FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example:If typing, type over the lines

American Association of Orthodontists Political Action Committee

ADDRESS (number and street)

401 N. Lindbergh Blvd

☐ Check if different than previously reported. (ACC)

St. Louis | MO | 63141 –

2. **FEC IDENTIFICATION NUMBER** C00293910

CITY STATE ZIPCODE

3. IS THIS REPORT ☐ 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 Quarterly Report(YE)
- ☐ July 31 Mid-Year Report(Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

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

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

Election on ____ in the State of ____

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

Election on ____ in the State of ____

5. Covering Period 07 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer James R. Bowlin

Signature of Treasurer Electronically Filed by James R. Bowlin Date 10 26 2006

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

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name
American Association of Orthodontists Political Action Committee

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2006 To: M M 09 D D 30 Y Y Y Y 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2006		152495.27
(b) Cash on Hand at Begining of Reporting Period	166173.17	
(c) Total Receipts (from Line 19)	165780.00	267710.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	331953.17	420205.27
7. Total Disbursements (from Line 31)	188348.41	276600.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	143604.76	143604.76
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

[X] This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

American Association of Orthodontists Political Action Committee

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2006 To: M M 09 D D 30 Y Y Y Y 2006

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)	137235.00	201280.00
(ii) Unitemized	28545.00	61430.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	165780.00	262710.00
(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) ..... ▶	165780.00	262710.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	165780.00	267710.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	165780.00	267710.00

DETAILED SUMMARY PAGE
of Disbursements

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

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	598.41	2262.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	598.41	2262.51
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	182500.00	238750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	250.00
(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))	250.00	250.00
29. Other Disbursements	5000.00	35338.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	188348.41	276600.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	188348.41	276600.51

DETAILED SUMMARY PAGE

of Disbursements

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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	165780.00	262710.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	165530.00	262460.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	598.41	2262.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	598.41	2262.51

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Bradley Olin Adams
Mailing Address 606 Cherokee Ave
City: Valdosta State: GA Zip Code: 31602
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14199
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas L. Ahman
Mailing Address 2777 Shagbark Dr
City: Lima State: OH Zip Code: 45806
FEC ID 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 / 11 / 2006
Transaction ID: R14042
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Lori Anderson Aiosa
Mailing Address 1894 Osprey Bluff Blvd
City: Orange Park State: FL Zip Code: 32003
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14215
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Charles D. Alexander
Mailing Address: 12294 5950 Rd
City: Montrose State: CO Zip Code: 81401
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14668
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Timothy J. Alford
Mailing Address: 1861 N Log Cabin Dr
City: Anderson State: IN Zip Code: 46011
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14219
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Cyrus M. Alizadeh
Mailing Address: 17954 Saddle Horn Rd
City: Wildwood State: MO Zip Code: 63038
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14292
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Diana Almy
Mailing Address: 15381 Pepmeier Hill Rd
City: Woodford State: VA Zip Code: 22580
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14239
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Cheryl K. Anderson-Cermin
Mailing Address: 235 N Jefferson St
City: St Croix Falls State: WI Zip Code: 54024
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 13 / 2006
Transaction ID: R14293
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Kevin Jay Andrews
Mailing Address: 6945 Cour St Michelle
City: Reno State: NV Zip Code: 89511
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14071
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Albert J. Apicella
Mailing Address: 27 S Lewisberry Rd
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID 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 / 11 / 2006
Transaction ID: R14020
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Kolman P. Apt
Mailing Address: 1300 Providence Terr
City: Mc Lean State: VA Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 24 / 2006
Transaction ID: R14404
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Michael S. Apton
Mailing Address: 5 North Ridge Road
City: Setauket State: NY Zip Code: 11733
FEC ID number of contributing federal political 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 / 2006
Transaction ID: R14729
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Joseph F. Atkinson, Jr.
Mailing Address: 11508 Granite Hill Ct
City: Gold River State: CA Zip Code: 95670
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14406
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. H. Eldon Attaway
Mailing Address: 2909 Pacific Ct
City: Irving State: TX Zip Code: 75062
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14421
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Araksy Avakian
Mailing Address: 4120 Forest Hill Dr
City: La Canada State: CA Zip Code: 91011
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14567
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 11 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. James J. Awbrey, IV
Mailing Address: 1210 Troon Ct
City: Alpharetta State: GA Zip Code: 30005
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14515
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Robert Baarsvik
Mailing Address: 1403 Tucker Rd
City: North Dartmouth State: MA Zip Code: 02747
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14094
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. D. Mark Babcock
Mailing Address: 200 Jennings
City: Yorktown State: VA Zip Code: 23692
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14568
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Jeffrey W. Ball
Mailing Address: 3903 Hazel Glade Ct
City: Houston State: TX Zip Code: 77059
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14665
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. James J. Bancroft
Mailing Address: 71 Franklin Tpke #6
City: Waldwick State: NJ Zip Code: 07463
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14470
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Steven S. Banks
Mailing Address: 6050 N Avondale
City: Chicago State: IL Zip Code: 60631
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14419
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Rana Barakat

Mailing Address 1314 Millfarm Dr

City: Vienna State: VA Zip Code: 22182

FEC ID number of contributing federal political 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 / 14 / 2006

Transaction ID: R14607

Amount of Each Receipt this Period: 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Nicholas D. Barone

Mailing Address 19 Fair Oaks Dr

City: Lincoln State: RI Zip Code: 02865

FEC ID number of contributing federal political 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 / 29 / 2006

Transaction ID: R14663

Amount of Each Receipt this Period: 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Dean M. Bartlett

Mailing Address One Crestwood Drive

City: Glens Falls State: NY Zip Code: 12801

FEC ID number of contributing federal political 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 / 11 / 2006

Transaction ID: R14014

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. William A. Barton
Mailing Address 805 Cofair Ct
City: Solana Beach State: CA Zip Code: 92075
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14676
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Justin Keith Bass
Mailing Address 119 Gregory Blvd #44
City: Norwalk State: CT Zip Code: 06855
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14241
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Paul F. Batastini
Mailing Address 4 Pawtucket Dr
City: Cherry Hill State: NJ Zip Code: 08034
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14416
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Richard A. Battistoni
Mailing Address 1216 S Stone Ave
City: La Grange State: IL Zip Code: 60525
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14153
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Patrick M. Bauer
Mailing Address 946 E Westchester
City: Springfield State: MO Zip Code: 65810
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14197
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Gary R. Baughman
Mailing Address 4011 Fort Donelson Dr
City: Stockton State: CA Zip Code: 95219
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14414
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Edward D. Bayleran
Mailing Address 6570 Commerce Rd
City: West Bloomfield State: MI Zip Code: 48324
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14574
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Jack R. Beattie
Mailing Address 561 Via Lugano
City: Winter Park State: FL Zip Code: 32789
FEC ID 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: 09 / 27 / 2006
Transaction ID: R14735
Amount of Each Receipt this Period: 500.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. John Robert Beattie
Mailing Address 8025 Lake Waunatta Dr
City: Winter Park State: FL Zip Code: 32792
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14605
Amount of Each Receipt this Period: 250.00
Credit Card

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Maurice J. Belden
Mailing Address: 176 Academy St
City: Presque Isle State: ME Zip Code: 04769
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14166
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Stephen J. Belli
Mailing Address: 647 Rustic Knoll Dr
City: Kent State: OH Zip Code: 44240
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14636
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Ronald M. Bellohusen
Mailing Address: 50 Thornapple Dr
City: Elmira State: NY Zip Code: 14903
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14591
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Greg R. Bennett
Mailing Address: 29 Hoover Rd
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14575
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Andy Bennion
Mailing Address: 3027 Wintercreek Dr
City: Eugene State: OR Zip Code: 97405
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14054
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Douglas Bennion
Mailing Address: 2152 St Andrews Dr
City: Billings State: MT Zip Code: 59102
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14264
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Bartley Howell Benson
Mailing Address: 130 Geers Dr
City: Lebanon State: TN Zip Code: 37087
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14116
Amount of Each Receipt this Period: 150.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Jane A. Bentz
Mailing Address: 3300 Farnam St
City: La Crosse State: WI Zip Code: 54601
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14634
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Brian H. Bergh
Mailing Address: 10920 Oak Mountain Pl
City: Shadow Hills State: CA Zip Code: 91506
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14337
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Alan J. Berko
Mailing Address: 116 Newtown Rd
City: Acton State: MA Zip Code: 01720
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14095
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Jeffrey D. Bert
Mailing Address: 273 Walkley Hill Rd
City: Haddam State: CT Zip Code: 06438
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14193
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Frank R. Besson
Mailing Address: 185 Scott Dr
City: Watchung State: NJ Zip Code: 07069
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14513
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 21 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Frank R. Besson, Jr.
Mailing Address: 31 Allenby Ln
City: Scotch Plains State: NJ Zip Code: 07076
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14428
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Vijay Bhagia
Mailing Address: 1422 Crystal Lake Circle East
City: Pearland State: TX Zip Code: 77584
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14492
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Kathryn Lynn Bielik
Mailing Address: 1614 N Leavitt St
City: Chicago State: IL Zip Code: 60647
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14626
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Hendrik F. Blom
Mailing Address: 9716 Weddington Cir
City: Granite Bay State: CA Zip Code: 95746
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14405
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Richard D. Bloomstein
Mailing Address: 9 Penwood Road
City: Livingston State: NJ Zip Code: 07039
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14229
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Barry E. Booth
Mailing Address: 439 Sunset Ave
City: La Grange State: IL Zip Code: 60525
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14067
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Thomas Joseph Borgula
Mailing Address: 5805 24 Mile Rd #D
City: Shelby Township State: MI Zip Code: 48316
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14327
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. C. Jeffrey Bowman
Mailing Address: 10146 Greensward Link
City: Ijamsville State: MD Zip Code: 21754
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14058
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Darcie R. Bradley
Mailing Address: 3618 Paramount Ridge Ln
City: Cincinnati State: OH Zip Code: 45247
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14483
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Janina I. Braun
Mailing Address 624 Avalon Lake Rd
City: Danbury State: CT Zip Code: 06810
FEC ID 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: 07 / 12 / 2006
Transaction ID: R14167
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Robert James Bray
Mailing Address 255 36th St South
City: Brigantine State: NJ Zip Code: 08203
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14320
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Christopher M. Brieden
Mailing Address 700 N Riverside
City: St Clair State: MI Zip Code: 48079
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14210
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Bloyce Hill Britton, III
Mailing Address 49 Rogers Wood
City: San Antonio State: TX Zip Code: 78248
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14333
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Anthony C. Broccoli, Jr.
Mailing Address 5 Shipman Rd
City: Andover State: MA Zip Code: 01810
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 24 / 2006
Transaction ID: R14377
Amount of Each Receipt this Period: 150.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Michael A. Brown
Mailing Address 7705 SE 111th Ave
City: Portland State: OR Zip Code: 97266
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14506
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Scott Brustein
Mailing Address 4803 Patterson St
City: Bridgewater State: NJ Zip Code: 08807
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14242
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Joseph K. Buchanan
Mailing Address 25 Kemp Ct
City: Alamo State: CA Zip Code: 94507
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 17 / 2006
Transaction ID: R14328
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Jacqueline Bunce
Mailing Address PO Box 5555
City: Bellevue State: WA Zip Code: 98006
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14679
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Thomas O. Burns
Mailing Address: 1342 Lockwood Dr
City: Lafayette State: IN Zip Code: 47905
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14721
Amount of Each Receipt this Period: 150.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. A. G. Burris
Mailing Address: 960 Ribaut Rd St2
City: Beaufort State: SC Zip Code: 29902
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 24 / 2006
Transaction ID: R14398
Amount of Each Receipt this Period: 500.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Harry I. Bussa, Jr.
Mailing Address: 726 Langwood
City: Houston State: TX Zip Code: 77079
FEC ID number of contributing federal political 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 / 2006
Transaction ID: R14724
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 28 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Clifford E. Campbell
Mailing Address: 2117 Miller Landing Rd
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14490
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Ricky G. Caples
Mailing Address: 1602 Fairview
City: Monroe State: LA Zip Code: 71201
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14516
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. W. Jerry Capps
Mailing Address: 11044 Big Canoe
City: Jasper State: GA Zip Code: 30143
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14502
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. David R. Carden
Mailing Address 24543 Deer Trace Dr
City: Ponte Vedra Beach State: FL Zip Code: 32082
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 07 / 24 / 2006
Transaction ID: R14378
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Alan C. Carter
Mailing Address 10154 N Mystic Hollow
City: Highland State: UT Zip Code: 84003
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14201
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Bruce H. Carter
Mailing Address 838 San Luis Rd
City: Berkeley State: CA Zip Code: 94707
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14208
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas H. Cartledge, III
Mailing Address 417 N Beach St
City: Ormond Beach State: FL Zip Code: 32174
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14295
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Jerry F. Cash
Mailing Address 5138 S Pratt
City: Springfield State: MO Zip Code: 65804
FEC ID 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: 07 / 24 / 2006
Transaction ID: R14390
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Robert T. Caskey
Mailing Address 3420 S Moore Cir
City: Flagstaff State: AZ Zip Code: 86001
FEC ID 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: 07 / 13 / 2006
Transaction ID: R14243
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Maria Castano-Rendon
Mailing Address: 344 Park Valley Dr.
City: Coppell State: TX Zip Code: 75019
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14162
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Ross D. Christensen
Mailing Address: 1056 Prospect Blvd
City: Waterloo State: IA Zip Code: 50701
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14181
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. George B. Clarke, Jr.
Mailing Address: 2599 W Lake Van Ness Cir
City: Fresno State: CA Zip Code: 93711
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14344
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. William J. Cline
Mailing Address 117 Etowah Dr
City: Cartersville State: GA Zip Code: 30120
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14338
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Matthew J. Coats
Mailing Address 3116 Overlook Circle
City: Highland Village State: TX Zip Code: 75077
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14635
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Gregory Thomas Cohlmia
Mailing Address 14805 Le Grande
City: Addison State: TX Zip Code: 75001
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14297
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Michael D. Collins
Mailing Address: 9121 Pin Oak Dr
City: Waco State: TX Zip Code: 76712
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14389
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Joseph F. Coniglio
Mailing Address: 5414 Ocean Dr
City: Corpus Christi State: TX Zip Code: 78412
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14074
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Michael L. Conlon
Mailing Address: 29920 Tanya Trail
City: Libertyville State: IL Zip Code: 60048
FEC ID 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 / 12 / 2006
Transaction ID: R14158
Amount of Each Receipt this Period: 500.00
Credit Card

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Corey Christopher Conrad
Mailing Address 6980 Cody Dr #38
City: West Des Moines State: IA Zip Code: 50266
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14007
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Jonathan S. Cooper
Mailing Address 11419 S Oxford Ave
City: Tulsa State: OK Zip Code: 74137
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14015
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Paul M. Cottone
Mailing Address 7709 Siple Ave
City: Fayetteville State: NC Zip Code: 28304
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14298
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Sidney M. Craft
Mailing Address 5827 Wanakah Dr
City: Houston State: TX Zip Code: 77069
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14218
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. David O. Cramer
Mailing Address 4205 Baywood SE
City: Grand Rapids State: MI Zip Code: 49546
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14629
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Linda A. Crawford
Mailing Address 5801 Bent Oak Ct
City: Dallas State: TX Zip Code: 75225
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14267
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Ross L. Crist
Mailing Address: 1204 N Pikes Peak Cir
City: Sioux Falls State: SD Zip Code: 57103
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14156
Amount of Each Receipt this Period: 500.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. James M. Crouse
Mailing Address: 22786 Naticoke Road
City: Quantico State: MD Zip Code: 21856
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14178
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Robert M. Cuenin
Mailing Address: 18 Gary Way
City: Alamo State: CA Zip Code: 94507
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 31 / 2006
Transaction ID: R14463
Amount of Each Receipt this Period: 250.00
Check

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Ronald N. Cummings
Mailing Address: 1378 Timberlane Rd
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14081
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Mark L. Dake
Mailing Address: 6860 Private Road 8900
City: West Plains State: MO Zip Code: 65775
FEC ID 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 / 11 / 2006
Transaction ID: R14031
Amount of Each Receipt this Period: 1000.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Mark M. Dale
Mailing Address: 3368 Colbert Ave NW
City: Buffalo State: MN Zip Code: 55313
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14025
Amount of Each Receipt this Period: 250.00
Check

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Joseph Damone, II
Mailing Address: 240 Bay Rd
City: Ocean City State: NJ Zip Code: 08226
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 13 / 2006
Transaction ID: R14299
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Thomas A. Daniels
Mailing Address: 11898 Moore Woods Rd
City: Roscoe State: IL Zip Code: 61073
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13970
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Craig H. Davis
Mailing Address: 1500 Oak Springs Ln
City: Santa Rosa State: CA Zip Code: 95404
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14226
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Edward C. Davis
Mailing Address: 112 Grimsby Ln
City: West Columbia | State: SC | Zip Code: 29170
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14422
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Susan J. Davis
Mailing Address: 78 Pheasant Ln
City: Brooklyn | State: CT | Zip Code: 06234
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14154
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Ralph C. Del Priore
Mailing Address: Mariane Ct
City: Alpine | State: NJ | Zip Code: 07620
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 08 / 04 / 2006
Transaction ID: R14553
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 40 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Kevin L. Denis
Mailing Address: 61 Pine St
City: Mahtomedi State: MN Zip Code: 55115
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14417
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. D. Douglas Depew
Mailing Address: 5331 Saville Dr
City: Acworth State: GA Zip Code: 30101
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14324
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Pat DiCiccio
Mailing Address: 7407 N. Woodson
City: Fresno State: CA Zip Code: 93711
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14517
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Henry DiLorenzo
Mailing Address: 1201 Swan Harbour Cir
City: Fort Washington State: MD Zip Code: 20744
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14661
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Philip T. Dickinson
Mailing Address: 3945 S Whickham
City: Muskegon State: MI Zip Code: 49441
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14633
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. John A. Diddle
Mailing Address: 5301 Hickory Hollow Road
City: Knoxville State: TN Zip Code: 37919
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14631
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. J. Kendall Dillehay
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: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 13 / 2006
Transaction ID: R14244
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Debra Dobbs
Mailing Address PO Box 807
City: Saint James State: NY Zip Code: 11780
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14497
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Philbert C. Doleac, Jr.
Mailing Address 1927 NE Thompson
City: Portland State: OR Zip Code: 97212
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14048
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. James B. Donaghey, II
Mailing Address 1600 Oak Forest Ct
City: Mobile State: AL Zip Code: 36609
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14476
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Bruce K.A. Dormanen
Mailing Address 2377 Cherrywood Rd
City: Minnetonka State: MN Zip Code: 55305
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14245
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. John A. Dorsch
Mailing Address 2435 N E 79th St
City: Kansas City State: MO Zip Code: 64118
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14001
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. J. Burton Douglass
Mailing Address 260 Shelly Dr
City: Sharps Chapel State: TN Zip Code: 37866
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14396
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas F. Dowling
Mailing Address 18725 Willow Grove Rd
City: Olney State: MD Zip Code: 20832
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14256
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. David E. Drake
Mailing Address 3944 Orchard Ln
PO Box 394
City: Scotland State: PA Zip Code: 17254
FEC ID 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 / 17 / 2006
Transaction ID: R14315
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Arthur A. Dugoni
Mailing Address: 7 Woodridge Ct
City: Redwood City State: CA Zip Code: 94061
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14424
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Joseph Andrew Dugoni
Mailing Address: 25808 Lone Fir Lane
City: West Linn State: OR Zip Code: 97068
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14164
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Harry A. Dunlevy
Mailing Address: 11906 Reeds Bluff Ln
City: Milothian State: VA Zip Code: 23113
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14577
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. S. Kendall Dunn
Mailing Address: 256 Timberline Rd
City: Pike Road State: AL Zip Code: 36064
FEC ID 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: 07 / 11 / 2006
Transaction ID: R13989
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Anthony W. Durall
Mailing Address: #9 Hilltop Dr
City: Owensboro State: KY Zip Code: 42303
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14317
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. David Edward Dykhouse
Mailing Address: 1300 S Outer Rd
City: Blue Springs State: MO Zip Code: 64015
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14384
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Susan Stinely Eles
Mailing Address 515 Maple La
City: Sewickley State: PA Zip Code: 15143
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14466
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. David F. Elliott
Mailing Address 385 Ocean Blvd #6S
City: Long Branch State: NJ Zip Code: 07740
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14270
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. H. Ellwood Ernst
Mailing Address 202 Whispering Creek
City: Victoria State: TX Zip Code: 77904
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14217
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. William K. Farrar, Jr.
Mailing Address 1439 Falkirk Ln NW
City: Kennesaw State: GA Zip Code: 30152
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14273
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Austin W. Feeney
Mailing Address 87 Perkins Rd
City: Greenwich State: CT Zip Code: 06830
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14064
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Frederick A. Fenderson
Mailing Address 1052 Placer Cir
City: Prescott State: AZ Zip Code: 86303
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14632
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Edward Thomas Ferry
Mailing Address: 44 Crocus Drive
City: Cranston State: RI Zip Code: 02920
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14518
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. David D. Feuer
Mailing Address: 757 Harbour Isles Pl
City: North Palm Beach State: FL Zip Code: 33410
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14597
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Daniel R. Fiehrer
Mailing Address: Box 811
City: Helena State: MT Zip Code: 59624
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14012
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Bruce M. Field
Mailing Address: 6 Scott Ln, Box 328
City: Northboro State: MA Zip Code: 01532
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14527
Amount of Each Receipt this Period: 150.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Thomas C. Field
Mailing Address: 113 Woodlake Dr
City: Gainesville State: GA Zip Code: 30506
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14334
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Debra Fink
Mailing Address: 7849 Balson
City: St Louis State: MO Zip Code: 63130
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14387
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Mathew D. Finkelson
Mailing Address 19 Georgetown Ct
City: Linwood State: NJ Zip Code: 08221
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14585
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Daniel L. Foley
Mailing Address 163 Dogwood Ct
City: Daniels State: WV Zip Code: 25832
FEC ID number of contributing federal political 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 / 2006
Transaction ID: R14617
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Patrick F. Foley
Mailing Address 50 Lynn Dr
City: Hawthorn Woods State: IL Zip Code: 60047
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14612
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 52 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. John C. Ford
Mailing Address: 221 Winnetka Ave
City: Winnetka State: IL Zip Code: 60093
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14157
Amount of Each Receipt this Period: 500.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Lavonne K. Fore
Mailing Address: 18 Bridgeview Dr SE
City: Rome State: GA Zip Code: 30161
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13951
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Joseph C. Forsman
Mailing Address: 3809 96th St
City: Lubbock State: TX Zip Code: 79423
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14717
Amount of Each Receipt this Period: 250.00
Check

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Harold L. Frank
Mailing Address: 13208 Jasmine Hill Terrace
City: Rockville State: MD Zip Code: 20850
FEC ID 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 / 12 / 2006
Transaction ID: R14223
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Devek Kent Frech
Mailing Address: 4802 Windsong Dr
City: Wichita Falls State: TX Zip Code: 76310
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14473
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Andre M. Fruge
Mailing Address: 17747 British Ln
City: Baton Rouge State: LA Zip Code: 70810
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14078
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Roland K. Fulcher
Mailing Address 113 Tea Farm Rd
City: Summerville State: SC Zip Code: 29483
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14604
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Clayton Scott Fuller
Mailing Address 312 I Street
City: Chula Vista State: CA Zip Code: 91910
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 260.00
Date of Receipt: 07 / 18 / 2006
Transaction ID: R14370
Amount of Each Receipt this Period: 260.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. L. R. Fuqua, Jr.
Mailing Address 505 N Kentucky St
City: Kingston State: TN Zip Code: 37763
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14628
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **760.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Peder A. Gaalaas
Mailing Address 1007 NW 4th Ave
City: Grand Rapids State: MN Zip Code: 55744
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14035
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Michael J. Gabler
Mailing Address N7949 State Park Rd
City: Menasha State: WI Zip Code: 54952
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13947
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Eloisa S. Garcia
Mailing Address 214 Keystone
City: River Forest State: IL Zip Code: 60305
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14102
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 56 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Ricardo Garcia

Mailing Address 1602 Iowa

City: Mission State: TX Zip Code: 78501

FEC ID number of contributing federal political 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 / 31 / 2006

Transaction ID: R14495

Amount of Each Receipt this Period: 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Mark A. Garlington

Mailing Address 6821 E 9th St

City: Long Beach State: CA Zip Code: 90815

FEC ID number of contributing federal political 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 / 05 / 2006

Transaction ID: R13962

Amount of Each Receipt this Period: 250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Richard M. Garlitz

Mailing Address 3145 Laurel Ridge Rd NW

City: Hickory State: NC Zip Code: 28601

FEC ID number of contributing federal political 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 / 11 / 2006

Transaction ID: R14005

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 57 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Fred A. Garrett
Mailing Address: 11511 Habersham
City: Houston State: TX Zip Code: 77024
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 / 04 / 2006
Transaction ID: R14540
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Felix A. Gen
Mailing Address: 6209 N Huntington Dr
City: Solon State: OH Zip Code: 44139
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14224
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Raymond George, Jr.
Mailing Address: 130 Read St
City: Seekonk State: MA Zip Code: 02771
FEC ID number of contributing federal political 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 / 2006
Transaction ID: R14731
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Raymond George, Sr.
Mailing Address 27 Du Carl Dr
City: Lincoln State: RI Zip Code: 02865
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14038
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Robert R. George
Mailing Address 9227 Canter
City: Dallas State: TX Zip Code: 75231
FEC ID number of contributing federal political 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 / 2006
Transaction ID: R14725
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. George M. Georgelis
Mailing Address 1138 N Bristol Dr
City: Lititz State: PA Zip Code: 17543
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14085
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. John A. Gerling
Mailing Address 616 Avocet
City: Mcallen State: TX Zip Code: 78504
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14247
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Christopher J. Getchell
Mailing Address 470 Thornwyck Trail
City: Roswell State: GA Zip Code: 30076
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 / 31 / 2006
Transaction ID: R14503
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Raymond H. Gilbert, III
Mailing Address 10035 Riverside NW
City: Albuquerque State: NM Zip Code: 87111
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14578
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 60 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Charles A. Gilmore
Mailing Address: 4623 Scenic Dr
City: Yakima State: WA Zip Code: 98908
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14060
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Robert F. Girgis
Mailing Address: 1952 Nutmeg Ln
City: Naperville State: IL Zip Code: 60565
FEC ID 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 / 31 / 2006
Transaction ID: R14479
Amount of Each Receipt this Period: 500.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Randy L. Gittess
Mailing Address: 1352 Richmond Rd
City: Winter Park State: FL Zip Code: 32789
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14257
Amount of Each Receipt this Period: 250.00
Check

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Timothy J. Glupker
Mailing Address: 3550 64th Ave
City: Zeeland State: MI Zip Code: 49464
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 05 / 2006
Transaction ID: R13940
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Edward D. Gold
Mailing Address: 218 Lorraine Ave
City: Upper Montclair State: NJ Zip Code: 07043
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14560
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Richard I. Goldberg
Mailing Address: 1100 Horse Run Ct
City: Chesterfield State: MO Zip Code: 63005
FEC ID number of contributing federal political 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 / 19 / 2006
Transaction ID: R14373
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 62 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Hilton Goldreich
Mailing Address: 2204 Bradbury Ct
City: Plano State: TX Zip Code: 75093
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14093
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Bruce M. Goldstein
Mailing Address: 9801 E Caron St
City: Scottsdale State: AZ Zip Code: 85258
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14675
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Jon Ethan Golub
Mailing Address: 50 Blueberry Dr
City: Woodcliff Lake State: NJ Zip Code: 07677
FEC ID 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 / 12 / 2006
Transaction ID: R14222
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Robert W. Goodman
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: 09 / 14 / 2006
Transaction ID: R14719
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Sundus Sindy Goodman
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: 09 / 07 / 2006
Transaction ID: R14704
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. William M. Gordon
Mailing Address: 840 Tiogue Ave
City: Coventry | State: RI | Zip Code: 02816
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14667
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Ara Curtis Goshgarian
Mailing Address 1322 W Deerpath
City: Lake Forest State: IL Zip Code: 60045
FEC ID 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 / 14 / 2006
Transaction ID: R14606
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. John M. Grady
Mailing Address 110 Burry Ave
City: Bradford Woods State: PA Zip Code: 15015
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14228
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Kimberly Lutz Gragg
Mailing Address 1799 Waterford Way
City: Morganton State: NC Zip Code: 28655
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14137
Amount of Each Receipt this Period: 150.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 65 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Richard E. Graham

Mailing Address 90 Stonewall Cir

City: West Harrison | State: NY | Zip Code: 10604

FEC ID number of contributing federal political 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 / 13 / 2006

Transaction ID: R14300

Amount of Each Receipt this Period: 250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Stewart J. Grauer

Mailing Address 9 Kennworth Rd

City: Port Washington | State: NY | Zip Code: 11050

FEC ID number of contributing federal political 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 / 04 / 2006

Transaction ID: R14559

Amount of Each Receipt this Period: 250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. William G. Grieve, III

Mailing Address 690 Fair Oaks

City: Eugene | State: OR | Zip Code: 97401

FEC ID number of contributing federal political 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 / 12 / 2006

Transaction ID: R14202

Amount of Each Receipt this Period: 250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. H. Gilman Griggs
Mailing Address 2113 Hickory Hills Road
City: Florence State: AL Zip Code: 35630
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13969
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Ronald B. Gross
Mailing Address 11 Crow Creek Ln
City: Radnor State: PA Zip Code: 19087
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14623
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Sally A. Gupton
Mailing Address 970 Gladastry Ln
City: Lower Gynedd State: PA Zip Code: 19002
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14579
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. James E. Haack
Mailing Address: 815 Colan Blvd
City: Rice Lake State: WI Zip Code: 54868
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13963
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Christoph F. Haar
Mailing Address: 424 Mariposa Dr
City: Ventura State: CA Zip Code: 93001
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14039
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Irwin Haas
Mailing Address: 3023 Shore Dr
City: Merrick State: NY Zip Code: 11566
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14101
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Burton Louis Hagler
Mailing Address: 1777 Cedar Ridge Dr
City: Spring Valley State: OH Zip Code: 45370
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14491
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. David J. Hall
Mailing Address: 211 Larkwood Lane
City: Cary State: NC Zip Code: 27518
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14343
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. David C. Hamilton, Jr.
Mailing Address: 2163 13th St Ct NE
City: Hickory State: NC Zip Code: 28601
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14077
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 69 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. R. Cree Hamilton
Mailing Address: 1900 Fox Canyon Cir
City: Las Vegas State: NV Zip Code: 89117
FEC ID 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 / 12 / 2006
Transaction ID: R14190
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Scott D. Hamilton
Mailing Address: 5621 SW Urish Rd
City: Topeka State: KS Zip Code: 66610
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14029
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. James B. Hanigan
Mailing Address: 28232 Emerald Oaks
City: Magnolia State: TX Zip Code: 77355
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14400
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. J. Joseph Hannah
Mailing Address 12908 Alhambra
City: Leawood State: KS Zip Code: 66209
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14040
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Eric D. Hannapel
Mailing Address 3458 Elmwood Beach
City: Middleville State: MI Zip Code: 49333
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14089
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Robert B. Hanover, Jr.
Mailing Address 13713 Three Fathoms Bank
City: Corpus Christi State: TX Zip Code: 78418
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14415
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. David J. Harnick
Mailing Address: 9219 Vintner Ct NE
City: Albuquerque State: NM Zip Code: 87122
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14322
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. David M. Harper
Mailing Address: 6918 Free Ferry Rd
City: Fort Smith State: AR Zip Code: 72903
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14248
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Paula L. Harre
Mailing Address: 9220 Thornwood Dr
City: Lincoln State: NE Zip Code: 68512
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14407
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Charles Calvin Harrington
Mailing Address 140 Trehaven St
City: Gaithersburg State: MD Zip Code: 20878
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14163
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Monte S. Harrington
Mailing Address 77 Tradd St
City: Charleston State: SC Zip Code: 29401
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14249
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Leland A. Harris
Mailing Address 3513 Greenwood Pl
City: Deer Park State: TX Zip Code: 77536
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14250
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. C. Tradd Harter
Mailing Address 1130 Derby Ln
City: Watkinsville State: GA Zip Code: 30677
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14053
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey W. Haskins
Mailing Address 21 South Lane
City: Englewood State: CO Zip Code: 80113
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14411
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Brent Hassel
Mailing Address 5461 Park Place Loop SE
City: Lacey State: WA Zip Code: 98503
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14677
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 74 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. James E. Hatcher

Mailing Address 147 Inwood Tr

City: Madison State: AL Zip Code: 35758

FEC ID number of contributing federal political committee. C

Name of Employer: Self-Employed
Occupation: Orthodontist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 450.00

Date of Receipt: 07 / 11 / 2006

Transaction ID: R14036

Amount of Each Receipt this Period: 250.00

Check

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

Mailing Address 3170 N Craycroft Rd

City: Tucson State: AZ Zip Code: 85712

FEC ID number of contributing federal political 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 / 14 / 2006

Transaction ID: R14608

Amount of Each Receipt this Period: 250.00

Credit Card

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

Mailing Address 114 Old Oak Dr

City: Barrington State: IL Zip Code: 60010

FEC ID number of contributing federal political 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 / 31 / 2006

Transaction ID: R14462

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Steven P. Hearne
Mailing Address: 5000 Gardner Ln
City: Suffolk State: VA Zip Code: 23434
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14113
Amount of Each Receipt this Period: 150.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Steven L. Hechler
Mailing Address: 11533 Canterbury Cir
City: Leawood State: KS Zip Code: 66211
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 17 / 2006
Transaction ID: R14323
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Ronald G. Heiber
Mailing Address: 1362 Hemlock Ct NE
City: Lancaster State: OH Zip Code: 43130
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13968
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 76 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Stan R. Heiner
Mailing Address: 6901 Corte del Sol
City: Modesto State: CA Zip Code: 95356
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14059
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. William C. Heintz
Mailing Address: #4 Fairmount Dr S
City: Alton State: IL Zip Code: 62002
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14678
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. C. Robert Henry, Jr.
Mailing Address: 3605 Northfield Dr
City: Midland State: TX Zip Code: 79707
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14412
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 77 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Steven John Henseler
Mailing Address: 1856 Lochaven Dr
City: Woodbury State: MN Zip Code: 55125
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14740
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Roberto Hernandez-Orsini
Mailing Address: Paseo San Juan
Calle La Rogativa B-12 Paseos
City: San Juan State: PR Zip Code: 00926
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 13 / 2006
Transaction ID: R14301
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Stephen L. Herzberg
Mailing Address: 18 Saldo Cir
City: New Rochelle State: NY Zip Code: 10804
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14674
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Richard Furman Hewitt
Mailing Address 515 Huntington Rd
City: Greenville State: SC Zip Code: 29615
FEC ID 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 / 11 / 2006
Transaction ID: R14080
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Dennis C. Hiller
Mailing Address 93 Hiller Rd
PO Box 518
City: Jackson State: NH Zip Code: 03846
FEC ID 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 / 31 / 2006
Transaction ID: R14480
Amount of Each Receipt this Period: 1000.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Michael S. Hipp
Mailing Address 4728 Brookview Dr
City: West Des Moines State: IA Zip Code: 50265
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 / 31 / 2006
Transaction ID: R14481
Amount of Each Receipt this Period: 1000.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 79 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. John D. Hirce

Mailing Address 337 Minebrook Rd

City: Bernardsville State: NJ Zip Code: 07924

FEC ID number of contributing federal political 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 / 11 / 2006

Transaction ID: R14066

Amount of Each Receipt this Period: 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Douglas Hiser

Mailing Address 407 Arbor Green Ct

City: Alpharetta State: GA Zip Code: 30004

FEC ID number of contributing federal political 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 / 14 / 2006

Transaction ID: R14715

Amount of Each Receipt this Period: 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. James F. Hoag

Mailing Address 5308 E 22nd St

City: Casper State: WY Zip Code: 82609

FEC ID 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 / 31 / 2006

Transaction ID: R14499

Amount of Each Receipt this Period: 250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Dudley M. Hodgkins
Mailing Address: 8508 Navidad Dr
City: Austin State: TX Zip Code: 78735
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14022
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. John Kevin Holman
Mailing Address: 2740 St Andrews Dr
City: Belden State: MS Zip Code: 38826
FEC ID 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 / 11 / 2006
Transaction ID: R14086
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Howard L. Howell
Mailing Address: 701 Spottis Woode Ln
City: Clearwater State: FL Zip Code: 33756
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14510
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Richard C. Howells
Mailing Address 5614 Woodbury Pike
City: Roaring Spring State: PA Zip Code: 16673
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14221
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Herbert M. Hughes
Mailing Address 1209 Burtonwood Ct
City: Alexandria State: VA Zip Code: 22307
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14189
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Donald W. Hunt
Mailing Address 185 Chapman Rd
City: Greenville State: SC Zip Code: 29605
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14457
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 82 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Donald W. Hunt, Jr.
Mailing Address: 232 Camille Ave
City: Greenville State: SC Zip Code: 29605
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14204
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. J. Todd Hunt
Mailing Address: 1695 Rood Point Rd
City: Muskegon State: MI Zip Code: 49441
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14625
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. David J. Huyser
Mailing Address: 133 E Central Ave
City: Zeeland State: MI Zip Code: 49464
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14082
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. William R. Hyman
Mailing Address: 3533 W Beverly Blvd
City: Montebello State: CA Zip Code: 90640
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14175
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Robert lezman
Mailing Address: 540 Coventry Rd
City: Kensington State: CA Zip Code: 94707
FEC ID 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: 07 / 12 / 2006
Transaction ID: R14220
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Thomas H. Inglis
Mailing Address: 650 Lakewood Dr
City: Hutchinson State: MN Zip Code: 55350
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14274
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Alan W. Irvin
Mailing Address: 106 Elmwood Dr
City: Greensboro State: NC Zip Code: 27408
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14191
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Thomas A. Iverson
Mailing Address: 1729 Del Lago
City: Yuba City State: CA Zip Code: 95991
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14084
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Jerome A. Jarosz
Mailing Address: 208 W Plum Grove Cir
City: Arlington Heights State: IL Zip Code: 60004
FEC ID number of contributing federal political 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 / 07 / 2006
Transaction ID: R14705
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. J. Dean Jensen
Mailing Address: 5881 Versailles Ave
City: Frisco State: TX Zip Code: 75034
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 08 / 14 / 2006
Transaction ID: R14600
Amount of Each Receipt this Period: 750.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. J. Dean Jensen
Mailing Address: 5881 Versailles Ave
City: Frisco State: TX Zip Code: 75034
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 08 / 14 / 2006
Transaction ID: R14602
Amount of Each Receipt this Period: 1000.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Bruce J. Jiorle
Mailing Address: 59 Country Acres Dr
City: Hampton State: NJ Zip Code: 08827
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14316
Amount of Each Receipt this Period: 250.00
Check

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Brett A. Johnson
Mailing Address: 3225 West Rathgeber
City: Wichita Falls | State: TX | Zip Code: 76310
FEC ID number of contributing federal political 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 / 18 / 2006
Transaction ID: R14352
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. David W. Johnson
Mailing Address: 617 Dublin Way
City: Alameda | State: CA | Zip Code: 94502
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14341
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Douglas A. Jolstad
Mailing Address: 20770 Linwood Rd
City: Deephaven | State: MN | Zip Code: 55331
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14024
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 87 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. L. Alan Jones

Mailing Address 516 Bradford Ln

City: Huntsville State: AL Zip Code: 35811

FEC ID number of contributing federal political committee. C

Name of Employer: Self-Employed
Occupation: Orthodontist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 07 / 12 / 2006

Transaction ID: R14159

Amount of Each Receipt this Period: 300.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Donald R. Joondeph

Mailing Address 2445 204th Terr NE

City: Sammamish State: WA Zip Code: 98074

FEC ID number of contributing federal political 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 / 24 / 2006

Transaction ID: R14394

Amount of Each Receipt this Period: 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey W. Jordan

Mailing Address 1040 Lake Shore Overlook

City: Alpharetta State: GA Zip Code: 30005

FEC ID 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: 08 / 18 / 2006

Transaction ID: R14618

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Gregory J. Jorgensen
Mailing Address: 6420 Pojoaque NW
City: Albuquerque State: NM Zip Code: 87120
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14097
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Mark William Justice
Mailing Address: 6335 Howell Cobb Ct
City: Acworth State: GA Zip Code: 30101
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14511
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Kenneth Y. Kai
Mailing Address: PO Box 3136
City: San Jose State: CA Zip Code: 95156
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14209
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. James D. Kaley
Mailing Address: 3910 Hazel Lane
City: Greensboro State: NC Zip Code: 27408
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14037
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. James Richard Karpac
Mailing Address: 5816 Leven Links
City: Dublin State: OH Zip Code: 43017
FEC ID 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 / 11 / 2006
Transaction ID: R14016
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Lee Kaswiner
Mailing Address: 38 Park St. 7-D
City: Florham Park State: NJ Zip Code: 07932
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13946
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Paul J. Keck
Mailing Address: 8720 Bennett SE
City: Ada State: MI Zip Code: 49301
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14720
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Daniel Kelly
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: 08 / 31 / 2006
Transaction ID: R14692
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. William M. Kelly
Mailing Address: 4N224 Ferson Ck Rd
City: St Charles State: IL Zip Code: 60174
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14666
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 91 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. David H. Kemp
Mailing Address: 4557 Peytonsville Rd
City: Franklin State: TN Zip Code: 37064
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14180
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Larson R. Keso
Mailing Address: 3001 Ridgewood Dr
City: Edmond State: OK Zip Code: 73013
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 31 / 2006
Transaction ID: R14484
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. John G. Kharouf
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: 07 / 24 / 2006
Transaction ID: R14441
Amount of Each Receipt this Period: 100.00
Credit Card

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert W. Kidd, III
Mailing Address PO Box 232
City: Wyoming State: DE Zip Code: 19934
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14487
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. J. Peter Kierl
Mailing Address 2509 Thunderwind Cir
City: Edmond State: OK Zip Code: 73034
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14213
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Gene P. King
Mailing Address 2206 Briarhill
City: Champaign State: IL Zip Code: 61822
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14251
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Kerry W. Kirsch
Mailing Address: 928 Winterset Rd
City: Ebensburg State: PA Zip Code: 15931
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14318
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Seth C. Kleinrock
Mailing Address: 5 Milbar Heath
City: Hewlett State: NY Zip Code: 11557
FEC ID 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 / 13 / 2006
Transaction ID: R14303
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Rodney J. Klima
Mailing Address: 9807 Flintridge Ct
City: Fairfax State: VA Zip Code: 22032
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 08 / 04 / 2006
Transaction ID: R14561
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 94 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. William L. Kochenour, II
Mailing Address: 248 Shore Dr
City: Palm Harbor State: FL Zip Code: 34683
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14068
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Mary Cay Koen
Mailing Address: 101 Hidden Way Ct
City: Hendersonville State: TN Zip Code: 37075
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14454
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Jodi L. Koford
Mailing Address: 7210 E Orchard Grass Blvd
City: Crestwood State: KY Zip Code: 40014
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14263
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Michael L. Koropp
Mailing Address: 3530 Cutlass Circle
City: Anchorage State: AK Zip Code: 99516
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14346
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. William J. Kottemann
Mailing Address: 835 Partenwood Rd
City: Orono State: MN Zip Code: 55356
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14092
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Charles M. Krowicki
Mailing Address: 456 Mine Rd
City: Asbury State: NJ Zip Code: 08802
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14187
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Robert A. Krueger
Mailing Address: 7 Queens Ln
City: Jacksonville State: IL Zip Code: 62650
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14196
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. William B. Kuen
Mailing Address: 7 Diann Drive
City: Montville State: NJ Zip Code: 07045
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14065
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Valmy Pangrazio- Kulbersh
Mailing Address: 1417 Cedar Bend Dr
City: Bloomfield Hills State: MI Zip Code: 48302
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14118
Amount of Each Receipt this Period: 150.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 97 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Steven K. Kunihiro

Mailing Address 1883 Heritage Way

City: Yontville State: CA Zip Code: 94599

FEC ID number of contributing federal political 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 / 21 / 2006

Transaction ID: R14637

Amount of Each Receipt this Period: 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Lester H. Kuperman

Mailing Address 3809 Candlelite Ct

City: Fort Worth State: TX Zip Code: 76109

FEC ID number of contributing federal political 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 / 24 / 2006

Transaction ID: R14402

Amount of Each Receipt this Period: 250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Hyue Kyung Kwon

Mailing Address 6327 Wilmington Dr

City: Burke State: VA Zip Code: 22015

FEC ID number of contributing federal political 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 / 04 / 2006

Transaction ID: R14551

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 98 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Michele Laboda
Mailing Address: 6640 Plantation Pines Blvd
City: Ft Myers State: FL Zip Code: 33912
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14639
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Gregory A. Lacy
Mailing Address: 1370 Western Ave
City: Morgantown State: WV Zip Code: 26505
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14203
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Paul Ladner
Mailing Address: Box 37
City: Oneida State: IL Zip Code: 61467
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14018
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. W. Blake Lane, Jr.
Mailing Address 6698 Waterford Ct
City: Columbus State: GA Zip Code: 31904
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14028
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. D. William Lange
Mailing Address 8360 Shawnee Run Rd
City: Cincinnati State: OH Zip Code: 45243
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14562
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Clifton Neal Lauritzen
Mailing Address 11445 W North Ave
City: Fresno State: CA Zip Code: 93706
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14580
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 100 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew H. Leavitt

Mailing Address 14312 148th Ave SE

City: Yelm State: WA Zip Code: 98597

FEC ID number of contributing federal political 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 / 21 / 2006

Transaction ID: R14630

Amount of Each Receipt this Period: 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Lisa A. Lehky

Mailing Address 405 Tournament Tr

City: Cortland State: OH Zip Code: 44410

FEC ID number of contributing federal political 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 / 31 / 2006

Transaction ID: R14477

Amount of Each Receipt this Period: 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Melvyn M. Leifert

Mailing Address 14 Rutland Rd

City: Great Neck State: NY Zip Code: 11020

FEC ID number of contributing federal political 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 / 11 / 2006

Transaction ID: R14021

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 101 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Thomas G. Leonard
Mailing Address: 20 Algonquin Ave
City: Andover State: MA Zip Code: 01810
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14177
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. William S. Lieber
Mailing Address: 627 Mia Court
City: Danville State: CA Zip Code: 94526
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14512
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Edward Y. Lin
Mailing Address: 555 Main Ave #205
City: De Pere State: WI Zip Code: 54115
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 950.00
Date of Receipt: 08 / 14 / 2006
Transaction ID: R14603
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 102 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Richard B. Lines
Mailing Address: 1909 W Relation
City: Safford State: AZ Zip Code: 85546
FEC ID 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: 07 / 11 / 2006
Transaction ID: R14027
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Mark David Lively
Mailing Address: 3622 SW Mashie Ct
City: Palm City State: FL Zip Code: 34990
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14598
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Carney D. Loucks
Mailing Address: 900 W 18th St S
City: Newton State: IA Zip Code: 50208
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13959
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey D. Loveless
Mailing Address 1940 Woodcrest Dr NE
City: Owatonna State: MN Zip Code: 55060
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14090
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Benjamin F. Lowe, Jr.
Mailing Address 309 Stonewyck Dr
City: Burlington State: NC Zip Code: 27215
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14572
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Sarah Burguieres Lowe
Mailing Address 15427 Greens Cove Way
City: Houston State: TX Zip Code: 77059
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14624
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Jennifer J. Lowney
Mailing Address 444 Fitchville Rd
City: Bozrah State: CT Zip Code: 06334
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14049
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Kristin R. Lundquist
Mailing Address 61 Pine St
City: Mahtomedi State: MN Zip Code: 55115
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14002
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. James C. Lyles
Mailing Address 133 April Point Dr S
City: Montgomery State: TX Zip Code: 77356
FEC ID 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 / 11 / 2006
Transaction ID: R14098
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Steven J. Mack
Mailing Address: 6531 Eagle Ridge Rd
City: Bettendorf State: IA Zip Code: 52722
FEC ID number of contributing federal political 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 / 07 / 2006
Transaction ID: R14697
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Lee A. Mahlmann
Mailing Address: 1611 Fair Oaks Ln
City: Richmond State: TX Zip Code: 77469
FEC ID 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 / 31 / 2006
Transaction ID: R14474
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Diana T. Malone
Mailing Address: 13518 Orchard Ridge Dr
City: San Antonio State: TX Zip Code: 78231
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14669
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Philip M. Mansour
Mailing Address 89 S Mast St
City: Goffstown State: NH Zip Code: 03045
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14659
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Anthony J. Maoloni
Mailing Address 5220 Central
City: Western Springs State: IL Zip Code: 60558
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14388
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Mark S. Mappes
Mailing Address 7604 River Fork Dr
City: Nashville State: TN Zip Code: 37221
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14581
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 107 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Claire H. Ogata Marcel
Mailing Address: 1936 Chalon Glen Ct
City: Livermore State: CA Zip Code: 94550
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14467
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Thomas J. Marcel
Mailing Address: 2084 Fourth St
City: Livermore State: CA Zip Code: 94550
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14207
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Anthony V. Maresca
Mailing Address: 5 Lantern Ct
City: Stony Brook State: NY Zip Code: 11790
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 24 / 2006
Transaction ID: R14391
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. John R. Mariotti
Mailing Address: 1631 N Washington Ave
City: Scranton State: PA Zip Code: 18509
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14547
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Ceceilia M. Markham
Mailing Address: 2119 Susquehana Rd
City: Abington State: PA Zip Code: 19001
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14456
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Joel Martinez
Mailing Address: 1001 Highland
City: Mc Allen State: TX Zip Code: 78501
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14610
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 109 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Nawaf Masri

Mailing Address 7573 windgate

City: west bloomfield State: MI Zip Code: 48323

FEC ID number of contributing federal political 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 / 31 / 2006

Transaction ID: R14519

Amount of Each Receipt this Period: 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Scott S. Masunaga

Mailing Address 1010 So King St #101

City: Honolulu State: HI Zip Code: 96814

FEC ID number of contributing federal political 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 / 07 / 2006

Transaction ID: R14700

Amount of Each Receipt this Period: 250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Raymond M. Maxwell

Mailing Address 16619 117th Way

City: Redmond State: WA Zip Code: 98052

FEC ID number of contributing federal political 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 / 31 / 2006

Transaction ID: R14486

Amount of Each Receipt this Period: 250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 110 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. L. Donald Mayer
Mailing Address: 500 N Jackson At Guadalupe
City: La Grange State: TX Zip Code: 78945
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14013
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Samuel B. Mayfield
Mailing Address: 2205 Beach Blvd
City: Pascagoula State: MS Zip Code: 39567
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14304
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Mart Gaynor McClellan
Mailing Address: 1133 Edgewood Rd
City: Lake Forest State: IL Zip Code: 60045
FEC ID number of contributing federal political 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 / 27 / 2006
Transaction ID: R14736
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 111 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Richard E. McClung
Mailing Address: 199 Mathews St
City: Lewisburg State: WV Zip Code: 24901
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14070
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Maston R. McCorkle, Jr.
Mailing Address: 3215 Allendale St SW
City: Roanoke State: VA Zip Code: 24014
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14599
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Joseph A. McCormick
Mailing Address: 128 Knoxlyn Farm Dr
City: Kennett Square State: PA Zip Code: 19348
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14464
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Erin L. McCutchen
Mailing Address 3101 Childers St
City: Raleigh State: NC Zip Code: 27612
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14009
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Richard T. McDaniel
Mailing Address 55 Bellerive Rd
City: Springfield State: IL Zip Code: 62704
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14627
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Michael G. McDermott
Mailing Address 3341 Edmonton Rd N
City: Baxter State: MN Zip Code: 56425
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14279
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Gregory A. McKenna
Mailing Address: 22 Lyndenwood Dr
City: Brookfield State: CT Zip Code: 06804
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14493
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Kimberly J. McNeal
Mailing Address: Rt 6 Box 1615
City: Paris State: TX Zip Code: 75462
FEC ID 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 / 17 / 2006
Transaction ID: R14331
Amount of Each Receipt this Period: 500.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. William A. Mehan
Mailing Address: 344 Webster St
City: Manchester State: NH Zip Code: 03104
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14055
Amount of Each Receipt this Period: 250.00
Credit Card

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Tammy L. Meister
Mailing Address: 1605 Summit Ave
City: St Paul State: MN Zip Code: 55105
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14716
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Liliana Mejia
Mailing Address: 104 Bayberry Hills
City: Mc Donough State: GA Zip Code: 30253
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14741
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Carolyn Melita
Mailing Address: 13 Upton St #6
City: Boston State: MA Zip Code: 02118
FEC ID 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: 08 / 31 / 2006
Transaction ID: R14693
Amount of Each Receipt this Period: 500.00
Credit Card

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 115 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph T. Mellion

Mailing Address 2820 Round Hill Dr

City: Akron State: OH Zip Code: 44333

FEC ID number of contributing federal political 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 / 12 / 2006

Transaction ID: R14214

Amount of Each Receipt this Period: 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Nicholas P. Mellion

Mailing Address 8715 Baneberry Cr NW

City: Clinton State: OH Zip Code: 44216

FEC ID number of contributing federal political 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 / 12 / 2006

Transaction ID: R14161

Amount of Each Receipt this Period: 250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Maria Del Carmen Mendez

Mailing Address 5015 Keeneland Cir

City: Orlando State: FL Zip Code: 32819

FEC ID number of contributing federal political 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 / 11 / 2006

Transaction ID: R14069

Amount of Each Receipt this Period: 250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. George Menken
Mailing Address: 11 Elaine Dr
City: New City State: NY Zip Code: 10956
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14030
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Virginia A. Mennemeyer
Mailing Address: 145 Fairway Ln
City: Troy State: MO Zip Code: 63379
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14152
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. John Leo Mergen
Mailing Address: 840 Mesquite Drive
City: Coralville State: IA Zip Code: 52241
FEC ID 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: 07 / 05 / 2006
Transaction ID: R13977
Amount of Each Receipt this Period: 125.00
Credit Card

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Robert M. Merrill
Mailing Address: 1026 N Fairview Pl
City: East Wenatchee State: WA Zip Code: 98802
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14155
Amount of Each Receipt this Period: 1000.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Thomas E. Merrill
Mailing Address: 1513 Hannah Way
City: East Wenatchee State: WA Zip Code: 98802
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14072
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Kenneth B. Messer
Mailing Address: 1017 Grand Ave
City: Keokuk State: IA Zip Code: 52632
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14549
Amount of Each Receipt this Period: 250.00
Check

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 118 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Robert B. Meyer
Mailing Address: 110 Widecombe Ct
City: Cary State: NC Zip Code: 27513
FEC ID 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 / 12 / 2006
Transaction ID: R14186
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Diane J. Milberg
Mailing Address: 8419 Cliffridge Ln
City: La Jolla State: CA Zip Code: 92037
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14258
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Van D. Miller
Mailing Address: 728 Baldwin Rd
City: Pittsburgh State: PA Zip Code: 15205
FEC ID number of contributing federal political 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 / 07 / 2006
Transaction ID: R14707
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 119 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. D. Gary Mobley
Mailing Address: 500 Verna Ln
City: Denison State: TX Zip Code: 75020
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 05 / 2006
Transaction ID: R13975
Amount of Each Receipt this Period: 150.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Kambiz Moin
Mailing Address: 133 Shepherd Rd
City: Manchester State: NH Zip Code: 03104
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14106
Amount of Each Receipt this Period: 150.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Bruce R. Molen
Mailing Address: 714 W Hi Crest Dr
City: Auburn State: WA Zip Code: 98001
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14420
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **550.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 120 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Randall C. Moles

Mailing Address 1833 S Main St

City: Racine State: WI Zip Code: 53403

FEC ID number of contributing federal political 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 / 17 / 2006

Transaction ID: R14321

Amount of Each Receipt this Period: 250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Alan B. Montgomery

Mailing Address 18 Lake Ct

City: North Oaks State: MN Zip Code: 55127

FEC ID number of contributing federal political 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 / 17 / 2006

Transaction ID: R14326

Amount of Each Receipt this Period: 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Edwin L. Morris

Mailing Address 7635 Chapman Road

City: Kingsville State: MD Zip Code: 21087

FEC ID number of contributing federal political 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 / 31 / 2006

Transaction ID: R14455

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. James A. Morrish, Jr.
Mailing Address 8003 11th Ave NW
City: Bradenton State: FL Zip Code: 34209
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14173
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas A. Moryl
Mailing Address 150 EMS T36 Lane
City: Leesburg State: IN Zip Code: 46538
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14550
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Wade L. Murphy
Mailing Address 4493 Hwy 201 S
City: Mountain Home State: AR Zip Code: 72653
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14468
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 122 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Karl F. Muster

Mailing Address 809 Ayrshire Dr

City: Champaign State: IL Zip Code: 61820

FEC ID number of contributing federal political committee. C

Name of Employer: Self-Employed
Occupation: Orthodontist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 24 / 2006

Transaction ID: R14410

Amount of Each Receipt this Period: 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Michael W. Naborowski

Mailing Address 34 Mockingbird Ln

City: Oak Brook State: IL Zip Code: 60523

FEC ID number of contributing federal political 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 / 12 / 2006

Transaction ID: R14206

Amount of Each Receipt this Period: 250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Wade J. Najem

Mailing Address 405 Tournament Tr

City: Cortland State: OH Zip Code: 44410

FEC ID number of contributing federal political 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 / 31 / 2006

Transaction ID: R14478

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 123 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Arthur Najera
Mailing Address: 1397 Santa Teresita
City: Santa Barbara State: CA Zip Code: 93105
FEC ID 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: 07 / 24 / 2006
Transaction ID: R14418
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. James Nasby
Mailing Address: 2683 E Lake Of Isles Pkwy
City: Minneapolis State: MN Zip Code: 55408
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14395
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. William D. Neale
Mailing Address: 21 Paradise Point Rd
City: Shalimar State: FL Zip Code: 32579
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14500
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Eric R. Nease
Mailing Address: 2455 E Main St
City: Spartanburg State: SC Zip Code: 29307
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13955
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Steven J. Nedrelow
Mailing Address: 1465 SW 15th St
City: Willmar State: MN Zip Code: 56201
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14488
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Richard S. Nichols
Mailing Address: PO Box 1021
City: Manhattan State: MT Zip Code: 59741
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14673
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. S. Edwin Noffel
Mailing Address 2435 Brookwood
City: Cape Girardeau State: MO Zip Code: 63701
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 07 / 17 / 2006
Transaction ID: R14330
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Patrick James Nolan
Mailing Address 11118 Bradley Ct
City: Plymouth State: MI Zip Code: 48170
FEC ID number of contributing federal political 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 / 07 / 2006
Transaction ID: R14708
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Robert (Tito) Alan Norris
Mailing Address 244 Canada Verde
City: San Antonio State: TX Zip Code: 78232
FEC ID 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: 09 / 22 / 2006
Transaction ID: R14733
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Larry A. Okmin
Mailing Address 11048 Via Temprano
City: San Diego State: CA Zip Code: 92124
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14083
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Jay Michael Oltjen
Mailing Address 4300 W 143rd St
City: Leawood State: KS Zip Code: 66224
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14041
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Charles E. Osborn
Mailing Address 2213 Parker St
City: Amarillo State: TX Zip Code: 79109
FEC ID 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 / 12 / 2006
Transaction ID: R14160
Amount of Each Receipt this Period: 500.00
Credit Card

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. John M. Oubre
Mailing Address: 411 Doyle Dr
City: Lafayette State: LA Zip Code: 70508
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14063
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Eric R. Overby
Mailing Address: 1000 8th Ave NW
City: Austin State: MN Zip Code: 55912
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14403
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Jason Warren Pair
Mailing Address: 18907 Nordhoff St #42
City: Northridge State: CA Zip Code: 91324
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13966
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Nalin H. Panchal
Mailing Address: 27 Wilzette Dr
City: Middletown State: NJ Zip Code: 07067
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14569
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Juliana Panchura
Mailing Address: 569 N E Clay
City: Bend State: OR Zip Code: 97701
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14172
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Marshall Parker
Mailing Address: 802 Bluff Drive
City: Knoxville State: TN Zip Code: 37919
FEC ID number of contributing federal political 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 / 2006
Transaction ID: R14730
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Melanie Parker
Mailing Address: 820 Tourmaline
City: San Diego State: CA Zip Code: 92109
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14475
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. William R. Parks
Mailing Address: 25 Museum Dr
City: Newport News State: VA Zip Code: 23601
FEC ID 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 / 31 / 2006
Transaction ID: R14504
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Walter Thomas Pattison
Mailing Address: 11129 Crown Pl
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14216
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. M. John Pautienis
Mailing Address 155 Woodside Dr
City: West Barnstable State: MA Zip Code: 02668
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14498
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Michael H. Payne
Mailing Address 4410 Chicago Ave
City: Fair Oaks State: CA Zip Code: 95628
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14305
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Joe W. Pearson
Mailing Address 1938 E El Freda
City: Tempe State: AZ Zip Code: 85284
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14459
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 131 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. James Pelletier
Mailing Address: 4 Island Pond Rd
City: Dracut State: MA Zip Code: 01826
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14176
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Robert A. Penna
Mailing Address: 1401 Clive Cir
City: Wilmington State: DE Zip Code: 19803
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13950
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. James J. Peterson
Mailing Address: 65 Barchester Way
City: Westfield State: NJ Zip Code: 07090
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14672
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. William D. Petty
Mailing Address: 7550 Woodland Ct
City: Burr Ridge State: IL Zip Code: 60525
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14401
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Hugh R. Phillis
Mailing Address: 10 Poliquin Dr
City: Nashua State: NH Zip Code: 03062
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14392
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Carlyn S. Phucas
Mailing Address: 59 Bortons Rd
City: Marlton State: NJ Zip Code: 08053
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 05 / 2006
Transaction ID: R13958
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Arnold Charles Pitts
Mailing Address: 235 Juniper Hill Rd
City: Reno State: NV Zip Code: 89509
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14508
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Thomas R. Pitts
Mailing Address: 4110 Inwood Ln
City: Reno State: NV Zip Code: 89502
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 07 / 31 / 2006
Transaction ID: R14465
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Michael D. Plunk
Mailing Address: 8827 Kenton Dr
City: Dallas State: TX Zip Code: 75231
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13952
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. A. Wright Pond, Sr.
Mailing Address: 1025 Avon Court
City: Colonial Heights State: VA Zip Code: 23834
FEC ID 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 / 12 / 2006
Transaction ID: R14212
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Liza H. Pond
Mailing Address: 225 Timberwind Ln
City: Vandalia State: OH Zip Code: 45377
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14544
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. D. Spencer Pope
Mailing Address: 19337 Cormoy Ln
City: Tinley Park State: IL Zip Code: 60477
FEC ID 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 / 12 / 2006
Transaction ID: R14205
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert S. Portenga
Mailing Address 6387 Peninsula Dr
City: Traverse City State: MI Zip Code: 49684
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 31 / 2006
Transaction ID: R14485
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. James K. Poulsen
Mailing Address 2302 W Bolton St
City: Eagle State: ID Zip Code: 83616
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14306
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Robert W. Prince
Mailing Address 1287 Bloomington Dr S #15
City: St George State: UT Zip Code: 84790
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13957
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Scott E. Prose
Mailing Address: 3001 Fox Glen Court
City: St Charles | State: IL | Zip Code: 60174
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14195
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Kenneth G. Purvis
Mailing Address: RD 2 Box 354A
City: Ligonier | State: PA | Zip Code: 15658
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14340
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Richard E. Quan
Mailing Address: 15289 Alma Jo Ct
City: Monte Sereno | State: CA | Zip Code: 95030
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14458
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 137 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. J. Anthony Quinn

Mailing Address PO Box 771

City: Waverly State: PA Zip Code: 18471

FEC ID number of contributing federal political committee: C

Name of Employer: Self-Employed

Occupation: Orthodontist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 08 / 04 / 2006

Transaction ID: R14548

Amount of Each Receipt this Period: 250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Holly Wentz Reeves

Mailing Address 4704 86th St

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: 08 / 11 / 2006

Transaction ID: R14570

Amount of Each Receipt this Period: 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Paul D. Regan

Mailing Address 32834 Snowshoe Rd

City: Evergreen State: CO Zip Code: 80439

FEC ID 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: 07 / 11 / 2006

Transaction ID: R14073

Amount of Each Receipt this Period: 250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Juan F. Rendon
Mailing Address: 344 Park Valley Dr
City: Coppell State: TX Zip Code: 75019
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14168
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Richard Resler
Mailing Address: 2877 Nottingham W
City: Saginaw State: MI Zip Code: 48603
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14061
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Lourdes M. Reyes Gonzalez
Mailing Address: PG 88 Via Arcoiris Urb Pacifica Encantada
City: Trujillo Alto State: PR Zip Code: 00976
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14385
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 139 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Michael L. Reznik
Mailing Address: 1423 Sweetbriar Cir
City: Odessa State: TX Zip Code: 79761
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14225
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Mary Richmond
Mailing Address: 29 Southern Hills Dr
City: Skillman State: NJ Zip Code: 08558
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14489
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Randall P. Rigsby
Mailing Address: 2344 Arriviste Way
City: Pensacola State: FL Zip Code: 32504
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14552
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 140 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Anthony Rinaldi
Mailing Address: 5755 Richmond Park Dr
City: Mason State: OH Zip Code: 45040
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13964
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Ronald K. Risinger
Mailing Address: 3760 Seminole
City: Beaumont State: TX Zip Code: 77707
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14694
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Michael B. Rogers
Mailing Address: 3214 Candace Dr
City: Augusta State: GA Zip Code: 30909
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14099
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Gary J. Romeo
Mailing Address: 420 Birch Rd
City: Fairfield State: CT Zip Code: 06824
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14200
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Robert M. Rosen
Mailing Address: 31 Meadowbrook Rd
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14091
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Barry M. Rosenberg
Mailing Address: 10 Norwood Rd
City: West Hartford State: CT Zip Code: 06117
FEC ID 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 / 11 / 2006
Transaction ID: R14088
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Edward F. Ross, Jr.
Mailing Address 16 Hampton Hills Ln
City: Richmond State: VA Zip Code: 23226
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14426
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Loring L. Ross
Mailing Address 212 81st Ave N
City: Myrtle Beach State: SC Zip Code: 29572
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14062
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. John E. Roussalis, II
Mailing Address 1220 W 30th St
City: Casper State: WY Zip Code: 82601
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 / 07 / 2006
Transaction ID: R14706
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 143 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Budd Rubin

Mailing Address 1145 Pacific Beach Dr #408

City: San Diego State: CA Zip Code: 92109

FEC ID 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: 09 / 22 / 2006

Transaction ID: R14734

Amount of Each Receipt this Period: 1000.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Louis J. Russo, Jr.

Mailing Address 135 Montadale Dr

City: Princeton State: NJ Zip Code: 08540

FEC ID number of contributing federal political 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 / 11 / 2006

Transaction ID: R14004

Amount of Each Receipt this Period: 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Michael R. Sabat

Mailing Address 9320 Stover Ln

City: Brecksville State: OH Zip Code: 44141

FEC ID number of contributing federal political 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 / 24 / 2006

Transaction ID: R14427

Amount of Each Receipt this Period: 250.00

Credit Card

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. David R. Sain
Mailing Address: 1535 Avon Rd
City: Murfreesboro State: TN Zip Code: 37129
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14660
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Phillip J. Santucci
Mailing Address: 20517 N 93rd Pl
City: Scottsdale State: AZ Zip Code: 85255
FEC ID number of contributing federal political 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 / 2006
Transaction ID: R14619
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Christy J. Savage
Mailing Address: 7207 Wakefield Cir
City: Birmingham State: AL Zip Code: 35242
FEC ID number of contributing federal political 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 / 07 / 2006
Transaction ID: R14698
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 145 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Stephen M. Sawrie
Mailing Address: 3635 Kings Rd
City: Chattanooga State: TN Zip Code: 37416
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14227
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Michael J. Sbuttoni
Mailing Address: 92 Middlesex Ct
City: Slingerlands State: NY Zip Code: 12159
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14695
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Stephen D. Schasker
Mailing Address: 4702 Ferris Ave
City: Madison State: WI Zip Code: 53716
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14171
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 146 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Daniel J. Schellhase
Mailing Address: 14650 Island Dr
City: Jacksonville State: FL Zip Code: 32250
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13961
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Petra Schubert
Mailing Address: 3801 Purdue
City: Dallas State: TX Zip Code: 75225
FEC ID number of contributing federal political 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 / 07 / 2006
Transaction ID: R14702
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. John L. Schuler
Mailing Address: 4017 Tangleoaks Ct
City: Peoria State: IL Zip Code: 61615
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14342
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Gail E. Schupak
Mailing Address: 333 E 30th St #21H
City: New York | State: NY | Zip Code: 10016
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14052
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Robert N. Seebold
Mailing Address: 5 Breezy Ct
City: Danville | State: PA | Zip Code: 17821
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14003
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Dona M. Seely
Mailing Address: 16730 Shore Dr N E
City: Seattle | State: WA | Zip Code: 98155
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 770.00
Date of Receipt: 08 / 29 / 2006
Transaction ID: R14662
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Joseph J. Shadeed
Mailing Address 452 Pleasant Lane
City: Bucyrus State: OH Zip Code: 44820
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14169
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Ilan L. Shamus
Mailing Address 42 Byram Ridge Rd
City: Armonk State: NY Zip Code: 10504
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14051
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Gary H. Shanker
Mailing Address 10 Dumbarton
City: St Louis State: MO Zip Code: 63132
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14496
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Jonathan Shanker
Mailing Address: 12111 Tesson Ferry Prof Ctr
City: Saint Louis State: MO Zip Code: 63128
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14507
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Timothy M. Shannon
Mailing Address: 4704 Augusta Dr
City: Norman State: OK Zip Code: 73072
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14582
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Tom H. Shelly
Mailing Address: 714 15th Ave N
City: Fort Dodge State: IA Zip Code: 50501
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 04 / 2006
Transaction ID: R14557
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. David T. Shen
Mailing Address 35 Stacey Ct
City: Hillsborough State: CA Zip Code: 94010
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14505
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Stephen L. Sherman
Mailing Address 422 Highland Crossing
City: Baton Rouge State: LA Zip Code: 70810
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14696
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. David Sherwood
Mailing Address 808 Milmada Dr
City: La Canada State: CA Zip Code: 91011
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14194
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Mark O. Shoger
Mailing Address 10525 SW 161st Ct
City: Beaverton State: OR Zip Code: 97007
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 31 / 2006
Transaction ID: R14514
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Randall Clark Shults
Mailing Address 1200 Corporate Centerway #100
City: Wellington State: FL Zip Code: 33414
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13965
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Richard A. Simms
Mailing Address 29654 Highpoint Road
City: Rancho Palos Verde State: CA Zip Code: 90275
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14185
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Shannon Simons
Mailing Address 4840 Bissonet Dr
City: Metairie State: LA Zip Code: 70003
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14017
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Jon J. Sisulak
Mailing Address 8515 S Deerwood Lane
City: Franklin State: WI Zip Code: 53132
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14501
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Thomas Michael Skafidas
Mailing Address 5051 Oak Tree Ln
City: Stone Mountain State: GA Zip Code: 30087
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14019
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. John M. Sleichter

Mailing Address 2761 Edgeview Rd

City: Muscatine State: IA Zip Code: 52701

FEC ID number of contributing federal political 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 / 11 / 2006

Transaction ID: R14026

Amount of Each Receipt this Period: 250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Christopher Keith Smedley

Mailing Address 630 Beaumont Cir

City: West Chester State: PA Zip Code: 19380

FEC ID number of contributing federal political 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 / 11 / 2006

Transaction ID: R14044

Amount of Each Receipt this Period: 250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Larry C. Smedley

Mailing Address 188 Pheasant Run Rd

City: West Chester State: PA Zip Code: 19380

FEC ID number of contributing federal political committee. C

Name of Employer: Self-Employed
Occupation: Orthodontist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 450.00

Date of Receipt: 07 / 11 / 2006

Transaction ID: R14043

Amount of Each Receipt this Period: 250.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Steven Jay Smiley
Mailing Address: 1035 Willes Rd
City: Spartanburg State: SC Zip Code: 29301
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14335
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Bradley D. Smith
Mailing Address: 203 Carnegie Pl
City: Pittsburgh State: PA Zip Code: 15208
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14260
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Douglas N. Smith
Mailing Address: PO Box 21
City: Saegertown State: PA Zip Code: 16433
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14472
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Randall Smith
Mailing Address: 406 Crosslake Drive
City: Tullahoma State: TN Zip Code: 37388
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 08 / 04 / 2006
Transaction ID: R14555
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Daniel B. Snead
Mailing Address: 5043 Brill Point
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14453
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Dennis D. Sommers
Mailing Address: 1418 Cook Dr
City: Minot State: ND Zip Code: 58701
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14460
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Kurt D. Spieske
Mailing Address 17229 Buchanan
City: Grand Haven State: MI Zip Code: 49417
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14469
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Darrell Keith Spilsbury
Mailing Address 198 Courtney Ann Dr
City: Henderson State: NV Zip Code: 89074
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14079
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. David C. Spokane
Mailing Address 108 Brian Dr
City: Beaver State: PA Zip Code: 15009
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13960
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Thomas M. Stark
Mailing Address: 2115 Hughes Ave
City: Ames State: IA Zip Code: 50014
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14658
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Kenneth E. Starling, Jr.
Mailing Address: 1303 Orleans Ct
City: Grayson State: GA Zip Code: 30221
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14556
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Brenda K. Stenftenagel
Mailing Address: 1804 Woodmere
City: Valparaiso State: IN Zip Code: 46383
FEC ID number of contributing federal political 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 / 07 / 2006
Transaction ID: R14701
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Corbett (Cory) K. Stephens
Mailing Address: 2933 Shenandoah
City: Tyler State: TX Zip Code: 75701
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14182
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Marvin G. Stephens, Jr.
Mailing Address: 5801 Covey Ln
City: Tyler State: TX Zip Code: 75703
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14184
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Myron M. Sternstein
Mailing Address: 4540 Santa Clara
City: Springfield State: IL Zip Code: 62707
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14558
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Frederic C. Sterritt
Mailing Address 464 S Horizon Way
City: Neshanic Station State: NJ Zip Code: 08853
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1250.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14087
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Hal C. Stevenson
Mailing Address 21011 James Long Ct
City: Richmond State: TX Zip Code: 77469
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14494
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Lamon A. Stewart, Jr.
Mailing Address 24 Chesapeake Landing
City: Annapolis State: MD Zip Code: 21403
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14509
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Elliot R. Storm
Mailing Address 765 North St
City: White Plains State: NY Zip Code: 10605
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14723
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Patrick James Stroh
Mailing Address 1813 Laurel Ave.
City: Manhattan Beach State: CA Zip Code: 90266
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14408
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Randolph Sturrup
Mailing Address 6735 Cypress Point Dr
City: Houston State: TX Zip Code: 77069
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14314
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Albert M. Stush, Jr.
Mailing Address 468 Farm Hollow Ln
City: Mifflinburg State: PA Zip Code: 17844
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 24 / 2006
Transaction ID: R14393
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Paul J. Styrt
Mailing Address 1017 Bewicks Ct
City: Carlsbad State: CA Zip Code: 92009
FEC ID number of contributing federal political 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 / 14 / 2006
Transaction ID: R14609
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Robert A. Sullo
Mailing Address 2684 E Collingswood Dr
City: Beloit State: WI Zip Code: 53511
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14011
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Randi Sultan
Mailing Address 201 E 79th St #14 -I
City: New York State: NY Zip Code: 10021
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14211
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Sven Supplies
Mailing Address 68 Grist Mill Rd
City: Littleton State: MA Zip Code: 01460
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14571
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Gerald P. Tadej
Mailing Address 2809 Cormier Dr
City: Bakersfield State: CA Zip Code: 93311
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14329
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Richard D. Talbot
Mailing Address 5944 Granite Glen Ct
City: Granite Bay State: CA Zip Code: 95746
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14425
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Richard H. Tate
Mailing Address 1084 Glenvar Heights Blvd
City: Salem State: VA Zip Code: 24153
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14165
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Corey J. Teguis
Mailing Address 3 Orchard Ln
City: Kennebunk State: ME Zip Code: 04043
FEC ID number of contributing federal political 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 / 21 / 2006
Transaction ID: R14638
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Michael Teichman
Mailing Address: 2419 Merlot Dr
City: Napa State: CA Zip Code: 94558
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14339
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Monica A. Teredesai
Mailing Address: 288 Smith Ridge Rd
City: New Canaan State: CT Zip Code: 06840
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14057
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. James N. Thacker
Mailing Address: 2938 Turpinwoods Ct
City: Cincinnati State: OH Zip Code: 45244
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14198
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. W. Michael Thomas
Mailing Address: 43 Moharimet Dr
City: Madbury State: NH Zip Code: 03820
FEC ID 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: 07 / 05 / 2006
Transaction ID: R13949
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Thomas Frederick Tilson
Mailing Address: 3818 Baker Ames Rd NE
City: Olympia State: WA Zip Code: 98506
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14188
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Steven H. Tinsworth
Mailing Address: 704 51st St NW
City: Bradenton State: FL Zip Code: 34209
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14075
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Terry Tippin
Mailing Address 4694 Carlton Dunes Dr #4
City: Fernandina Beach State: FL Zip Code: 32034
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14076
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Charles S. Tjersland
Mailing Address 38 Ancient Oak Dr
City: Lewes State: DE Zip Code: 19958
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R13984
Amount of Each Receipt this Period: 100.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Kelly H. Toombs
Mailing Address 8209 Rosewood Ln
City: Prairie Village State: KS Zip Code: 66208
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14336
Amount of Each Receipt this Period: 250.00
Credit Card

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Timothy J. Tremont
Mailing Address: 3 Concord Dr
City: Mc Keesport State: PA Zip Code: 15135
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14192
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Louis Trenchard
Mailing Address: Rt 6 Box 1320
City: Paris State: TX Zip Code: 75460
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14289
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. T. Barrett Trotter
Mailing Address: 13 Bristlecone Way
City: Augusta State: GA Zip Code: 30909
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14008
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Roanne T. Tsutsui
Mailing Address: 992 Puku St
City: Hilo State: HI Zip Code: 96720
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13948
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Brad Turchetta
Mailing Address: 41 Signal Rock Dr
City: North Kingston State: RI Zip Code: 02852
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14573
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Robert E. Varner
Mailing Address: 161 Birdie Lane
City: Roseburg State: OR Zip Code: 97470
FEC ID 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 / 24 / 2006
Transaction ID: R14386
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Charles Andy Vondran, Jr.
Mailing Address: #20 Iviers Drive
City: Little Rock | State: AR | Zip Code: 72223
FEC ID number of contributing federal political 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 / 05 / 2006
Transaction ID: R13967
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Walter S. Vuchnich
Mailing Address: 100 Bridlewood Pl
City: Concord | State: NC | Zip Code: 28025
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14056
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Michael J. Wagner
Mailing Address: 15019 - 166th Pl NE
City: Woodinville | State: WA | Zip Code: 98072
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14254
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 170 / 203

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. William Randolph Wahl
Mailing Address: 14501 Castlerock Rd
City: Salinas State: CA Zip Code: 93908
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14471
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Brandon M. Wainwright
Mailing Address: 3122 11th St
City: Silvis State: IL Zip Code: 61282
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14409
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Melvin W. Walters
Mailing Address: 5416 Thunder Ridge Cir
City: Rocklin State: CA Zip Code: 95765
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14000
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Mary H.G. Walton
Mailing Address: 3434 Churchill Rd
City: Raleigh State: NC Zip Code: 27607
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14050
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Barry Walvoord
Mailing Address: 788 Stables Ct W
City: Highwood State: IL Zip Code: 60040
FEC ID number of contributing federal political 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 / 07 / 2006
Transaction ID: R14703
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Kimberly J. Ward
Mailing Address: Route 6 Box 3007
City: Andalusia State: AL Zip Code: 36420
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 05 / 2006
Transaction ID: R13956
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Walter A. Weaver, Jr.
Mailing Address 25 Dale St
City: Swampscott State: MA Zip Code: 01907
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 07 / 24 / 2006
Transaction ID: R14429
Amount of Each Receipt this Period: 200.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Alvin F. Weidman, Jr.
Mailing Address 3965 Eastlake Dr
City: Morgantown State: WV Zip Code: 26505
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14023
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Michael Weinberg
Mailing Address 2778 Summit Ave
City: Highland Park State: IL Zip Code: 60035
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14399
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ 700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Stephen M. Weisner
Mailing Address: 6 Cricket Cir
City: Andover State: MA Zip Code: 01810
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 17 / 2006
Transaction ID: R14325
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. David W. Welmerink
Mailing Address: 3915 LaMay Ln
City: Reno State: NV Zip Code: 89511
FEC ID number of contributing federal political 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 / 18 / 2006
Transaction ID: R14353
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Lisa K. Wendling
Mailing Address: 7333 Old Timber Trl
PO Box 278
City: New Lothrop State: MI Zip Code: 48460
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14230
Amount of Each Receipt this Period: 150.00
Credit Card

SUBTOTAL of Receipts This Page (optional) 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Scott Patrick Werner
Mailing Address: 1468 Stonegate Pass
City: Germantown State: TN Zip Code: 38138
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R13999
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. David C. Wertz
Mailing Address: 11272 High Ridge Dr
City: Dubuque State: IA Zip Code: 52003
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14546
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Robert G. Wertz
Mailing Address: 136 Schaeffer Rd
City: Newmanstown State: PA Zip Code: 17073
FEC ID number of contributing federal political 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 / 17 / 2006
Transaction ID: R14319
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Robert R. Westbrook, Jr.
Mailing Address 317 Tracy Ln
City: Victoria State: TX Zip Code: 77904
FEC ID number of contributing federal political 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 / 31 / 2006
Transaction ID: R14461
Amount of Each Receipt this Period: 250.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. James L. Wetzel, Jr.
Mailing Address 3305 Bella Vista Dr
City: Casper State: WY Zip Code: 82601
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 12 / 2006
Transaction ID: R14170
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Bonnie Daniels Wheatley
Mailing Address 608 Gilbert Ct
City: Winchester State: KY Zip Code: 40391
FEC ID number of contributing federal political 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 / 04 / 2006
Transaction ID: R14545
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. John C. White
Mailing Address 3534 St Andrews Lane
City: Richfield State: OH Zip Code: 44286
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14179
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Carlin L. Wiemers
Mailing Address 120 Mayan Way
City: Mankato State: MN Zip Code: 56001
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14006
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Robert L. Wilhelm
Mailing Address 1374 Top O The Rock Way
City: Monument State: CO Zip Code: 80132
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14423
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Don M. Wilkins
Mailing Address: 880 Indianola Dr
City: Merritt Island State: FL Zip Code: 32953
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 262.50
Date of Receipt: 08 / 29 / 2006
Transaction ID: R14654
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. Michael D. Williams
Mailing Address: 130 Cedar Woods Trail
City: Canton State: GA Zip Code: 30014
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14671
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Thomas H. Williams
Mailing Address: PO Box 1241
City: Wewoka State: OK Zip Code: 74884
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14010
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Donald C. Wilson
Mailing Address: 3132 SW Westover Rd
City: Topeka State: KS Zip Code: 66604
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14183
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Timothy G. Wilson
Mailing Address: 11429 Pleasant Valley Rd
City: Smithsburg State: MD Zip Code: 21783
FEC ID number of contributing federal political 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 / 24 / 2006
Transaction ID: R14413
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Michael O. Woehst
Mailing Address: 2951 Kingforest Drive
City: Kingwood State: TX Zip Code: 77339
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 11 / 2006
Transaction ID: R14047
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Peter S. Wohlgemuth
Mailing Address 4439 Woodfield Blvd
City: Boca Raton State: FL Zip Code: 33434
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14100
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. Shari L. Wolsky
Mailing Address 35430 Spicebush Ln
City: Solon State: OH Zip Code: 44139
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14096
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Randy Wright
Mailing Address 1460 Keim Cir
City: Geneva State: IL Zip Code: 60134
FEC ID number of contributing federal political 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 / 11 / 2006
Transaction ID: R14046
Amount of Each Receipt this Period: 250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Dr. Frank K. Yorita
Mailing Address: 6662 Doral Dr
City: Huntington Beach State: CA Zip Code: 92648
FEC ID number of contributing federal political 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 / 12 / 2006
Transaction ID: R14174
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Paul Yurfest
Mailing Address: 4635 Dudley Ln
City: Atlanta State: GA Zip Code: 30327
FEC ID number of contributing federal political 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 / 07 / 2006
Transaction ID: R14709
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Henry S. Zaytoun, Jr.
Mailing Address: 325 Buncombe St
City: Raleigh State: NC Zip Code: 27609
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 / 31 / 2006
Transaction ID: R14446
Amount of Each Receipt this Period: 150.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Dr. Henry S. Zaytoun, Jr.
Mailing Address 325 Buncombe St
City: Raleigh State: NC Zip Code: 27609
FEC ID number of contributing federal political committee. C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 09 / 07 / 2006
Transaction ID: R14710
Amount of Each Receipt this Period: 250.00
Credit Card

B.
Full Name (Last, First, Middle Initial)
Dr. J. Steven Zeh
Mailing Address 813 Towner Pl
City: Anchorage State: KY Zip Code: 40223
FEC ID number of contributing federal political 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 / 29 / 2006
Transaction ID: R14670
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. David A. Zysik
Mailing Address 13964 State Highway 37
City: Massena State: NY Zip Code: 13662
FEC ID number of contributing federal political 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 / 13 / 2006
Transaction ID: R14255
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

TOTAL This Period (last page this line number only) ..... ▶ **137235.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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)
Mr. Kevin J. Dillard

Mailing Address 1500 Froesel Drive

City: Ellisville | State: MO | Zip Code: 63011

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: D958

Date of Disbursement: MM 07 / DD 17 / YYYY 2006

Amount of Each Disbursement this Period: 598.41

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **598.41**

TOTAL This Period (last page this line number only) ..... ▶ **598.41**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): A Lot of People Who Support Jeff Bingaman (2006)
Mailing Address: P O Box 2048
City: Albuquerque State: NM Zip Code: 87103
Purpose of Disbursement: Contr.
Candidate Name: Jeff Bingaman
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: NM District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D985
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Becerra for Congress
Mailing Address: PO Box 261060
City: Los Angeles State: CA Zip Code: 90026
Purpose of Disbursement: Contr.
Candidate Name: Xavier Becerra
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 31
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D991
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Buck McKeon for Congress
Mailing Address: 24265 San Fernando Road
City: Santa Clarita State: CA Zip Code: 91321
Purpose of Disbursement: Contr.
Candidate Name: Howard P. McKeon
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 25
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D982
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Cantor for Congress
Mailing Address: 4914 Fitzhugh Ave Ste 202
City: Richmond State: VA Zip Code: 23230
Purpose of Disbursement: Contr.
Candidate Name: Eric Cantor
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 07
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D997
Date of Disbursement: 09 / 07 / 2006
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Capito for Congress
Mailing Address: PO BOX 11519
City: Charleston State: WV Zip Code: 25339
Purpose of Disbursement: Contr.
Candidate Name: Shelley Moore Capito
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: WV District: 02
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D976
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): Christopher Shays for Congress Committee
Mailing Address: 132 East Putnam Avenue
City: Cos Cob State: CT Zip Code: 06807
Purpose of Disbursement: Contr.
Candidate Name: Christopher Shays
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CT District: 04
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1011
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Citizens to Elect Rick Larsen
Mailing Address: PO Box 326
City: Everett State: WA Zip Code: 98206
Purpose of Disbursement: Contr.
Candidate Name: Rick Larsen
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: WA District: 02
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1000
Date of Disbursement: 09 / 11 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Congressman Joe Barton Committee
Mailing Address: PO Box 1444
City: Ennis State: TX Zip Code: 75120
Purpose of Disbursement: Contr.
Candidate Name: Joe Barton
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 06
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D974
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): DC Friend of Bill Clay
Mailing Address: P. O. Box 1830
City: Washington State: DC Zip Code: 20013
Purpose of Disbursement: Contr.
Candidate Name: WM. Lacy Clay
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MO District: 01
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D987
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Dave Camp for Congress 2002
Mailing Address: 5915 Eastman Avenue Suite 100
City: Midland State: MI Zip Code: 48640
Purpose of Disbursement: Contr.
Candidate Name: Dave Lee Camp
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 04
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D975
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): Dewine for US Senate
Mailing Address: PO Box 340188
City: Columbus State: OH Zip Code: 43234
Purpose of Disbursement: Contr.
Candidate Name: Mike DeWine
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: OH District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D966
Date of Disbursement: 07 / 24 / 2006
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Dreier for Congress Committee
Mailing Address: PO Box 1110
City: Covina State: CA Zip Code: 91722
Purpose of Disbursement: Contr.
Candidate Name: David Dreier
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 26
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D972
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Ensign for Senate
Mailing Address: 8917 Stafford Springs Drive
City: Las Vegas State: NV Zip Code: 89134
Purpose of Disbursement: Contr.
Candidate Name: John Eric Ensign
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: NV District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1004
Date of Disbursement: 09 / 20 / 2006
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Friends for Harry Reid
Mailing Address: PO Box 85223
City: Las Vegas State: NV Zip Code: 89185
Purpose of Disbursement: Contr.
Candidate Name: Harry Reid
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: NV District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D983
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): Friends for Mike McGavick
Mailing Address: 501 8th Ave N
City: Seattle State: WA Zip Code: 98109
Purpose of Disbursement: Contr.
Candidate Name: Mike McGavick
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: WA District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1002
Date of Disbursement: 09 / 20 / 2006
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Friends of Jack Kingston
Mailing Address: PO Box 2133
City: Savannah State: GA Zip Code: 31402
Purpose of Disbursement: Contr.
Candidate Name: Jack Kingston
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 01
Disbursement For: 2006 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D959
Date of Disbursement: 07 / 17 / 2006
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Friends of Jack Kingston
Mailing Address: PO Box 2133
City: Savannah State: GA Zip Code: 31402
Purpose of Disbursement: Contr.
Candidate Name: Jack Kingston
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 01
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D960
Date of Disbursement: 07 / 17 / 2006
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Friends of John Boehner
Mailing Address: 7908-I Cincinnati Dayton Road
City: West Chester State: OH Zip Code: 45069
Purpose of Disbursement: Contr.
Candidate Name: John A. Boehner
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 08
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D971
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Friends of Max Baucus
Mailing Address: 203 C Street, N.E.
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Contr.
Candidate Name: Max Baucus
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: MT District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D984
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Friends of Mike Sodrel
Mailing Address: PO Box 1505
City: Jeffersonville State: IN Zip Code: 47131
Purpose of Disbursement: Contr.
Candidate Name: Mike Sodrel
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: IN District: 09
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1022
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Friends of Rahm Emanuel
Mailing Address: PO Box 64415
City: Chicago State: IL Zip Code: 60664
Purpose of Disbursement: Contr.
Candidate Name: Rahm Emanuel
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 05
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D989
Date of Disbursement: 08 / 25 / 2006
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 seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Graves for Congress
Mailing Address: 4701 Northwest 82nd Street
City: Kansas City State: MO Zip Code: 64151
Purpose of Disbursement: Contr.
Candidate Name: Sam B. Graves
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MO District: 06
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D980
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Heather Wilson for Congress
Mailing Address: PO Box 14070
City: Albuquerque State: NM Zip Code: 87191
Purpose of Disbursement: Contr.
Candidate Name: Heather Wilson
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NM District: 01
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1015
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): Hoyer for Congress Committee
Mailing Address: 7905 Malcolm Road Suite 102
City: Clinton State: MD Zip Code: 20735
Purpose of Disbursement: Contr.
Candidate Name: Steny H. Hoyer
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MD District: 05
Disbursement For: 2006 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D988
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Hulshof for Congress
Mailing Address: PO Box 1621
City: Columbia State: MO Zip Code: 65205
Purpose of Disbursement: Contr.
Candidate Name: Kenny Hulshof
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MO District: 09
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D970
Date of Disbursement: 08 / 11 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): J D Hayworth for Congress
Mailing Address: 10789 N 90th Street Suite 102
City: Scottsdale State: AZ Zip Code: 85260
Purpose of Disbursement: Contr.
Candidate Name: J.D. Hayworth
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: AZ District: 05
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D998
Date of Disbursement: 09 / 07 / 2006
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Max Burns for US Congress
Mailing Address: 6409 Abercorn Street
City: Savannah State: GA Zip Code: 31405
Purpose of Disbursement: Contr.
Candidate Name: Max Burns
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 12
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1016
Date of Disbursement: 09 / 26 / 2006
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 seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): McConnell Senate Committee '08
Mailing Address: PO Box 1496
City: Louisville State: KY Zip Code: 40201
Purpose of Disbursement: Contr.
Candidate Name: Mitch McConnell
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: KY District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D961
Date of Disbursement: 07 / 24 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): McCrery for Congress
Mailing Address: 1900 Deposit Guaranty Tower 333 Texas Street
City: Shreveport State: LA Zip Code: 71101
Purpose of Disbursement: Contr.
Candidate Name: Jim McCrery
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: LA District: 04
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1008
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Musgrave for Congress
Mailing Address: 15484 Rd 18 1/2
City: Fort Morgan State: CO Zip Code: 80701
Purpose of Disbursement: Contr.
Candidate Name: Marilyn N. Musgrave
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: 04
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D999
Date of Disbursement: 09 / 07 / 2006
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): National Republican Congressional Committee
Mailing Address: 320 First Street, SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Contr. National Republican Congr (DC-R)
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: D967
Date of Disbursement: 07 / 24 / 2006
Amount of Each Disbursement this Period: 15000.00

B.
Full Name (Last, First, Middle Initial): Nelson 2006
Mailing Address: 21045 Timberlane Circle
City: Elkhorn State: NE Zip Code: 68022
Purpose of Disbursement: Contr.
Candidate Name: Ben Nelson
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: NE District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify) ▼
Transaction ID: D986
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Norwood for Congress
Mailing Address: P O Box 499
City: Evans State: GA Zip Code: 30809
Purpose of Disbursement: Contr.
Candidate Name: Charlie W. Norwood
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 09
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify) ▼
Transaction ID: D973
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **21000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): PETEPAC
Mailing Address: PO Box 38585
City: Dallas State: TX Zip Code: 75238
Purpose of Disbursement: Contr.
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D993
Date of Disbursement: 09 / 07 / 2006
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): People for English
Mailing Address: PO Box 1940
City: Erie State: PA Zip Code: 16507
Purpose of Disbursement: Contr.
Candidate Name: Phil English
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 03
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D977
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): Pete Sessions for Congress
Mailing Address: PO Box 140970
City: Dallas State: TX Zip Code: 75214
Purpose of Disbursement: Contr.
Candidate Name: Pete Sessions
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 32
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D996
Date of Disbursement: 09 / 07 / 2006
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Pryce for Congress
Mailing Address: 145 E Rich Street
City: Columbus State: OH Zip Code: 43215
Purpose of Disbursement: Contr.
Candidate Name: Deborah Pryce
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 15
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1009
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Re-Elect Nancy Johnson to Congress
Mailing Address: 4451 Brookfield Corporate Drive Suite 200
City: Chantilly State: VA Zip Code: 20151-1652
Purpose of Disbursement: Contr.
Candidate Name: Nancy Johnson
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CT District: 05
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D981
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Re-Elect Nancy Johnson to Congress
Mailing Address: 4451 Brookfield Corporate Drive Suite 200
City: Chantilly State: VA Zip Code: 20151-1652
Purpose of Disbursement: Contr.
Candidate Name: Nancy Johnson
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CT District: 05
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1017
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Richard Pombo for Congress
Mailing Address: 28375 South Chrisman Road
City: Tracy State: CA Zip Code: 95304
Purpose of Disbursement: Contr.
Candidate Name: Richard W. Pombo
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 11
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D962
Date of Disbursement: 07 / 24 / 2006
Amount of Each Disbursement this Period: 4000.00

B.
Full Name (Last, First, Middle Initial): Richard Pombo for Congress
Mailing Address: 28375 South Chrisman Road
City: Tracy State: CA Zip Code: 95304
Purpose of Disbursement: Contr.
Candidate Name: Richard W. Pombo
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 11
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D963
Date of Disbursement: 07 / 24 / 2006
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Rick O'Donnell for Congress
Mailing Address: P.O. Box 260693
City: Lakewood State: CO Zip Code: 80226
Purpose of Disbursement: Contr.
Candidate Name: Rick O'Donnell
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: 07
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1019
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Rob Simmons for Congress
Mailing Address: PO Box 268, Drawer 271
City: Stonington State: CT Zip Code: 06378
Purpose of Disbursement: Contr.
Candidate Name: Rob Simmons
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CT District: 02
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1012
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Roskam for Congress
Mailing Address: 423 W. Wesley
City: Wheaton State: IL Zip Code: 60187
Purpose of Disbursement: Contr.
Candidate Name: Peter Roskam
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 06
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1020
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Sekula Gibbs for Congress
Mailing Address: P.O. Box 890954
City: Houston State: TX Zip Code: 77289
Purpose of Disbursement: Contr.
Candidate Name: Shelley Sekula-Gibbs
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 22
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1021
Date of Disbursement: 09 / 26 / 2006
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 seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Snowe for Senate
Mailing Address: P.O. Box 2000
City: Portland State: ME Zip Code: 04104
Purpose of Disbursement: Contr.
Candidate Name: Olympia J. Snowe
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: ME District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1001
Date of Disbursement: 09 / 13 / 2006
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Steele for Maryland
Mailing Address: 3611 Branch Avenue Suite 206
City: Temple Hills State: MD Zip Code: 20748
Purpose of Disbursement: Contr.
Candidate Name: Michael Steele
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: MD District:
Disbursement For: 2006 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D994
Date of Disbursement: 09 / 07 / 2006
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Steele for Maryland
Mailing Address: 3611 Branch Avenue Suite 206
City: Temple Hills State: MD Zip Code: 20748
Purpose of Disbursement: Contr.
Candidate Name: Michael Steele
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: MD District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D995
Date of Disbursement: 09 / 07 / 2006
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Stephanie Tubbs Jones for US Congress
Mailing Address: 3729 Silsby Rd
City: University Heights State: OH Zip Code: 44118
Purpose of Disbursement: Contr.
Candidate Name: Stephanie Tubbs Jones
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 11
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D990
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Sweeney for Congress
Mailing Address: PO Box 4698
City: Saratoga Springs State: NY Zip Code: 12866
Purpose of Disbursement: Contr.
Candidate Name: John E. Sweeney
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 20
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1013
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Team Emerson
Mailing Address: PO Box 822
City: Cape Girardeau State: MO Zip Code: 63701
Purpose of Disbursement: Contr.
Candidate Name: Jo Ann Emerson
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MO District: 08
Disbursement For: 2006 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D957
Date of Disbursement: 07 / 13 / 2006
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 seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): The Weldon for Congress Committee
Mailing Address: P O Box 1992
City: Media State: PA Zip Code: 19063
Purpose of Disbursement: Contr.
Candidate Name: Curt Weldon
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 07
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1014
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Thelma Drake for Congress
Mailing Address: PO Box 61480
City: Virginia Beach State: VA Zip Code: 23466
Purpose of Disbursement: Contr.
Candidate Name: Thelma Drake
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1007
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Tom Reynolds for Congress
Mailing Address: PO Box 141
City: Williamsville State: NY Zip Code: 14231
Purpose of Disbursement: Contr.
Candidate Name: Thomas M. Reynolds
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 26
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D979
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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): Van Taylor for Congress
Mailing Address: 530 N. New Road
City: Waco State: TX Zip Code: 76703
Purpose of Disbursement: Contr.
Candidate Name: Van Taylor
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 17
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D1023
Date of Disbursement: 09 / 26 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Wally Herger for Congress Committee
Mailing Address: PO Box 1500
City: Chico State: CA Zip Code: 95927
Purpose of Disbursement: Contr.
Candidate Name: Wally Herger
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 02
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D978
Date of Disbursement: 08 / 25 / 2006
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): Walsh for Congress Committee
Mailing Address: 306 Winkworth Parkway
City: Syracuse State: NY Zip Code: 13215
Purpose of Disbursement: Contr.
Candidate Name: James T. Walsh
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 25
Disbursement For: 2006 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D965
Date of Disbursement: 07 / 24 / 2006
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5500.00**

TOTAL This Period (last page this line number only) ..... ▶ **182500.00**

Image# 26940546677

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

21b	22	23	24	25	26
27	X 28a	28b	28c	29	30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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. Howard Starnbach

Mailing Address 323 West Fifth St

City Cincinnati | State OH | Zip Code 45202

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/ Type

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

Disbursement For: Primary / General / Other (specify)

Transaction ID: D956
Date of Disbursement
07 / 13 / 2006

Amount of Each Disbursement this Period
250.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **250.00**

TOTAL This Period (last page this line number only) ..... ▶ **250.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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)
13th Colony Leadership Committee, Inc.

Mailing Address PO Box 114

City Savannah | State GA | Zip Code 31402

Purpose of Disbursement
Contr. 13th Colony Leadership Co

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: D969

Date of Disbursement
MM 07 / DD 17 / YYYY 2006

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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