

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 St. Louis MO 63141 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00293910 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of MO

5. Covering Period 10 16 2008 through 11 24 2008

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 12 04 2008

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 table with 8 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		204282.26
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	251124.74									
(c) Total Receipts (from Line 19)	20805.00	296647.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	271929.74	500929.74								
7. Total Disbursements (from Line 31)	144000.00	373000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	127929.74	127929.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	16250.00	255625.00
(i) Itemized (use Schedule A)	2055.00	31335.00
(ii) Unitemized	18305.00	286960.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18305.00	286960.00
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	2500.00	9687.48
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))	20805.00	296647.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20805.00	296647.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	144000.00	368000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements.....	0.00	5000.00
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))..	144000.00	373000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	144000.00	373000.00

DETAILED SUMMARY PAGE
of Disbursements

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	18305.00	286960.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18305.00	286960.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Marvin C. Kastrop	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 3122 Ben Hogan Pl	Transaction ID: 4769865
	City State Zip Code Billings MT 59106-1104	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Albert Phillip Cavallari	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 387 High St	Transaction ID: 4769868
	City State Zip Code Lockport NY 14094	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Gilbert V. Carter	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 1401 Wilderness Dr	Transaction ID: 4769869
	City State Zip Code Scherverville IN 46375-2903	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. S. Richard Scott	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Mailing Address 241 E Main St	Transaction ID: 4769871
	City State Zip Code Plain City OH 43064	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. John H. Ferguson	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Mailing Address 163 P A Johns Rd NE PO Box 850	Transaction ID: 4769872
	City State Zip Code Milledgeville GA 31061-0850	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Dr. T. Barrett Trotter	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Mailing Address 13 Bristlecone Way	Transaction ID: 4769874
	City State Zip Code Augusta GA 30909	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Gregory D. Bath		Date of Receipt
	Mailing Address 2629 Sledding Hill Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oakton	VA	22124
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 4769875
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. A. Wright Pond, Sr.		Date of Receipt
	Mailing Address 1025 Avon Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Colonial Heights	VA	23834-1931
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 4769877
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2250.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Nadene Johnson Tipton		Date of Receipt
	Mailing Address 5407 69th Str		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lubbock	TX	79424
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 4769878
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 9 / 57
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Michael J. Bernard	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Mailing Address 1670 Ashford Cir NE	Transaction ID: 4769880
	City State Zip Code North Canton OH 44720	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Dr. Fred A. Garrett	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Mailing Address 11511 Habersham	Transaction ID: 4769881
	City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Nicholas D. Barone	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Mailing Address 19 Fair Oaks Dr	Transaction ID: 4769883
	City State Zip Code Lincoln RI 02865	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Dr. Antonio Cucalon, III
 Mailing Address 1827 Vallejo St
 City State Zip Code
 San Francisco CA 94123
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 8
Transaction ID: 4769884
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation
 Self-Employed Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Bruce J. Jiorle
 Mailing Address 59 Country Acres Dr
 City State Zip Code
 Hampton NJ 08827
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 8
Transaction ID: 4769885
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation
 Self-Employed Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Patrick A. Niland
 Mailing Address 264 E Mikyl Ridge Loop
 City State Zip Code
 Nampa ID 83686
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 8
Transaction ID: 4769886
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation
 Self-Employed Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. A. G. Burris

Mailing Address 960 Ribaut Rd St2

City State Zip Code
Beaufort SC 29902

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 4769887

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Thomas Cavanaugh

Mailing Address 1848 Ashton Way

City State Zip Code
Chesterfield MO 63005

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 4769888

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. D. Briar Diggs

Mailing Address 4875 Heaven's Gate

City State Zip Code
Missoula MT 59803

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 4778886

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 57
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. F. Erik Schonberg

Mailing Address 3418 Rilman Rd NW

City Atlanta State GA Zip Code 30327-1510

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 4778887

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Wendell E. Hoshino

Mailing Address 2577 Sonoma St

City Honolulu State HI Zip Code 96822-1912

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 4778888

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 900 S Spring 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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 4778889

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Ralph DeDomenico	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 18105 Crawley Rd	Transaction ID: 4778890
	City State Zip Code Odessa FL 33556	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Raj Gohill	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 21425 NE 19th Ct	Transaction ID: 4778891
	City State Zip Code North Miami Beach FL 33179	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Patrick James Stroh	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 1813 Laurel Ave.	Transaction ID: 4778892
	City State Zip Code Manhattan Beach CA 90266	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Cooper		Date of Receipt
	Mailing Address 282 Pine St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Wyckoff	NJ	07481-2825
	FEC ID number of contributing federal political committee. C		Transaction ID: 4778893
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 225.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Terence C. Sullivan		Date of Receipt
	Mailing Address 9583 55th Ave W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Mukilteo	WA	98275
	FEC ID number of contributing federal political committee. C		Transaction ID: 4778894
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Aimee S. Skelton		Date of Receipt
	Mailing Address 504 Alabama Ave SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Fort Payne	AL	35967
	FEC ID number of contributing federal political committee. C		Transaction ID: 4778896
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Richard Kulbersh		Date of Receipt
	Mailing Address 1417 Cedar Bend Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Bloomfield Hills	MI	48302-1920
	FEC ID number of contributing federal political committee. C		Transaction ID: 4778897
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Hal C. Stevenson		Date of Receipt
	Mailing Address 21011 James Long Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Richmond	TX	77469
	FEC ID number of contributing federal political committee. C		Transaction ID: 4778900
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Valmy Pangrazio- Kulbersh		Date of Receipt
	Mailing Address 1417 Cedar Bend Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Bloomfield Hills	MI	48302
	FEC ID number of contributing federal political committee. C		Transaction ID: 4789076
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Catherine Oden Fulton	Date of Receipt MM / DD / YYYY 11 / 06 / 2008
	Mailing Address 215 Brooke Ave #904	Transaction ID: 4802282
	City State Zip Code Norfolk VA 23510	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael B. Pickard	Date of Receipt MM / DD / YYYY 11 / 06 / 2008
	Mailing Address 2809 Itani Dr	Transaction ID: 4802283
	City State Zip Code Moscow ID 83843	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Scott Patrick Werner	Date of Receipt MM / DD / YYYY 11 / 06 / 2008
	Mailing Address 5335 Normandy Rd	Transaction ID: 4802285
	City State Zip Code Memphis TN 38120	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 57
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Full Name (Last, First, Middle Initial)
Dr. C. William Groesch

Mailing Address 6 Island Bay

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 ▼ 750.00

Date of Receipt 11 / 06 / 2008
Transaction ID: 4802288
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. William J. Kottemann

Mailing Address 835 Partenwood Rd

City Orono State MN Zip Code 55356-9730

FEC ID 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 11 / 06 / 2008
Transaction ID: 4802293
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven H. Tinsworth

Mailing Address 704 51st St NW

City Bradenton State FL Zip Code 34209-1932

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2008
Transaction ID: 4802294
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael D. Lashgari

Mailing Address 8 Crown Pt

City State Zip Code
Canton CT 06019-2644

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 4802296

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Vijay Bhagia

Mailing Address 806 Shady Bend Lane

City State Zip Code
Friendswood TX 77546

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 4802297

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Ernest J. Goodson

Mailing Address 1801 Lakeshore Dr

City State Zip Code
Fayetteville NC 28303

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 4820846

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 57
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.	Full Name (Last, First, Middle Initial) Dr. William Ernest Crutchfield, II		Date of Receipt MM / DD / YYYY 11 / 17 / 2008	
	Mailing Address 12609 Tolman Rd		Transaction ID: 4820847	
	City	State	Zip Code	Amount of Each Receipt this Period
	Fairfax	VA	22033-1733	1000.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date ▼		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1000.00		

B.	Full Name (Last, First, Middle Initial) Dr. James Richard Karpac		Date of Receipt MM / DD / YYYY 11 / 17 / 2008	
	Mailing Address 5816 Leven Links		Transaction ID: 4820849	
	City	State	Zip Code	Amount of Each Receipt this Period
	Dublin	OH	43017	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date ▼		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		750.00		

C.	Full Name (Last, First, Middle Initial) Dr. Daniel E. Percy		Date of Receipt MM / DD / YYYY 11 / 17 / 2008	
	Mailing Address 11267 N Canada Creek Dr		Transaction ID: 4820850	
	City	State	Zip Code	Amount of Each Receipt this Period
	Oro Valley	AZ	85737	100.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date ▼		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		350.00		

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Richard M. Garlitz		Date of Receipt	
	Mailing Address 3145 Laurel Ridge Rd NW		M M / D D / Y Y Y Y 11 / 17 / 2008	
	City	State	Zip Code	Transaction ID: 4820851
	Hickory	NC	28601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self-Employed		Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Dennis D. Sommers		Date of Receipt	
	Mailing Address 1418 Cook Dr		M M / D D / Y Y Y Y 11 / 17 / 2008	
	City	State	Zip Code	Transaction ID: 4820852
	Minot	ND	58701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self-Employed		Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Charles Allen Chance		Date of Receipt	
	Mailing Address 9501 Berkley Walkway #216		M M / D D / Y Y Y Y 11 / 17 / 2008	
	City	State	Zip Code	Transaction ID: 4820853
	Knoxville	TN	37931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self-Employed		Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. John F. Monticello		Date of Receipt MM / DD / YYYY 11 / 17 / 2008		
	Mailing Address 1650 Lake Dr SE		Transaction ID: 4821101		
	City East Grand Rapids	State MI	Zip Code 49506	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Charles F. Bohl		Date of Receipt MM / DD / YYYY 11 / 17 / 2008		
	Mailing Address 19125 Alta Vista Dr		Transaction ID: 4821102		
	City Brookfield	State WI	Zip Code 53045-4884	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date ▼ 350.00		

C.	Full Name (Last, First, Middle Initial) Dr. Thomas J. Weber		Date of Receipt MM / DD / YYYY 11 / 17 / 2008		
	Mailing Address 17823 Englewood Cir		Transaction ID: 4821103		
	City Omaha	State NE	Zip Code 68135	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Timothy Scott Trulove

Mailing Address 3230 Thomas Ave

City State Zip Code
Montgomery AL 36106

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 17 / 2008

Transaction ID: 4821104

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Norman J. Nagel

Mailing Address 1539 Via Arcena

City State Zip Code
Camarillo CA 93010

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 17 / 2008

Transaction ID: 4821105

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Kerry W. Kirsch

Mailing Address 928 Winterset Rd

City State Zip Code
Ebensburg PA 15931

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 17 / 2008

Transaction ID: 4821107

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Melissa K. Bernhardt

Mailing Address 31193 Napa Valley Crest Dr

City State Zip Code
Waukee IA 50263

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 4821108

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. W. Keith Harvey

Mailing Address 4201 Wilkinson Way

City State Zip Code
Mobile AL 36608

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: 4821109

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas W. Vayda

Mailing Address 5601 Oaklawn Ave

City State Zip Code
Edina MN 55424

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: 4826820

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 57	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Patricia Vayda		Date of Receipt																					
	Mailing Address 5601 Oaklawn Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	4	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	4	/	2	0	0	8														
	City	State	Zip Code	Transaction ID: 4826821																				
	Edina	MN	55424	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer Self-Employed		Occupation Orthodontist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	16250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 57	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Steve Chabot for Congress		Date of Receipt																					
	Mailing Address 3014 Harrison Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	7	/	2	0	0	8														
	City	State	Zip Code	Transaction ID: 4841431																				
	Cincinnati	OH	45211	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C C00301838	2500.00																					
Name of Employer		Occupation																						
Receipt For: 2008		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2500.00																					
<input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Committee To Re-Elect Artur Davis To Congress, The

Mailing Address PO Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Artur Davis

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: AL District: 07

Transaction ID: 4789136
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Ellen Tauscher for Congress

Mailing Address 20 Park Road Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement

Category/
Type

Candidate Name
Ellen Tauscher

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: CA District: 10

Transaction ID: 4789138
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Friends of Dick Durbin Committee

Mailing Address P O Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Category/
Type

Candidate Name
Richard Durbin

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: IL District:

Transaction ID: 4789139
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc	Transaction ID: 4789141 Date of Disbursement
	Mailing Address PO Box 549	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Napoleonville State LA Zip Code 70390	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Charles Melancon	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hoyer for Congress Committee	Transaction ID: 4789143 Date of Disbursement
	Mailing Address 7905 Malcolm Road Suite 102	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Steny Hoyer	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John D Dingell for Congress Committee	Transaction ID: 4789144 Date of Disbursement
	Mailing Address 607 Fourteenth Street NW	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name John Dingell	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Kent Conrad</p> <p>Mailing Address PO Box 812</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Kent Conrad</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:</p>	<p>Transaction ID: 4789145 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 85223</p> <p>City Las Vegas State NV Zip Code 89185</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:</p>	<p>Transaction ID: 4789146 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Reed Committee</p> <p>Mailing Address PO Box 8628</p> <p>City Cranston State RI Zip Code 02920</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Jack Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:</p>	<p>Transaction ID: 4789148 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: 4789149 Date of Disbursement
	Mailing Address PO Box 12567	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. James Clyburn	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of John Tanner	Transaction ID: 4789150 Date of Disbursement
	Mailing Address Post Office Box 1994	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Union City State TN Zip Code 38281	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name John Tanner	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Donna Christensen Campaign	Transaction ID: 4789151 Date of Disbursement
	Mailing Address PO Box 5197	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City St. Croix State VI Zip Code 00823	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Donna Christensen	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Citizens to Elect Rick Larsen	Transaction ID: 4789153 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 326	Amount of Each Disbursement this Period 1000.00
	City Everett State WA Zip Code 98206	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rick Larsen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lewis for Congress Committee	Transaction ID: 4789154 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 247	Amount of Each Disbursement this Period 1000.00
	City Redlands State CA Zip Code 92373	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Jerry Lewis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Buck McKeon for Congress	Transaction ID: 4789155 Date of Disbursement 10 / 28 / 2008
	Mailing Address 24265 San Fernando Road	Amount of Each Disbursement this Period 1000.00
	City Santa Clarita State CA Zip Code 91321	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Howard McKeon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Christopher Shays for Congress Committee <hr/> Mailing Address 132 East Putnam Avenue <hr/> City Cos Cob State CT Zip Code 06807 <hr/> Purpose of Disbursement <hr/> Candidate Name Christopher Shays <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4789353 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Chambliss for Senate <hr/> Mailing Address P.O. Box 4084 <hr/> City Macon State GA Zip Code 31208 <hr/> Purpose of Disbursement <hr/> Candidate Name Saxby Chambliss <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4789522 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Nathan Deal for Congress <hr/> Mailing Address P O Box 902 <hr/> City Gainesville State GA Zip Code 30503 <hr/> Purpose of Disbursement <hr/> Candidate Name Nathan Deal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4790259 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Linder for Congress	Transaction ID: 4790260 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 942060	Amount of Each Disbursement this Period 1000.00
	City Atlanta State GA Zip Code 31141	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name John Linder	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 07	

B.	Full Name (Last, First, Middle Initial) Kirk for Congress	Transaction ID: 4790261 Date of Disbursement 10 / 28 / 2008
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 2500.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mark Kirk	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 10	

C.	Full Name (Last, First, Middle Initial) Donald A. Manzullo for Congress	Transaction ID: 4790262 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 7783	Amount of Each Disbursement this Period 1000.00
	City Rockford State IL Zip Code 61125	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Donald Manzullo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 16	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Coleman for Senate	Transaction ID: 4790263 Date of Disbursement 10 / 28 / 2008
	Mailing Address 1410 Energy Park Plaza	Amount of Each Disbursement this Period 5000.00
	City: Saint Paul State: MN Zip Code: 55108	
	Purpose of Disbursement Candidate Name: Norm Coleman Office Sought: <input checked="" type="checkbox"/> Senate State: MN District: _____	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Citizens for Cochran	Transaction ID: 4790292 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 7183	Amount of Each Disbursement this Period 1000.00
	City: Tupelo State: MS Zip Code: 38802	
	Purpose of Disbursement Candidate Name: Thad Cochran Office Sought: <input checked="" type="checkbox"/> Senate State: MS District: _____	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends of Roger Wicker	Transaction ID: 4790293 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 874	Amount of Each Disbursement this Period 5000.00
	City: Tupelo State: MS Zip Code: 38802	
	Purpose of Disbursement Candidate Name: Roger Wicker Office Sought: <input checked="" type="checkbox"/> House State: MS District: 01	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc <hr/> Mailing Address PO Box 2918 <hr/> City Raleigh State NC Zip Code 27602 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Elizabeth Dole <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4790294 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hayes for Congress <hr/> Mailing Address PO Box 2000 <hr/> City Concord State NC Zip Code 28026 <hr/> Purpose of Disbursement <hr/> Candidate Name Robin Hayes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4790295 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address 7908-I Cincinnati Dayton Road <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement <hr/> Candidate Name John Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4790296 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Steve Chabot for Congress <hr/> Mailing Address 3014 Harrison Ave <hr/> City Cincinnati State OH Zip Code 45211 <hr/> Purpose of Disbursement <hr/> Candidate Name Steve Chabot <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4790297 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Charlie Dent For Congress <hr/> Mailing Address PO Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Charles Dent <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4790298 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) People for English <hr/> Mailing Address PO Box 1940 <hr/> City Erie State PA Zip Code 16507 <hr/> Purpose of Disbursement <hr/> Candidate Name Phil English <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4790299 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee	Transaction ID: 4790302
	Mailing Address PO Box 1444	Date of Disbursement 10 / 28 / 2008
	City Ennis State TX Zip Code 75120	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Joe Barton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cornyn for Senate, Inc.	Transaction ID: 4790303
	Mailing Address P.O. Box 13026	Date of Disbursement 10 / 28 / 2008
	City Austin State TX Zip Code 78711	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name John Cornyn	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Frank Wolf	Transaction ID: 4790304
	Mailing Address P. O. Box 710235	Date of Disbursement 10 / 28 / 2008
	City Oak Hill State VA Zip Code 20171	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Frank Wolf	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Enzi for US Senate	Transaction ID: 4790305 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 2775	Amount of Each Disbursement this Period 1000.00
	City Cody State WY Zip Code 82414	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Michael Enzi	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Lois Capps	Transaction ID: 4790306 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 1000.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mike Honda For Congress	Transaction ID: 4790307 Date of Disbursement 10 / 28 / 2008
	Mailing Address P.O. Box 8180	Amount of Each Disbursement this Period 2000.00
	City San Jose State CA Zip Code 95155	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael Honda	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Matsui For Congress	Transaction ID: 4790308 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 1738	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95812	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Doris Matsui	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Salazar For Senate	Transaction ID: 4790309 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 600	Amount of Each Disbursement this Period 1000.00
	City Denver State CO Zip Code 80201	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Ken Salazar	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro	Transaction ID: 4790310 Date of Disbursement 10 / 28 / 2008
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 1000.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Rosa DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Carper For Senate</p> <p>Mailing Address 19 East Commons Blvd Second Floor</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Thomas Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:</p>	<p>Transaction ID: 4790311 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Evan Bayh Committee</p> <p>Mailing Address PO Box 441749</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Evan Bayh</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:</p>	<p>Transaction ID: 4790314 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Boswell For Congress</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Leonard Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 03</p>	<p>Transaction ID: 4790316 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Kilpatrick For United States Congress	Transaction ID: 4790317 Date of Disbursement																			
	Mailing Address PO Box 32175	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
	City Detroit State MI Zip Code 48232	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Carolyn Kilpatrick	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Stabenow For Us Senate	Transaction ID: 4790318 Date of Disbursement																			
	Mailing Address PO Box 4945	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
	City East Lansing State MI Zip Code 48826	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Sen. Debbie Stabenow	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Nelson 2006	Transaction ID: 4790319 Date of Disbursement																			
	Mailing Address 21045 Timberlane Circle	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
	City Elkhorn State NE Zip Code 68022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Ben Nelson	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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)	Transaction ID: 4790320 Date of Disbursement
	Mailing Address P O Box 2048	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Albuquerque State NM Zip Code 87103	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Jeff Bingaman	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 4790321 Date of Disbursement
	Mailing Address 3069 Conquista Court	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Shelley Berkley	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	Transaction ID: 4790322 Date of Disbursement
	Mailing Address 607 14th Street Nw Suite 800 Suite 1434	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Sen. Mary Landrieu	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

<p>A. Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 07</p>	<p>Transaction ID: 4790323 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 1600 Roosevelt Avenue Suite 804</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Timothy Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 17</p>	<p>Transaction ID: 4790536 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Boren For Congress 2008</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Daniel Boren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 02</p>	<p>Transaction ID: 4790538 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Wyden For Senate	Transaction ID: 4790540 Date of Disbursement 10 / 29 / 2008
	Mailing Address PO Box 3498	Amount of Each Disbursement this Period 1000.00
	City Portland State OR Zip Code 97208	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Ron Wyden	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 4790541 Date of Disbursement 10 / 29 / 2008
	Mailing Address P.O. Box 1776	Amount of Each Disbursement this Period 1000.00
	City Freedom State PA Zip Code 15042	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jason Altmire	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc	Transaction ID: 4790542 Date of Disbursement 10 / 29 / 2008
	Mailing Address PO Box 1536	Amount of Each Disbursement this Period 1000.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Tim Johnson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Ruben Hinojosa For Congress	Transaction ID: 4790543 Date of Disbursement 10 / 29 / 2008
	Mailing Address 502 North 11th Street	Amount of Each Disbursement this Period 2500.00
	City Mcallen State TX Zip Code 78501	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Ruben Hinojosa	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee	Transaction ID: 4790545 Date of Disbursement 10 / 29 / 2008
	Mailing Address P.O. Box 2008	Amount of Each Disbursement this Period 1000.00
	City Murfreesboro State TN Zip Code 37133	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Bart Gordon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kind For Congress Committee	Transaction ID: 4790547 Date of Disbursement 10 / 29 / 2008
	Mailing Address 205 South 5th Ave Suite 428	Amount of Each Disbursement this Period 1000.00
	City La Crosse State WI Zip Code 54601	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Ron Kind	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Keep Nick Rahall In Congress Committee	Transaction ID: 4790593 Date of Disbursement
	Mailing Address P O Box 64	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Beckley State WV Zip Code 25802	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Nick Rahall, II	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller	Transaction ID: 4790594 Date of Disbursement
	Mailing Address PO Box 1909	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Charleston State WV Zip Code 25327	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. John Rockefeller, IV	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jay Love For Congress	Transaction ID: 4790604 Date of Disbursement
	Mailing Address 1020 Monticello Court, Suite 205	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Montgomery State AL Zip Code 36117	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Jay Love	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends Of Sessions Senate Committee Inc	Transaction ID: 4790605 Date of Disbursement
	Mailing Address P O Box 4278	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Montgomery State AL Zip Code 36103	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. Jeff Sessions	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mcclintock For Congress	Transaction ID: 4790606 Date of Disbursement
	Mailing Address 2150 River Plaza Dr. #150	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Sacramento State CA Zip Code 95833	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Thomas McClintock	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 4790607 Date of Disbursement
	Mailing Address PO Box 133	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael Castle	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Vern Buchanan For Congress	Transaction ID: 4790608 Date of Disbursement 10 / 29 / 2008
	Mailing Address P. O. Box 48928	Amount of Each Disbursement this Period 1000.00
	City Sarasota State FL Zip Code 34230	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Vern Buchanan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mario Diaz-Balart For Congress	Transaction ID: 4790609 Date of Disbursement 10 / 29 / 2008
	Mailing Address 95 Merrick Way, Suite 250	Amount of Each Disbursement this Period 1000.00
	City Coral Gables State FL Zip Code 33134	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Mario Diaz-Balart	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress	Transaction ID: 4790612 Date of Disbursement 10 / 29 / 2008
	Mailing Address 95 Merrick Way, Suite 250	Amount of Each Disbursement this Period 1000.00
	City Coral Gables State FL Zip Code 33134	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lincoln Diaz-Balart	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Rangel 2008 Committee	Transaction ID: 4790613 Date of Disbursement 10 / 29 / 2008
	Mailing Address PO Box 5577 Manhattanville Sta	Amount of Each Disbursement this Period 5000.00
	City New York State NY Zip Code 10027	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Charles Rangel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Mark Warner	Transaction ID: 4790614 Date of Disbursement 10 / 29 / 2008
	Mailing Address 1029 North Royal Street 2nd Fl	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Mark Warner	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gerry Connolly For Congress	Transaction ID: 4790615 Date of Disbursement 10 / 29 / 2008
	Mailing Address PO Box 563	Amount of Each Disbursement this Period 1000.00
	City Merrifield State VA Zip Code 22116	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Gerry Connolly	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Tom Feeney For Congress	Transaction ID: 4790630 Date of Disbursement																			
	Mailing Address P. O. Box 622345	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	9	/	2	0	0	8												
	City Oviedo State FL Zip Code 32762	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Tom Feeney	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Putnam For Congress	Transaction ID: 4790631 Date of Disbursement																			
	Mailing Address Post Office Box 2257	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	9	/	2	0	0	8												
	City Bartow State FL Zip Code 33831	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Adam Putnam	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Sali For Congress	Transaction ID: 4790632 Date of Disbursement																			
	Mailing Address PO Box 71	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	9	/	2	0	0	8												
	City Kuna State ID Zip Code 83634	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Rep. William Sali	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Judy Biggert For Congress	Transaction ID: 4790633 Date of Disbursement 10 / 29 / 2008
	Mailing Address P.O. Box 637	
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Andy Harris For Congress	Transaction ID: 4790634 Date of Disbursement 10 / 29 / 2008
	Mailing Address PO Box 1527	
	City Annapolis State MD Zip Code 21404	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Mr. Andrew Harris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Collins for Senator	Transaction ID: 4790644 Date of Disbursement 10 / 29 / 2008
	Mailing Address PO Box 1096	
	City Bangor State ME Zip Code 04402	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Candidate Name Susan Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Ehlers For Congress Committee	Transaction ID: 4790646 Date of Disbursement
	Mailing Address PO Box 3340	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Grand Rapids State MI Zip Code 49501	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Vernon Ehlers	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: 4790648 Date of Disbursement
	Mailing Address P.O. Box 530788	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Livonia State MI Zip Code 48153	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Thaddeus McCotter	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Walberg For Congress	Transaction ID: 4790649 Date of Disbursement
	Mailing Address 6769 Teachout Rd.	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Tipton State MI Zip Code 49287	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Tim Walberg	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4790650 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Johanns For Senate Incorporated</p> <p>Mailing Address 1201 O Street Suite 101</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Michael Johanns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4790651 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Lance For Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4790652 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Chris Myers For Congress</p> <p>Mailing Address P O Box 785</p> <p>City Mt Holly State NJ Zip Code 08060</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Chris Myers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03</p>	<p>Transaction ID: 4790653 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Darren White For Congress</p> <p>Mailing Address P.O. Box 16601</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Darren White</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 01</p>	<p>Transaction ID: 4790655 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Heller For Congress</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 02</p>	<p>Transaction ID: 4790656 Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Chris Lee For Congress	Transaction ID: 4790657 Date of Disbursement																			
	Mailing Address PO Box 15395	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
	City Rochester State NY Zip Code 14615	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Mr. Christopher Lee	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Steve Austria For Congress	Transaction ID: 4790658 Date of Disbursement																			
	Mailing Address 2537 Obetz Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
	City Beavercreek State OH Zip Code 45434	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Mr. Steve Austria	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Stivers For Congress	Transaction ID: 4790730 Date of Disbursement																			
	Mailing Address 81 S Fifth Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Mr. Steve Stivers	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends Of Jim Inhofe Committee	Transaction ID: 4790731 Date of Disbursement																			
	Mailing Address PO Box 13300	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
	City Oklahoma City State OK Zip Code 73113	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Sen. James Inhofe	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Alexander For Senate 2008 Inc	Transaction ID: 4790732 Date of Disbursement																			
	Mailing Address 228 S Washington Street Suite 115	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Sen. Lamar Alexander	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Ryan For Congress	Transaction ID: 4790733 Date of Disbursement																			
	Mailing Address P. O. Box 1919	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
	City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Paul Ryan	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Lummis For Congress</p> <p>Mailing Address 2015 Central Ave. Suite 200</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement</p> <p>Candidate Name Cynthia Lummis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WY District: 01</p>	<p>Transaction ID: 4790734</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee</p> <p>Mailing Address P O Box 1949</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Void - Friends of Dick Durbin Committee</p> <p>Candidate Name Richard Durbin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District:</p>	<p>Transaction ID: 4839376</p> <p>Date of Disbursement 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Void - Friends of Dick Durbin Committee</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Roger Wicker</p> <p>Mailing Address PO Box 874</p> <p>City Tupelo State MS Zip Code 38802</p> <p>Purpose of Disbursement Void - Friends of Roger Wicker</p> <p>Candidate Name Roger Wicker</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MS District: 01</p>	<p>Transaction ID: 4839377</p> <p>Date of Disbursement 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Void - Friends of Roger Wicker</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-6500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Friends Of Mark Warner Mailing Address 1029 North Royal Street 2nd Fl City Alexandria State VA Zip Code 22314 Purpose of Disbursement Void - Friends Of Mark Warner Candidate Name Mr. Mark Warner Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4839378 Date of Disbursement 11 / 11 / 2008 Amount of Each Disbursement this Period -5000.00 Void - Friends Of Mark Warner
	Category/Type 011
B. Full Name (Last, First, Middle Initial) McClintock For Congress Mailing Address 2150 River Plaza Dr. #150 City Sacramento State CA Zip Code 95833 Purpose of Disbursement Void - McClintock For Congress Candidate Name Mr. Thomas McClintock Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4839379 Date of Disbursement 11 / 17 / 2008 Amount of Each Disbursement this Period -1000.00 Void - McClintock For Congress
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	-6000.00
TOTAL This Period (last page this line number only)	144000.00