PAGE 102 OF 174
(check only one)
 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. Dr. Adam J. Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Spyglass Dr
 City State Zip Code
 Blue Bell PA 19422-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014
Transaction ID : 9730699
 Amount of Each Receipt this Period
 250.00

B. Dr. Saul M. Burk
 Full Name (Last, First, Middle Initial)
 Mailing Address One Reach Court
 City State Zip Code
 Potomac MD 20854-2865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014
Transaction ID : 9730718
 Amount of Each Receipt this Period
 250.00

C. Dr. Ann Marie Evanko
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 Chappaqua Rd
 City State Zip Code
 Briarcliff Manor NY 10510-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014
Transaction ID : 9730719
 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: PAGE 104 OF 174
(check only one)
 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. Dr. Nicholas P. Mellion
 Full Name (Last, First, Middle Initial)
 Mailing Address 8715 Baneberry Cir Nw
 City State Zip Code
 Clinton OH 44216-9501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014
Transaction ID : 9730723
 Amount of Each Receipt this Period
 250.00

B. Dr. K. Britt Reagin
 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
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014
Transaction ID : 9730725
 Amount of Each Receipt this Period
 250.00

C. Dr. Thomas P. Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 9642 Featherhill Dr
 City State Zip Code
 Villa Park CA 92861-2616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2014
Transaction ID : 9730726
 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: PAGE 105 OF 174
(check only one)
 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. Dr. Thomas M. Stark
 Full Name (Last, First, Middle Initial)
 Mailing Address 2115 Hughes St
 City Ames State IA Zip Code 50014-7022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 05 / 2014**
Transaction ID : 9730727
 Amount of Each Receipt this Period **500.00**

B. Dr. David Alan Twesme
 Full Name (Last, First, Middle Initial)
 Mailing Address RR 9 BOX 1280
 City Florence State AL Zip Code 35633-9805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 05 / 2014**
Transaction ID : 9730728
 Amount of Each Receipt this Period **250.00**

C. Dr. Timothy G. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 11429 Pleasant Valley Rd
 City Smithsburg State MD Zip Code 21783-1926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 05 / 2014**
Transaction ID : 9730729
 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**

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

FOR LINE NUMBER: PAGE 106 OF 174
(check only one)
 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. Dr. Hugh R. Phillis
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Poliquin Dr
 City State Zip Code
 Nashua NH 03062-2264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : 9738295
 Amount of Each Receipt this Period
 500.00

B. Dr. Bradley Olin Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 3307 Plantation Dr
 City State Zip Code
 Valdosta GA 31605-1071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738667
 Amount of Each Receipt this Period
 250.00

C. Dr. Albert J. Apicella
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 S Lewisberry Rd
 City State Zip Code
 Mechanicsburg PA 17055-6050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738668
 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

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

FOR LINE NUMBER: PAGE 107 OF 174
(check only one)
 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

Full Name (Last, First, Middle Initial)
A. Dr. Kevin Austin

Mailing Address 977 W Bates Dr

City State Zip Code
Nixa MO 65714-7098

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
08 / 12 / 2014
Transaction ID : 9738669

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. David C. Becka

Mailing Address 6297 Loudoun Springs Dr

City State Zip Code
Frisco TX 75034-3682

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2014
Transaction ID : 9738670

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. George H. Bouldien

Mailing Address 2370 Carters Grove Ln

City State Zip Code
Germantown TN 38138-4904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2014
Transaction ID : 9738672

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)	PAGE 108 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Dr. Kenneth S. Carlough
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Wesley Ave
 City Westbrook State CT Zip Code 06498-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : 9738674
 Amount of Each Receipt this Period
 250.00

B. Dr. Mary Concepta Cooke
 Full Name (Last, First, Middle Initial)
 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
 08 / 12 / 2014
Transaction ID : 9738675
 Amount of Each Receipt this Period
 250.00

C. Dr. Robert M. Cuenin
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Gary Way
 City Alamo State CA Zip Code 94507-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : 9738676
 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)	PAGE 109 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. C. William Dabney
 Full Name (Last, First, Middle Initial)
 Mailing Address 3911 Sulgrave Rd
 City Richmond State VA Zip Code 23221-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 12 / 2014**
Transaction ID : 9738677
 Amount of Each Receipt this Period **250.00**

B. Dr. Damon Warren De Arment
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 Armistead St
 City Winchester State VA Zip Code 22601-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 12 / 2014**
Transaction ID : 9738678
 Amount of Each Receipt this Period **500.00**

C. Dr. Kristen Hurley Fritz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1199 Joslyn Ridge Ct
 City Apex State NC Zip Code 27502-4314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 12 / 2014**
Transaction ID : 9738680
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. L. R. Fuqua Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 505 N Kentucky St

City Kingston	State TN	Zip Code 37763-2630
------------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
08		12		2014

Transaction ID : 9738681

Amount of Each Receipt this Period
250.00

B. Dr. Robert B. Goldman
Full Name (Last, First, Middle Initial)

Mailing Address 27 Birch Ct

City Ridgefield	State CT	Zip Code 06877-2901
--------------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
08		12		2014

Transaction ID : 9738682

Amount of Each Receipt this Period
250.00

C. Dr. Lisa Peter Howard
Full Name (Last, First, Middle Initial)

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

M M	/	D D	/	Y Y Y Y
08		12		2014

Transaction ID : 9738683

Amount of Each Receipt this Period
1000.00

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: PAGE 111 OF 174
(check only one)
 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

Full Name (Last, First, Middle Initial)
A. Dr. Jonathan C. Johnson

Mailing Address 7 Corofin Ln

City Rehoboth Beach State DE Zip Code 19971-1076

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2014
Transaction ID : 9738684

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. John D. Martin

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
08 / 12 / 2014
Transaction ID : 9738685

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. James W. May

Mailing Address 4411 Cynthia St

City Bellaire State TX Zip Code 77401-5636

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2014
Transaction ID : 9738686

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)	PAGE 112 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 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. Dr. James W. McDaniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 Rocky Dell Ln
 City Signal Mountain State TN Zip Code 37377-3371
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738687
 Amount of Each Receipt this Period
 250.00

B. Dr. Jay M. Oltjen
 Full Name (Last, First, Middle Initial)
 Mailing Address 14163 Juniper St
 City Leawood State KS Zip Code 66224-3773
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738689
 Amount of Each Receipt this Period
 250.00

C. Dr. Robert A. Penna
 Full Name (Last, First, Middle Initial)
 Mailing Address 560 Meadow Lark Ln
 City Hockessin State DE Zip Code 19707-9640
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738690
 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: PAGE 113 OF 174
(check only one)
 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. Dr. John M. Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 E Lincoln Ave
 City State Zip Code
 Watseka IL 60970-1814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738691
 Amount of Each Receipt this Period
 250.00

B. Dr. Theresa L. Skelton
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Bridges Rd
 City State Zip Code
 Greenville MS 38703-9460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738692
 Amount of Each Receipt this Period
 250.00

C. Dr. J. Don Don Spillers Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2859 Hwy 41 N
 City State Zip Code
 Fort Valley GA 31030-6101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738693
 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)	PAGE 114 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Dr. Wendell R. Stuntz
Full Name (Last, First, Middle Initial)

Mailing Address 450 Lincoln Ave

City Council Bluffs State IA Zip Code 51503-4933

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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014

Transaction ID : 9738694

Amount of Each Receipt this Period
 250.00

B. Dr. James W. Tinnemeyer
Full Name (Last, First, Middle Initial)

Mailing Address 836 Elm Spring Rd

City Pittsburgh State PA Zip Code 15243-1006

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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014

Transaction ID : 9738695

Amount of Each Receipt this Period
 250.00

C. Dr. Emeline B. Abay
Full Name (Last, First, Middle Initial)

Mailing Address 8915 E Woodcrest Cir

City Wichita State KS Zip Code 67206-4038

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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014

Transaction ID : 9738734

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: PAGE 115 OF 174
(check only one)
 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. Dr. Jeffrey W. Ball
 Full Name (Last, First, Middle Initial)
 Mailing Address 3903 Hazel Glade Ct
 City State Zip Code
 Houston TX 77059-3717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738735
 Amount of Each Receipt this Period
 250.00

B. Dr. Christopher M. Brieden
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 N Riverside Ave
 City State Zip Code
 Saint Clair MI 48079-4261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738736
 Amount of Each Receipt this Period
 250.00

C. Dr. T. Todd Britt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4806 Thunder River Dr
 City State Zip Code
 Gainesville GA 30506-7510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738737
 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: PAGE 116 OF 174
(check only one)
 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. Dr. Charles P. Canepa
 Full Name (Last, First, Middle Initial)
 Mailing Address 16724 Edgewater Dr
 City State Zip Code
 Lakewood OH 44107-1106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738738
 Amount of Each Receipt this Period
 250.00

B. Dr. Chad W. Cassady
 Full Name (Last, First, Middle Initial)
 Mailing Address 883 Lily St
 City State Zip Code
 Monterey CA 93940-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738739
 Amount of Each Receipt this Period
 250.00

C. Dr. Richard D. Christensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7020 Scenic Dr
 City State Zip Code
 Yakima WA 98908-1045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738740
 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: PAGE 117 OF 174
(check only one)
 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. Dr. Jeril R. Cooper IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Prentice Ln
 City Signal Mountain State TN Zip Code 37377-2081
 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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738741
 Amount of Each Receipt this Period
 250.00

B. Dr. J. Kendall Dillehay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 E 143Rd St E
 City Wichita State KS Zip Code 67230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738742
 Amount of Each Receipt this Period
 1000.00

C. Dr. Henry DiLorenzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 Swan Harbour Cir
 City Fort Washington State MD Zip Code 20744-7027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738743
 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: PAGE 118 OF 174
(check only one)
 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. Dr. Kenneth A. Doleski
 Full Name (Last, First, Middle Initial)
 Mailing Address 536 California Dr
 City Erie State PA Zip Code 16505-2122
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738744
 Amount of Each Receipt this Period
 250.00

B. Dr. Gregg R. Fader
 Full Name (Last, First, Middle Initial)
 Mailing Address One Jordan Ln
 City Ardsley State NY Zip Code 10502-1313
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738745
 Amount of Each Receipt this Period
 250.00

C. Dr. Austin W. Feeney
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 Perkins Rd
 City Greenwich State CT Zip Code 06830-3510
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738746
 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: PAGE 119 OF 174
(check only one)
 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. Dr. Dale Edward Fehr
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Kennelworth Cir
 City Hampton State IL Zip Code 61256-9663
 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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738747
 Amount of Each Receipt this Period
 250.00

B. Dr. Harold L. Frank
 Full Name (Last, First, Middle Initial)
 Mailing Address 13208 Jasmine Hill Ter
 City Rockville State MD Zip Code 20850-3665
 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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738748
 Amount of Each Receipt this Period
 250.00

C. Dr. Kimberly Lutz Gragg
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Riverside Dr
 City Morganton State NC Zip Code 28655-3722
 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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738749
 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: PAGE 120 OF 174
(check only one)
 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. Dr. Steven P. Hearne
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 Gardner Ln
 City State Zip Code
 Suffolk VA 23434-7094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738750
 Amount of Each Receipt this Period
 250.00

B. Dr. Howard L. Howell
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Spottis Woode Ln
 City State Zip Code
 Clearwater FL 33756-5267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738751
 Amount of Each Receipt this Period
 250.00

C. Dr. Brian B. Jacobus
 Full Name (Last, First, Middle Initial)
 Mailing Address 7880 Saddlebrook Dr
 City State Zip Code
 Port Saint Lucie FL 34986-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738752
 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: PAGE 121 OF 174
(check only one)
 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. Dr. Joshua L. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4107 S Tenfel Ln
 City State Zip Code
 Spokane WA 99223-6174
 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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738753
 Amount of Each Receipt this Period
 250.00

B. Dr. Harry R. Kinlaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 Ridgeview Dr
 City State Zip Code
 Cincinnati OH 45215-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738754
 Amount of Each Receipt this Period
 250.00

C. Dr. Stephen Koonce
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Ivy Ln
 City State Zip Code
 Florence AL 35630-2735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738755
 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: PAGE 122 OF 174
(check only one)
 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. Dr. Ceceilia M. Markham
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 Susquehanna Rd
 City Abington State PA Zip Code 19001-4407
 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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738757
 Amount of Each Receipt this Period
 250.00

B. Dr. Jeremy Ray McKinney
 Full Name (Last, First, Middle Initial)
 Mailing Address 14811 Highway 171
 City Northport State AL Zip Code 35475-1605
 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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738758
 Amount of Each Receipt this Period
 250.00

C. Dr. William Robert Newell
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Fountainhead Dr
 City Jefferson State GA Zip Code 30549-6710
 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
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738759
 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:	PAGE 123 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Dr. Patrick James Nolan
Full Name (Last, First, Middle Initial)
Mailing Address 11118 Bradley Ct

City Plymouth	State MI	Zip Code 48170-3465
------------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
08		12		2014

Transaction ID : 9738760

Amount of Each Receipt this Period
250.00

B. Dr. Scott E. Prose
Full Name (Last, First, Middle Initial)
Mailing Address 3001 Fox Glen Ct

City Saint Charles	State IL	Zip Code 60174-8809
-----------------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
08		12		2014

Transaction ID : 9738761

Amount of Each Receipt this Period
250.00

C. Dr. Alexander E. Ritchey
Full Name (Last, First, Middle Initial)
Mailing Address 1012 Callaway Dr W

City Shorewood	State IL	Zip Code 60404-8153
-------------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
08		12		2014

Transaction ID : 9738763

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)	PAGE 124 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Dr. James N. Thacker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2938 Turpin Woods Ct
 City Cincinnati State OH Zip Code 45244-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : 9738764
 Amount of Each Receipt this Period
 250.00

B. Dr. Henry S. Zaytoun Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Buncombe St
 City Raleigh State NC Zip Code 27609-6311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : 9738765
 Amount of Each Receipt this Period
 250.00

C. Dr. Mary Paula Zaytoun
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 Lakestone Dr
 City Raleigh State NC Zip Code 27609-6343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : 9738766
 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: PAGE 125 OF 174
(check only one)
 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. Dr. Lawrence Wang
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Blenheim Farm Ln
 City State Zip Code
 Phoenix MD 21131-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738767
 Amount of Each Receipt this Period
 250.00

B. Dr. Mark David Lively
 Full Name (Last, First, Middle Initial)
 Mailing Address 3622 Sw Mashie Ct
 City State Zip Code
 Palm City FL 34990-2225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738768
 Amount of Each Receipt this Period
 250.00

C. Dr. Nick Lekkas
 Full Name (Last, First, Middle Initial)
 Mailing Address 5670 Oaktree Ave
 City State Zip Code
 Fort Lauderdale FL 33312-6375
 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
 M M / D D / Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : 9738769
 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)	PAGE 126 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Charles K. Wear
 Full Name (Last, First, Middle Initial)
 Mailing Address 5350 Idlewood Dr
 City Santa Rosa State CA Zip Code 95404-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : 9738770
 Amount of Each Receipt this Period
 250.00

B. Dr. Lee J. Andrews
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Highgate W
 City Augusta State GA Zip Code 30909-3109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : 9738771
 Amount of Each Receipt this Period
 250.00

C. Dr. Christopher P. Frigo
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 Esplanade Ave
 City Bay Saint Louis State MS Zip Code 39520-2915
 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 2500.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : 9738779
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 127 OF 174
(check only one)
 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. Dr. Donald B. Balhoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Kincaid Ct
 City Lafayette State LA Zip Code 70508-8034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 9761202
 Amount of Each Receipt this Period 250.00

B. Dr. James Brian Hamby
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Wilderness Ln #G
 City Greenville State SC Zip Code 29607-1747
 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 08 / 18 / 2014
Transaction ID : 9765063
 Amount of Each Receipt this Period 100.00

C. Dr. Richard J. Anthony
 Full Name (Last, First, Middle Initial)
 Mailing Address 1180 Cheshire Cir
 City Danville State CA Zip Code 94506-6238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2014
Transaction ID : 9765065
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 128 OF 174
(check only one)
 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. Dr. Andrew B. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1102 Wyndegate Dr
 City State Zip Code
 Orange Park FL 32073-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765066
 Amount of Each Receipt this Period
 250.00

B. Dr. Don Schmidtke
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765067
 Amount of Each Receipt this Period
 250.00

C. Dr. Ed Wentz
 Full Name (Last, First, Middle Initial)
 Mailing Address #2 S Lakeshore Dr
 City State Zip Code
 Ransom Canyon TX 79366-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765068
 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: PAGE 129 OF 174
(check only one)
 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. Dr. Lori Anderson Aiosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 1894 Osprey Bluff Blvd
 City Orange Park State FL Zip Code 32003-7937
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765069
 Amount of Each Receipt this Period
 250.00

B. Dr. Fred J. Alba
 Full Name (Last, First, Middle Initial)
 Mailing Address 2650 Glen Ct
 City Mechanicsburg State PA Zip Code 17055-5998
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765070
 Amount of Each Receipt this Period
 250.00

C. Dr. Jason Lee Charnley
 Full Name (Last, First, Middle Initial)
 Mailing Address 15880 Prospect Point Dr
 City Spring Lake State MI Zip Code 49456-1581
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765071
 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: PAGE 130 OF 174
(check only one)
 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. Dr. Kenneth Cooperman
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 W End Ave Apt 12-A
 City New York State NY Zip Code 10025-5469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 08 / 18 / 2014
Transaction ID : 9765072
 Amount of Each Receipt this Period
250.00

B. Dr. Thomas A. Daniels
 Full Name (Last, First, Middle Initial)
 Mailing Address 11898 Moore Woods Rd
 City Roscoe State IL Zip Code 61073-9668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 08 / 18 / 2014
Transaction ID : 9765073
 Amount of Each Receipt this Period
250.00

C. Dr. Daniel M. DeAngelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Elizabeth Pl
 City Canfield State OH Zip Code 44406-1590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 08 / 18 / 2014
Transaction ID : 9765074
 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: PAGE 131 OF 174
(check only one)
 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. Dr. David Edward Dykhouse
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Lee's Summit MO 64064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765076
 Amount of Each Receipt this Period
 250.00

B. Dr. Hardy Fields
 Full Name (Last, First, Middle Initial)
 Mailing Address 3624 Bryn Mawr Dr
 City State Zip Code
 Dallas TX 75225-7214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765077
 Amount of Each Receipt this Period
 250.00

C. Dr. Dennis Joseph Flanagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2376 Malmaison
 City State Zip Code
 Belvidere IL 61008-7415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765078
 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)	PAGE 132 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Richard L. Fogel
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 Washington Ave
 City Elyria State OH Zip Code 44035-3605
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765079
 Amount of Each Receipt this Period
 250.00

B. Dr. Todd A. Hickman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5866 Claybrook Dr
 City Bargserville State IN Zip Code 46106-8395
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765081
 Amount of Each Receipt this Period
 250.00

C. Dr. Brian R. Jespersen
 Full Name (Last, First, Middle Initial)
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765082
 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)	PAGE 133 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Gregory A. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 7637 Ballenshire S. Dr
 City Indianapolis State IN Zip Code 46254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 18 / 2014**
Transaction ID : 9765083
 Amount of Each Receipt this Period **500.00**

B. Dr. James Edward Kelley II
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 Sanibel St
 City Mount Pleasant State SC Zip Code 29464-7606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 18 / 2014**
Transaction ID : 9765084
 Amount of Each Receipt this Period **250.00**

C. Dr. Michal Kleinlerer
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Kenduskeag Ave
 City Bangor State ME Zip Code 04401-7602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 18 / 2014**
Transaction ID : 9765085
 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

FOR LINE NUMBER: PAGE 134 OF 174
(check only one)
 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. Dr. Charles M. Krowicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 456 Mine Rd
 City Asbury State NJ Zip Code 08802-1181
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765086
 Amount of Each Receipt this Period
 250.00

B. Dr. Jay Lawless
 Full Name (Last, First, Middle Initial)
 Mailing Address 1563 Stillwater Ct.
 City Bowling Green State KY Zip Code 42103-6022
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765087
 Amount of Each Receipt this Period
 250.00

C. Dr. Shari N. Lisann
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Willow Cres
 City Brookline State MA Zip Code 02445-4132
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765088
 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: PAGE 135 OF 174
(check only one)
 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. Dr. John Joseph Marchetto
 Full Name (Last, First, Middle Initial)
 Mailing Address 2824 Hackney Rd
 City Weston State FL Zip Code 33331-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 18 / 2014
Transaction ID : 9765089
 Amount of Each Receipt this Period
 250.00

B. Dr. DeWayne B. McCamish
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Ballard Bluff Rd
 City Signal Mountain State TN Zip Code 37377-2280
 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 ▼ 3000.00

Date of Receipt
 08 / 18 / 2014
Transaction ID : 9765090
 Amount of Each Receipt this Period
 1000.00

C. Dr. Gregory A. McKenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Lyndenwood Dr
 City Brookfield State CT Zip Code 06804-3141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 18 / 2014
Transaction ID : 9765091
 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: PAGE 136 OF 174
(check only one)
 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. Dr. Carolyn Melita
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 Florence Ave
 City Arlington State MA Zip Code 02476-7246
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765092
 Amount of Each Receipt this Period
 1000.00

B. Dr. Matthew I. Milestone
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Mill Glen Rd
 City Upper Saddle River State NJ Zip Code 07458-1729
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765093
 Amount of Each Receipt this Period
 250.00

C. Dr. Stephen Robert Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4405 Highland Rd
 City Minnetonka State MN Zip Code 55345-2910
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765094
 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: PAGE 137 OF 174
(check only one)
 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. Dr. Brittany L.W. Potts
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Darlington Rd
 City State Zip Code
 Ottawa Hills OH 43606-2436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765097
 Amount of Each Receipt this Period
 250.00

B. Dr. Anthony Myers Puntillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Foulis Ct
 City State Zip Code
 Chesterton IN 46304-8949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765099
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael J. Riccio
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Fille St
 City State Zip Code
 Ipswich MA 01938-1141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765101
 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)	PAGE 138 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Steven L. Scher
Full Name (Last, First, Middle Initial)

Mailing Address 34 Thorp Dr

City Weston State CT Zip Code 06883-2432

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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : 9765102

Amount of Each Receipt this Period
 250.00

B. Dr. Jon J. Sisulak
Full Name (Last, First, Middle Initial)

Mailing Address 8515 S Deerwood Ln

City Franklin State WI Zip Code 53132-8006

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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : 9765104

Amount of Each Receipt this Period
 250.00

C. Dr. James T. St Clair IV
Full Name (Last, First, Middle Initial)

Mailing Address 5614 83rd

City Lubbock State TX Zip Code 79424

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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : 9765106

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: PAGE 139 OF 174
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Dr. John R. St Clair
Full Name (Last, First, Middle Initial)
Mailing Address 9310 Raleigh Ave
City Lubbock State TX Zip Code 79424-5110
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2014
Transaction ID : 9765107
Amount of Each Receipt this Period 250.00

B. Dr. Steven H. Tinsworth
Full Name (Last, First, Middle Initial)
Mailing Address 704 51St St Nw
City Bradenton State FL Zip Code 34209-1932
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2014
Transaction ID : 9765108
Amount of Each Receipt this Period 250.00

C. Dr. George L. Walker
Full Name (Last, First, Middle Initial)
Mailing Address 1711 W Pearl City Rd
City Freeport State IL Zip Code 61032-9333
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2014
Transaction ID : 9765110
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)	PAGE 140 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. Josephine C. Weeden
Full Name (Last, First, Middle Initial)

Mailing Address 3446 Brassow Rd

City Saline State MI Zip Code 48176-9054

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 **08 / 18 / 2014**

Transaction ID : 9765304

Amount of Each Receipt this Period **100.00**

B. Dr. George Randy Wright
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Keim Cir

City Geneva State IL Zip Code 60134-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 18 / 2014**

Transaction ID : 9765305

Amount of Each Receipt this Period **250.00**

C. Dr. William Todd Bivins
Full Name (Last, First, Middle Initial)

Mailing Address 116 Moonlight Pt

City Suffolk State VA Zip Code 23434-9300

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 18 / 2014**

Transaction ID : 9765308

Amount of Each Receipt this Period **250.00**

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 141 OF 174
(check only one)
 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. Dr. Carl P. Dietrich III
 Full Name (Last, First, Middle Initial)
 Mailing Address 94 Mayfield Ave
 City Akron State OH Zip Code 44313-6828
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765309
 Amount of Each Receipt this Period
 250.00

B. Dr. Christine Porter Ellis
 Full Name (Last, First, Middle Initial)
 Mailing Address 6406 Westlake Ave
 City Dallas State TX Zip Code 75214-3437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765310
 Amount of Each Receipt this Period
 250.00

C. Dr. Duward T. Fulmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Sagamore Ln
 City Simpsonville State SC Zip Code 29681-5757
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765311
 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: PAGE 143 OF 174
(check only one)
 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. Dr. Brian L. Mattiaccio
 Full Name (Last, First, Middle Initial)
 Mailing Address 6206 Pheasants Xing
 City Farmington State NY Zip Code 14425-1100
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765315
 Amount of Each Receipt this Period
 250.00

B. Dr. Wesley Lloyd Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 10829 Sycamore Club Dr
 City Mint Hill State NC Zip Code 28227-5811
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765316
 Amount of Each Receipt this Period
 250.00

C. Dr. Laura Robison
 Full Name (Last, First, Middle Initial)
 Mailing Address 4421 N Pontatoc Rd
 City Tucson State AZ Zip Code 85718-6750
 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
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : 9765317
 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: PAGE 144 OF 174
(check only one)
 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. Dr. Diana Wolf Abbott
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Pine Ridge Dr
 City Bloomfield Hills State MI Zip Code 48304-2139
 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
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810282
 Amount of Each Receipt this Period
 250.00

B. Dr. Kenneth J. Agronin
 Full Name (Last, First, Middle Initial)
 Mailing Address 18061 Winchester Ct
 City Strongsville State OH Zip Code 44136-7350
 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
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810283
 Amount of Each Receipt this Period
 250.00

C. Dr. Clifford L. Anzilotti Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Montchanin Road
 City Wilmington State DE Zip Code 19807-2101
 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
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810284
 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: PAGE 145 OF 174
(check only one)
 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. Dr. Lana Bowdoin
 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 ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810285
 Amount of Each Receipt this Period
 250.00

B. Dr. Sammy R. Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 Robinson Way
 City State Zip Code
 Huntsville TX 77340-5525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810286
 Amount of Each Receipt this Period
 250.00

C. Dr. Melvin L. Dillard III
 Full Name (Last, First, Middle Initial)
 Mailing Address 9226 Golf Rd Apt 313
 City State Zip Code
 Des Plaines IL 60016-1761
 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
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810287
 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: PAGE 147 OF 174
(check only one)
 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. Dr. Kenneth B. Kaplin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1375 Rfd
 City Long Grove State IL Zip Code 60047-7606
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810291
 Amount of Each Receipt this Period
 250.00

B. Dr. Idalia Lastra
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Sw 4Th Ave
 City Miami State FL Zip Code 33129-1302
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810292
 Amount of Each Receipt this Period
 250.00

C. Dr. Charles A. Manilla
 Full Name (Last, First, Middle Initial)
 Mailing Address 5775 Woodbridge Ln
 City West Chester State OH Zip Code 45069-4517
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810293
 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: PAGE 148 OF 174
(check only one)
 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. Dr. L. Donald Mayer
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 N Jackson At Guadalupe
 City State Zip Code
 La Grange TX 78945-2041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810294
 Amount of Each Receipt this Period
 250.00

B. Dr. Gerald D. Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 279 Vernon St Apt 2
 City State Zip Code
 Oakland CA 94610-4150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810295
 Amount of Each Receipt this Period
 600.00

C. Dr. Kirk T. Ripley
 Full Name (Last, First, Middle Initial)
 Mailing Address 10026 Southwind Dr
 City State Zip Code
 Indianapolis IN 46256-9362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810296
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 149 OF 174
(check only one)
 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. Dr. Kim K. Forrest
 Full Name (Last, First, Middle Initial)
 Mailing Address 4511 Candlewood Park Ln
 City State Zip Code
 Katy TX 77494-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810297
 Amount of Each Receipt this Period
 250.00

B. Dr. Rodney J. Klima
 Full Name (Last, First, Middle Initial)
 Mailing Address 9807 Flintridge Ct
 City State Zip Code
 Fairfax VA 22032-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810298
 Amount of Each Receipt this Period
 250.00

C. Dr. Anne E. O'Day
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Woodcrest Ln
 City State Zip Code
 Doylestown PA 18901-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9810299
 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: PAGE 150 OF 174
(check only one)
 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. Dr. Robert Baarsvik
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 Dana Farms
 City Fairhaven State MA Zip Code 02719-3385
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811436
 Amount of Each Receipt this Period
 250.00

B. Dr. James E. Paschal
 Full Name (Last, First, Middle Initial)
 Mailing Address 1050 Sugar Creek Church Rd
 City Madison State GA Zip Code 30650-4361
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811438
 Amount of Each Receipt this Period
 250.00

C. Dr. Anissa Monseau Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Neubauer Dr
 City New Martinsville State WV Zip Code 26155-2869
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811439
 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: PAGE 151 OF 174
(check only one)
 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. Dr. Aaron DeMaio
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Bunker Way
 City State Zip Code
 Belchertown MA 01007-9645
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811441
 Amount of Each Receipt this Period
 250.00

B. Dr. K. George Elasal
 Full Name (Last, First, Middle Initial)
 Mailing Address 12313 Swanhaven Dr
 City State Zip Code
 Oklahoma City OK 73170-4749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811443
 Amount of Each Receipt this Period
 250.00

C. Dr. Ara Curtis Goshgarian
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 Cahill Ln
 City State Zip Code
 Lake Forest IL 60045-1558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811444
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 152 OF 174
(check only one)
 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. Dr. Louis J. Hardy
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Silver Rd
 City State Zip Code
 Veazie ME 04401-7080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811447
 Amount of Each Receipt this Period
 250.00

B. Dr. Dennis C. Hiller
 Full Name (Last, First, Middle Initial)
 Mailing Address 93 Hiller Rd
 PO Box 518
 City State Zip Code
 Jackson NH 03846-0518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811449
 Amount of Each Receipt this Period
 750.00

C. Dr. Michael S. Hipp
 Full Name (Last, First, Middle Initial)
 Mailing Address 4728 Brookview Dr
 City State Zip Code
 West Des Moines IA 50265-2996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811451
 Amount of Each Receipt this Period
 500.00

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: PAGE 153 OF 174
(check only one)
 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. Dr. Brian N. Hockenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 6445 Foxglove Dr
 City State Zip Code
 Medina OH 44256-7863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811452
 Amount of Each Receipt this Period
 250.00

B. Dr. Christopher Clay Jernigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Lake Carolina Way Ste 250
 City State Zip Code
 Columbia SC 29229-7563
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811453
 Amount of Each Receipt this Period
 250.00

C. Dr. Shari N. Lisann
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Willow Cres
 City State Zip Code
 Brookline MA 02445-4132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811456
 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)	PAGE 154 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Natalie A. Luce
 Full Name (Last, First, Middle Initial)
 Mailing Address 4318 W Crystal Lake Rd Ste H
 City Mchenry State IL Zip Code 60050-4250
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811457
 Amount of Each Receipt this Period
 250.00

B. Dr. Thomas J. Marcel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2084 4Th St
 City Livermore State CA Zip Code 94550-4460
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811458
 Amount of Each Receipt this Period
 250.00

C. Dr. Perry M. Opín
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 Sportsman Rd
 City Orange State CT Zip Code 06477-2329
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811460
 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: PAGE 155 OF 174
(check only one)
 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. Dr. Diane S. Paxton
 Full Name (Last, First, Middle Initial)
 Mailing Address 4427 S Madison Rd
 City State Zip Code
 Spokane Valley WA 99206-8305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811461
 Amount of Each Receipt this Period
 250.00

B. Dr. Wayne Lee Sankey
 Full Name (Last, First, Middle Initial)
 Mailing Address 8605 Riviera Ct
 City State Zip Code
 Flower Mound TX 75022-6529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811462
 Amount of Each Receipt this Period
 250.00

C. Dr. Jason Schmit
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Timber Wolf Trl Se
 City State Zip Code
 Cedar Rapids IA 52403-7051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : 9811464
 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)	PAGE 158 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. Dr. Ronald N. Cummings		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : 9813892
Mailing Address		Amount of Each Receipt this Period 250.00
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mathew D. Finkelson		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : 9813893
Mailing Address 19 Georgetown Ct		Amount of Each Receipt this Period 250.00
City	State	Zip Code
Linwood	NJ	08221-1560
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Barry Walvoord		Date of Receipt MM / DD / YYYY 09 / 09 / 2014 Transaction ID : 9822932
Mailing Address 788 Stables Ct W		Amount of Each Receipt this Period 250.00
City	State	Zip Code
Highwood	IL	60040-2054
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 159 OF 174
(check only one)
 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. Dr. J. Mark Felton
 Full Name (Last, First, Middle Initial)
 Mailing Address 5205 N Linn Ave
 City Oklahoma City State OK Zip Code 73112-8028
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : 9822933
 Amount of Each Receipt this Period
 250.00

B. Dr. Martin F. Van Vliet
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 Brams Hill Dr
 City Mahwah State NJ Zip Code 07430-2590
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : 9822934
 Amount of Each Receipt this Period
 250.00

C. Dr. J. Steven Zeh
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Towner Pl
 City Anchorage State KY Zip Code 40223-2568
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : 9822935
 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: PAGE 160 OF 174
(check only one)
 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. Dr. James M. Welden Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Lancaster Ct
 City Dothan State AL Zip Code 36305-1031
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : 9822936
 Amount of Each Receipt this Period
 250.00

B. Dr. Howard L. Hunt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2161 Golf Course Rd
 City Bayside State CA Zip Code 95524-9024
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : 9829760
 Amount of Each Receipt this Period
 1000.00

C. Dr. Deborah R. New
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : 9840979
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 161 OF 174
(check only one)
 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. Dr. Austin W. Feeney
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 Perkins Rd
 City State Zip Code
 Greenwich CT 06830-3510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : 9840980
 Amount of Each Receipt this Period
 250.00

B. Dr. David E. Drake
 Full Name (Last, First, Middle Initial)
 Mailing Address 3944 Orchard Ln
 PO Box 394
 City State Zip Code
 Scotland PA 17254-0394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : 9840983
 Amount of Each Receipt this Period
 250.00

C. Dr. Dan D. Dunwody III
 Full Name (Last, First, Middle Initial)
 Mailing Address 3677 Habersham Ln
 City State Zip Code
 Duluth GA 30096-6111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : 9840984
 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: PAGE 163 OF 174
(check only one)
 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. Dr. Joel E. Elfman
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Harrowgate Dr
 City State Zip Code
 Cherry Hill NJ 08003-1912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 9847543
 Amount of Each Receipt this Period
 250.00

B. Dr. James E. Madigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Oakhurst Dr
 City State Zip Code
 Butler PA 16002-3870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 9847545
 Amount of Each Receipt this Period
 250.00

C. Dr. Kenneth A. Shimizu
 Full Name (Last, First, Middle Initial)
 Mailing Address 13060 Paramount Ct
 City State Zip Code
 Saratoga CA 95070-4210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 9847546
 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)	PAGE 164 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Robert E. Chavez
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Ames St
 City Sharon State MA Zip Code 02067-2249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 09 / 22 / 2014
Transaction ID : 9847547
 Amount of Each Receipt this Period
 250.00

B. Dr. Douglas A. Fry
 Full Name (Last, First, Middle Initial)
 Mailing Address 23077 Sw Newland Rd
 City Wilsonville State OR Zip Code 97070-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 09 / 22 / 2014
Transaction ID : 9847548
 Amount of Each Receipt this Period
 250.00

C. Dr. Blake R. Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 6644 S Jamestown Pl
 City Tulsa State OK Zip Code 74136-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 09 / 22 / 2014
Transaction ID : 9847549
 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: PAGE 165 OF 174
(check only one)
 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. Dr. Nicholas S. Ising
 Full Name (Last, First, Middle Initial)
 Mailing Address 2908 Cambridge Rd
 City State Zip Code
 Louisville KY 40220-1508
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 9847551
 Amount of Each Receipt this Period
 250.00

B. Dr. Robert B. Moss Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 349 Hickory Grove Rd
 City State Zip Code
 Leesburg GA 31763-5310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 9847552
 Amount of Each Receipt this Period
 250.00

C. Dr. John L. Schuler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4017 W Tangleoaks Ct
 City State Zip Code
 Peoria IL 61615-8909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 9847553
 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: PAGE 166 OF 174
(check only one)
 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. Dr. Byron A. Bonebreak
 Full Name (Last, First, Middle Initial)
 Mailing Address 6706 Guilford Rd
 City Clarksville State MD Zip Code 21029-1636
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : 9870305
 Amount of Each Receipt this Period
 250.00

B. Dr. Daniel Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 566 Lake Ridge Dr
 City South Elgin State IL Zip Code 60177
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : 9870306
 Amount of Each Receipt this Period
 250.00

C. Dr. William M. Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 3405 Ridge Pointe Dr
 City Geneva State IL Zip Code 60134-5101
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : 9870307
 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:	PAGE 167 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Dr. Michael P. Meharg
 Full Name (Last, First, Middle Initial)
 Mailing Address 3872 Pompey Hollow Rd
 City Cazenovia State NY Zip Code 13035-9514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 09 / 30 / 2014
Transaction ID : 9870308
 Amount of Each Receipt this Period
250.00

B. Dr. Robert (Tito) Alan Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address 244 Canada Verde St
 City San Antonio State TX Zip Code 78232-1141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 09 / 30 / 2014
Transaction ID : 9870309
 Amount of Each Receipt this Period
250.00

C. Dr. Casi B. Stubbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 Sea Oats Rd
 City Santa Rosa Beach State FL Zip Code 32459-5139
 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
 09 / 30 / 2014
Transaction ID : 9870310
 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: PAGE 168 OF 174
(check only one)
 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. Walter W. Schratz

Mailing Address 116 Trotters Ct

City Venetia State PA Zip Code 15367-1240

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
 M M / D D / Y Y Y Y
 09 / 30 / 2014
Transaction ID : 9870311

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).....▶	140447.00

**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)	PAGE 169 OF 174
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. Stivers For Congress		Date of Receipt
Mailing Address 81 S Fifth Street		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	OH	43215
FEC ID number of contributing federal political committee.		Transaction ID : 9652840
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00441352"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="150.00"/>
Occupation		
Receipt For: 2013		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="150.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Burgess For Congress		Date of Receipt
Mailing Address PO Box 2334		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Denton	TX	76202
FEC ID number of contributing federal political committee.		Transaction ID : 9652841
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00372532"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="300.00"/>
Occupation		
Receipt For: 2013		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="300.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Yoder For Congress		Date of Receipt
Mailing Address PO Box 26742		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Overland Park	KS	66225
FEC ID number of contributing federal political committee.		Transaction ID : 9655544
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00472365"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="150.00"/>
Occupation		
Receipt For: 2013		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="150.00"/>
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 170 OF 174
(check only one)
 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

Full Name (Last, First, Middle Initial)
A. Renee Ellmers For Congress Committee

Mailing Address P.O. Box 904

City State Zip Code
 Dunn NC 28335

FEC ID number of contributing federal political committee. **C** C00471896

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 9705981

Amount of Each Receipt this Period
 150.00

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

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 Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	750.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Pompeo For Congress Inc

Mailing Address PO Box 780146

City State Zip Code
Wichita KS 67212

Purpose of Disbursement

011

Candidate Name

Rep. Mike Pompeo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 9753168

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address 29 Ruff Circle

City State Zip Code
Glastonbury CT 06033

Purpose of Disbursement

011

Candidate Name

Rep. John Larson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : 9772144

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens to Elect Rick Larsen

Mailing Address PO Box 326

City State Zip Code
Everett WA 98206

Purpose of Disbursement

011

Candidate Name

Rick Larsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2014

Transaction ID : 9772265

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Collins For Congress

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Doug Collins

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	4

Transaction ID : 9772266

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve Scalise

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

Transaction ID : 9784126

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Bost

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

Transaction ID : 9784127

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : 9870005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

Transaction ID : 9870300

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Meadows For Congress

Mailing Address PO Box 811

City Hendersonville State NC Zip Code 28793

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mark Meadows

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NC District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

Transaction ID : 9870301

Amount of Each Disbursement this Period

3000.00

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

6500.00

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

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Rick W. Allen For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Mailing Address P. O. Box 338

Transaction ID : 9870302

City Augusta State GA Zip Code 30903

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Richard Allen

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: GA District: 12

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1000.00

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

24500.00
