

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Association of Orthodontists Political Action Committee

ADDRESS (number and street) 401 N. Lindbergh Blvd  
Check if different than previously reported. (ACC) St. Louis MO 63141

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of MO

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer James R. Bowlin  
Signature of Treasurer Electronically Filed by James R. Bowlin Date 12 07 2006

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

**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	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		152495.27
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	95079.76									
(c) Total Receipts (from Line 19) .....	12125.00	282310.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	107204.76	434805.27								
7. Total Disbursements (from Line 31) .....	20000.00	347600.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	87204.76	87204.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	9525.00	212680.00
(i) Itemized (use Schedule A) .....	2600.00	64630.00
(ii) Unitemized .....	12125.00	277310.00
(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) .....	12125.00	277310.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12125.00	282310.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12125.00	282310.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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	2262.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	2262.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	309750.00
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	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	250.00
29. Other Disbursements.....	0.00	35338.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20000.00	347600.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20000.00	347600.51

**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) .....	12125.00	277310.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12125.00	277060.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2262.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	2262.51

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. David O. Adame		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 2409 El Encino Dr		Transaction ID: R14806
City Mission State TX Zip Code 78574	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Pete N. Bougas, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 1231 Gulfport Run		Transaction ID: R14771
City Grayson State GA Zip Code 30017	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. James J. Brennan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1480 Old Smithfield Rd		Transaction ID: R14757
City North Smithfield State RI Zip Code 02895	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Sammy R. Bryan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 2200 Robinson Way		<b>Transaction ID:</b> R14786
City State Zip Code Huntsville TX 77340	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Peter H. Cain		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 50 Walden Hill		<b>Transaction ID:</b> R14813
City State Zip Code Guilford CT 06437	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Bruce H. Carter		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 838 San Luis Rd		<b>Transaction ID:</b> R14824
City State Zip Code Berkeley CA 94707	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 24						
	(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

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NAME OF COMMITTEE (In Full)  
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Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Jeffrey S. Cooper		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 282 Pine St		<b>Transaction ID:</b> R14820	
City State Zip Code Wyckoff NJ 07481	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Ralph DeDomenico		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 18105 Crawley Rd		<b>Transaction ID:</b> R14791	
City State Zip Code Odessa FL 33556	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John DuPlessis, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 1002 Brookshire Ct		<b>Transaction ID:</b> R14787	
City State Zip Code Elizabethtown KY 42701	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Michael G. Durbin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 408 Cherry Creek Ln		<b>Transaction ID:</b> R14790
City State Zip Code Prospect Heights IL 60070	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. David J. Emmerich		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 2402 Spanish Oak Trail		<b>Transaction ID:</b> R14812
City State Zip Code Round Rock TX 78681	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Rebecca A. Faunce		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 3108 Coastal Hwy		<b>Transaction ID:</b> R14810
City State Zip Code St Augustine FL 32084	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24		
	<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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. John H. Ferguson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 163 P A Johns Rd NE PO Box 850		Transaction ID: R14780	
City Milledgeville	State GA	Zip Code 31061	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Daniel R. Fiehrer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address Box 811		Transaction ID: R14777	
City Helena	State MT	Zip Code 59624	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
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 ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Curtis Friedenber		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 331 Sunset Drive		Transaction ID: R14823	
City Cumberland	State MD	Zip Code 21502	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card	
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Ara Curtis Goshgarian		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 1322 W Deerpath		<b>Transaction ID:</b> R14816
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Theodore W. Graff		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 821 Overbrook Dr		<b>Transaction ID:</b> R14766
City State Zip Code Vestal NY 13850	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Eric D. Hannapel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 3458 Elmwood Beach		<b>Transaction ID:</b> R14788
City State Zip Code Middleville MI 49333	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Louis J. Hardy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 34 Silver Ridge		Transaction ID: R14811
City State Zip Code Veazie ME 04401	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Credit Card
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. James Brian Indiveri		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 5033-3 Glenwood Ave		Transaction ID: R14770
City State Zip Code Mission KS 66202	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Bruce J. Jiorle		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 59 Country Acres Dr		Transaction ID: R14808
City State Zip Code Hampton NJ 08827	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James Richard Karpac</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 5816 Leven Links		Transaction ID: R14807	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Gene P. King</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 2206 Briarhill		Transaction ID: R14803	
City State Zip Code Champaign IL 61822	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Gregory F. Kubik</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 6808 Oakwood Manor Dr		Transaction ID: R14784	
City State Zip Code Crystal Lake IL 60012	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. W. Bonham Magness		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 12211 Perthshire		Transaction ID: R14802
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Dawn L. Martin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 9269 SW 30th Lane		Transaction ID: R14805
City State Zip Code Gainesville FL 32608	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. David L. McIntosh		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 1176 Via Capri		Transaction ID: R14776
City State Zip Code Winter Park FL 32789	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 24
	<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. Ernest S. Melanson

Mailing Address 37 Chiltern Hill Dr N

City Worcester State MA Zip Code 01609

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: R14819

Amount of Each Receipt this Period  
 100.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. Maria Del Carmen Mendez

Mailing Address 5015 Keeneland Cir

City Orlando State FL Zip Code 32819

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: R14768

Amount of Each Receipt this Period  
 150.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Dr. Craig L. Menker

Mailing Address 513 Warrenville Rd #1

City Warren State NJ Zip Code 07059

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: R14804

Amount of Each Receipt this Period  
 150.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Arthur Najera		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 1397 Santa Teresita		<b>Transaction ID:</b> R14814	
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Gary Opin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 30 Edgewater Pl		<b>Transaction ID:</b> R14783	
City State Zip Code Milford CT 06460	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Robert M. Rosen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 31 Meadowbrook Rd		<b>Transaction ID:</b> R14796	
City State Zip Code Chatham NJ 07928	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 24
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Richard A. Simms		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 29654 Highpoint Road		Transaction ID: R14778
City State Zip Code Rancho Palos Verde CA 90275	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Marvin G. Stephens, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 5801 Covey Ln		Transaction ID: R14779
City State Zip Code Tyler TX 75703	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Frederic C. Sterritt		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 464 S Horizon Way		Transaction ID: R14793
City State Zip Code Neshanic Station NJ 08853	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 1275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	525.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 24
	<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. Larry P. Tadlock

Mailing Address 1208 Chadwick Crossing W

City State Zip Code  
Southlake TX 76092

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 1 / 0 2 / 2 0 0 6

Transaction ID: R14760

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. Derick T. Tagawa

Mailing Address 9331 Monte Puesto Dr

City State Zip Code  
Whittier CA 90603

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 ▼ 300.00

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

Transaction ID: R14764

Amount of Each Receipt this Period  
150.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. W. Michael Thomas

Mailing Address 43 Moharimet Dr

City State Zip Code  
Madbury NH 03820

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 ▼ 450.00

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

Transaction ID: R14795

Amount of Each Receipt this Period  
100.00

Check

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 24
	<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. William J. Thomas

Mailing Address 10128 Wendover Dr

City State Zip Code  
Vienna VA 22181

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 ▼  
850.00

Date of Receipt  
MM / DD / YYYY  
11 / 14 / 2006

**Transaction ID:** R14785

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. Charles S. Tjersland

Mailing Address 38 Ancient Oak Dr

City State Zip Code  
Lewes DE 19958

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 ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2006

**Transaction ID:** R14800

Amount of Each Receipt this Period  
150.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ryan K. Van Laecken

Mailing Address 710 Jonathon Dr

City State Zip Code  
Watertown SD 57201

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  
MM / DD / YYYY  
11 / 14 / 2006

**Transaction ID:** R14781

Amount of Each Receipt this Period  
250.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 24		
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas P. Weirich

Mailing Address 4315 St Gregory Dr

City State Zip Code  
Oklahoma City OK 73120

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 ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2006

Transaction ID: R14798

Amount of Each Receipt this Period  
150.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas G. White

Mailing Address 118 Morey Dr

City State Zip Code  
Bellingham WA 98225

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2006

Transaction ID: R14821

Amount of Each Receipt this Period  
100.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	9525.00

# 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)

PAGE 21 / 24

<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

Full Name (Last, First, Middle Initial) <b>A. Bob Filner for Congress</b>		<b>Transaction ID: D1050</b> Date of Disbursement 10 / 30 / 2006
Mailing Address P.O. Box 127868		Amount of Each Disbursement this Period 1000.00
City San Diego	State CA	
Zip Code 92112		
Purpose of Disbursement Contr.		
Candidate Name Bob Filner		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 51		

Full Name (Last, First, Middle Initial) <b>B. Committee to Re Elect Ed Towns</b>		<b>Transaction ID: D1047</b> Date of Disbursement 10 / 30 / 2006
Mailing Address 438 Lewis Ave		Amount of Each Disbursement this Period 1000.00
City Brooklyn	State NY	
Zip Code 11233		
Purpose of Disbursement Contr.		
Candidate Name Edolphus Towns		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 10		

Full Name (Last, First, Middle Initial) <b>C. Earl Pomeroy for Congress</b>		<b>Transaction ID: D1044</b> Date of Disbursement 10 / 30 / 2006
Mailing Address Post Office Box 746		Amount of Each Disbursement this Period 1000.00
City Bismarck	State ND	
Zip Code 58502		
Purpose of Disbursement Contr.		
Candidate Name Earl Pomeroy		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 22 / 24

<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

<b>A. Fallin for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 720634 City Oklahoma City State OK Zip Code 73172 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Mary Fallin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1055</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 500.00
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<b>B. Friends of John Tanner</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 1994 City Union City State TN Zip Code 38281 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name John S. Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1049</b> Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 1000.00
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<b>C. Harold Ford for US Senate</b> Full Name (Last, First, Middle Initial) Mailing Address 209 10th Ave. South Suite 229 City Nashville State TN Zip Code 37203 Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Harold Ford Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1052</b> Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 2000.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Levin for Congress</b>		<b>Transaction ID:</b> D1046 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address P.O. Box 1092		Amount of Each Disbursement this Period 1000.00	
City Warren State MI Zip Code 48092	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Sander M. Levin Category/Type <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 12			

Full Name (Last, First, Middle Initial) <b>B. Mike Thompson for Congress</b>		<b>Transaction ID:</b> D1048 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95841	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Mike Thompson Category/Type <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 01		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA District: 01			

Full Name (Last, First, Middle Initial) <b>C. Richard E Neal for Congress Committee</b>		<b>Transaction ID:</b> D1045 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 76 Magnolia Terrace		Amount of Each Disbursement this Period 1000.00	
City Springfield State MA Zip Code 01108	Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Richard E. Neal Category/Type <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MA District: 02			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 24 / 24

<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

Full Name (Last, First, Middle Initial) <b>A. Richard Pombo NRCC Battleground Dues</b>		<b>Transaction ID: D1053</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6702 Inglewood Ave Suite K		Amount of Each Disbursement this Period 5000.00
City Stockton State CA Zip Code 95207	Purpose of Disbursement Contr. Richard Pombo (CA-R)	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Talent Victory Committee</b>		<b>Transaction ID: D1056</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 21 North Meramac		Amount of Each Disbursement this Period 5000.00
City Clayton State MO Zip Code 63105	Purpose of Disbursement Contr. Talent Victory Committee	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(MO-??-R)

Full Name (Last, First, Middle Initial) <b>C. Tom Cole for Congress</b>		<b>Transaction ID: D1054</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address PO Box 722256		Amount of Each Disbursement this Period 500.00
City Norman State OK Zip Code 73070	Purpose of Disbursement Contr.	
Candidate Name Tom Cole		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	20000.00