

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 (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer James R. Bowlin
Signature of Treasurer Electronically Filed by James R. Bowlin Date 10 15 2010

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 **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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		240612.24
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	64862.24									
(c) Total Receipts (from Line 19)	191005.00	204255.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	255867.24	444867.24								
7. Total Disbursements (from Line 31)	21000.00	210000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	234867.24	234867.24								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	174875.00	185500.00
(ii) Unitemized	16130.00	17755.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	191005.00	203255.00
(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)	191005.00	203255.00
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	1000.00
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))	191005.00	204255.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	191005.00	204255.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	21000.00	210000.00
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	0.00
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))..	21000.00	210000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	210000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	191005.00	203255.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	191005.00	203255.00
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 / 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Robert M. Merrill		Date of Receipt
	Mailing Address 1026 N Fairview Pl		<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 07 / 01 / 2010
	City	State	Zip Code
	East Wenatchee	WA	98802
	FEC ID number of contributing federal political committee. C		Transaction ID: 6057141
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"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Timothy J. Sheehan		Date of Receipt
	Mailing Address 604 N 65th Street		<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 07 / 04 / 2010
	City	State	Zip Code
	Omaha	NE	68132
	FEC ID number of contributing federal political committee. C		Transaction ID: 6057350
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Craig Crawford		Date of Receipt
	Mailing Address 317 Wilson Ave		<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 07 / 02 / 2010
	City	State	Zip Code
	Lake Charles	LA	70601-5928
	FEC ID number of contributing federal political committee. C		Transaction ID: 6061987
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: (check only one)	PAGE 7 / 214
	<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. Allen Litvak, Jr.	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address 3740 Barnwell Cir	Transaction ID: 6061994
	City State Zip Code Pensacola FL 22503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Todd J. Connell	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address W 250 S 7255 Center Rd	Transaction ID: 6061996
	City State Zip Code Waukesha WI 53186	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer 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. Lawrence R. Siegel	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address 1802 Yardley Rd	Transaction ID: 6061997
	City State Zip Code Yardley PA 19067-3205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer 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)	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 8 / 214
(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 G. Steinberg

Mailing Address 33 Rippling Brook Dr

City State Zip Code
Short Hills NJ 07078-1326

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
07 / 02 / 2010

Transaction ID: 6061999

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Mathew D. Finkelson

Mailing Address 19 Georgetown Ct

City State Zip Code
Linwood NJ 08221

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
07 / 02 / 2010

Transaction ID: 6062001

Amount of Each Receipt this Period
250.00

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

Mailing Address 4609 Spartanburg Dr

City State Zip Code
Amarillo TX 79119-6435

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
07 / 02 / 2010

Transaction ID: 6062003

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 214
	<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. Brad A. Risinger		Date of Receipt
	Mailing Address 240 Spring Wood Ln		<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 07 / 02 / 2010
	City	State	Zip Code
	Kerrville	TX	78028
	FEC ID number of contributing federal political committee. C		Transaction ID: 6062005
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. Chris H. Henry		Date of Receipt
	Mailing Address		<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 07 / 02 / 2010
	City	State	Zip Code
	FEC ID number of contributing federal political committee. C		Transaction ID: 6062007
	Name of Employer Self-Employed		Occupation
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Thomas J. Marcel		Date of Receipt
	Mailing Address 2084 4Th St		<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 07 / 02 / 2010
	City	State	Zip Code
	Livermore	CA	94550-4460
	FEC ID number of contributing federal political committee. C		Transaction ID: 6062008
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"/> 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: PAGE 10 / 214
(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 M. Reddy

Mailing Address 3110 Apple Orchard Ln

City State Zip Code
Cincinnati OH 45238

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
07 / 02 / 2010

Transaction ID: 6062010

Amount of Each Receipt this Period
250.00

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

Mailing Address 304 N Oak St

City State Zip Code
Springfield TN 37172

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
07 / 02 / 2010

Transaction ID: 6062012

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard L. Sikora

Mailing Address 2102 Oakwood Ave

City State Zip Code
Bloomington IL 61704

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
07 / 02 / 2010

Transaction ID: 6062016

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 214
(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. Sheila Birth

Mailing Address 2802 Summertree Ln
PO Box 330874

City Colleyville State TX Zip Code 76034-5136

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: 6062018

Amount of Each Receipt this Period
250.00

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

Mailing Address 1460 Keim Cir

City Geneva State IL Zip Code 60134-7516

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: 6062020

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Bryan P. Nelson

Mailing Address 6952 Secrest Ct

City Arvada State CO Zip Code 80007

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: 6062022

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 / 214
(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. Albert Phillip Cavallari

Mailing Address 387 High St

City Lockport State NY Zip Code 14094

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: 6062024
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jason Schmit

Mailing Address 2101 Timber Wolf Trail SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: 6062027
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jeri Lynnette Stull

Mailing Address 55 Walden Lane

City Fort Thomas State KY Zip Code 41075

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: 6062029
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 214

(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. Thomas G. Wilson

Mailing Address 1641 Plum Thicket Ln

City State Zip Code
West Des Moines IA 50266

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
07 / 02 / 2010

Transaction ID: 6062031

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert S. Strange

Mailing Address 606 Lasswell Ct SW

City State Zip Code
Leesburg VA 20175

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
07 / 02 / 2010

Transaction ID: 6062032

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Timothy J. Alford

Mailing Address 1861 N Log Cabin Dr

City State Zip Code
Anderson IN 46011

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
07 / 02 / 2010

Transaction ID: 6062035

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 14 / 214
(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. Paul Yurfest

Mailing Address 4635 Dudley Ln

City Atlanta State GA Zip Code 30327

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: 6062036
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Erik K. TinHan

Mailing Address 727 Kapaia St

City Honolulu State HI Zip Code 96825

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: 6062038
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jennifer Edwards Butler

Mailing Address 131 Brooklane Ct

City Conway State SC Zip Code 29527-8620

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: 6062148
 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 15 / 214
(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. Norman J. Nagel

Mailing Address 1539 Via Aracena

City State Zip Code
Camarillo CA 93010-7444

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: 6062149

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dr. J. Matthew Stacy, Jr.

Mailing Address 410 Kings Hwy

City State Zip Code
Rosslyn Farms PA 15106

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
07 / 02 / 2010

Transaction ID: 6062150

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey H. Kim

Mailing Address 100 Old Palisade Rd Apt 2107

City State Zip Code
Fort Lee NJ 07024-7020

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: 6062155

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 214

(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. Cassy B. Wiggins

Mailing Address 17446 E Pondlilly Dr

City State Zip Code
Parker CO 80134-8845

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
07 / 07 / 2010

Transaction ID: 6084568

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michelle L. Bergsrud

Mailing Address 5008 Woodhurst Ln

City State Zip Code
Minnetonka MN 55345

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
07 / 07 / 2010

Transaction ID: 6084570

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jerome B. Goldberg

Mailing Address 278 Cedar Cliff Rd

City State Zip Code
Monroe NY 10950

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
07 / 11 / 2010

Transaction ID: 6101619

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 17 / 214
(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. J. Mark Felton

Mailing Address 5205 N Linn Ave

City State Zip Code
Oklahoma City OK 73112

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
07 / 12 / 2010

Transaction ID: 6101774

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Albert J. Apicella

Mailing Address 27 S Lewisberry Rd

City State Zip Code
Mechanicsburg PA 17055

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
07 / 12 / 2010

Transaction ID: 6102143

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2041 Pebble Brook Cir

City State Zip Code
McGregor TX 76657

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
07 / 12 / 2010

Transaction ID: 6102144

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 18 / 214
(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. Tommy Neil Whited

Mailing Address 11281 Country Forest Cove

City State Zip Code
Collierville TN 38017

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
07 / 12 / 2010

Transaction ID: 6102145

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. James L. Vaden

Mailing Address 353 Buck Lake Rd

City State Zip Code
Cookville TN 38506

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
07 / 12 / 2010

Transaction ID: 6102146

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Bruce J. Jiorle

Mailing Address 59 Country Acres Dr

City State Zip Code
Hampton NJ 08827

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
07 / 12 / 2010

Transaction ID: 6102147

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 214
	<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. Wade L. Murphy		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 4493 Hwy 201 S		Transaction ID: 6102148		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Mountain Home	AR	72653	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. Hyue Kyung Kwon		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 6327 Wilmington Dr		Transaction ID: 6102150		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Burke	VA	22015-4070	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. Samuel B. Mayfield		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 5124 North Dr		Transaction ID: 6102151		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Moss Point	MS	39563	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: PAGE 20 / 214

(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. S. Edwin Noffel

Mailing Address 2435 Brookwood

City State Zip Code
Cape Girardeau MO 63701

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
07 / 12 / 2010

Transaction ID: 6102154

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Devek Kent Frech

Mailing Address 2700 Cooke Ave

City State Zip Code
Wichita Falls TX 76308

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
07 / 12 / 2010

Transaction ID: 6102155

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. R. R. Kim Reed

Mailing Address 578 Turtle Creek Dr

City State Zip Code
Boone NC 28607

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
07 / 12 / 2010

Transaction ID: 6102156

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 21 / 214
(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. James W. Osborne

Mailing Address 222 N Winnebago Dr

City State Zip Code
Lake Winnebago MO 64034

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
07 / 12 / 2010

Transaction ID: 6102157

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Patricia B. Timmeny

Mailing Address 3 Premier Dr

City State Zip Code
Londonderry NH 03053

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
07 / 12 / 2010

Transaction ID: 6102158

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kimber DeWitt

Mailing Address 4272 S Meridian

City State Zip Code
Mount Pleasant MI 48858

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
07 / 12 / 2010

Transaction ID: 6102159

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 214
(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. Marvin C. Kastrop

Mailing Address 3122 Ben Hogan Pl

City State Zip Code
Billings MT 59106-1104

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
07 / 12 / 2010

Transaction ID: 6102160

Amount of Each Receipt this Period
250.00

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

Mailing Address 3145 Laurel Ridge Rd NW

City State Zip Code
Hickory NC 28601

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
07 / 12 / 2010

Transaction ID: 6102161

Amount of Each Receipt this Period
250.00

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

Mailing Address 161 Birdie Lane

City State Zip Code
Roseburg OR 97470

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
07 / 12 / 2010

Transaction ID: 6102162

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 214

(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. John W. Moore

Mailing Address 4263 NE 73rd
509 Olive Way

City State Zip Code
Seattle WA 98115-6033

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
07 / 12 / 2010

Transaction ID: 6102163

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Corbett K. Stephens

Mailing Address 2933 Shenandoah

City State Zip Code
Tyler TX 75701

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
07 / 12 / 2010

Transaction ID: 6102164

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael J. Bernard

Mailing Address 1670 Ashford Cir NE

City State Zip Code
North Canton OH 44720

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
07 / 12 / 2010

Transaction ID: 6102166

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Norman J. Pokley		Date of Receipt																					
	Mailing Address 57380 Mt Vernon		<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>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	2		2	0	1	0														
	City State Zip Code Washington MI 48094		Transaction ID: 6102167																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Orthodontist Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>		2	5	0	0	.	0	0														
2	5	0	0	.	0	0																		

B.	Full Name (Last, First, Middle Initial) Dr. Joyce D. Simmons		Date of Receipt																					
	Mailing Address 220 N Hall St		<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>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	2		2	0	1	0														
	City State Zip Code Valentine NE 69201-1812		Transaction ID: 6102168																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Orthodontist Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>		2	5	0	0	.	0	0														
2	5	0	0	.	0	0																		

C.	Full Name (Last, First, Middle Initial) Dr. Michael J. Graham		Date of Receipt																					
	Mailing Address 1772 Morning Dr NE		<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>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	2		2	0	1	0														
	City State Zip Code Cullman AL 35055-2141		Transaction ID: 6102170																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Orthodontist Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>		2	5	0	0	.	0	0														
2	5	0	0	.	0	0																		

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

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

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

FOR LINE NUMBER: PAGE 25 / 214
(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. Jeffrey L. Schauder

Mailing Address 912 Gooseberry Ln

City State Zip Code
Ellison Bay WI 54210

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 Y
07 / 12 / 2010

Transaction ID: 6102171

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Patricia Garcia-Morales

Mailing Address 2316 Middlecoff

City State Zip Code
Laredo TX 78045

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 Y
07 / 12 / 2010

Transaction ID: 6102172

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark P. Hablinski

Mailing Address 2918 Pittsburg

City State Zip Code
Houston TX 77005-1339

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 Y
07 / 12 / 2010

Transaction ID: 6102173

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 214
	<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. Gary J. Kloberdanz		Date of Receipt MM / DD / YYYY 07 / 13 / 2010		
	Mailing Address 5230 W 11th St		Transaction ID: 6107414		
	City Greeley	State CO	Zip Code 80634	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Thomas E. Merrill		Date of Receipt MM / DD / YYYY 07 / 13 / 2010		
	Mailing Address 716 Ski View Dr		Transaction ID: 6107544		
	City East Wenatchee	State WA	Zip Code 98802	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Walter S. Vuchnich		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 100 Bridlewood Pl		Transaction ID: 6109493		
	City Concord	State NC	Zip Code 28025-9535	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 27 / 214
(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. Amy F. Anderson

Mailing Address 1700 80th St N

City State Zip Code
Saint Petersburg FL 33710

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	0

Transaction ID: 6109494

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven M. Austin

Mailing Address 418 S Poplar St

City State Zip Code
Lincolnton NC 28092

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	0

Transaction ID: 6109495

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles L. Gemmi

Mailing Address 845 Spring House Farm Ln

City State Zip Code
Lower Gwynedd PA 19002

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	0

Transaction ID: 6109496

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)

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

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

FOR LINE NUMBER: PAGE 28 / 214
(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. Bryan E. Taylor

Mailing Address 1966 Hambleton Dr

City Lorena State TX Zip Code 76655

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2010
Transaction ID: 6109497
Amount of Each Receipt this Period 250.00

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

Mailing Address 27 Barker Ave

City White Plains State NY Zip Code 10601

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2010
Transaction ID: 6109498
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Barry E. Booth

Mailing Address 439 Sunset Ave

City La Grange State IL Zip Code 60525

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2010
Transaction ID: 6109499
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 29 / 214
(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. William A. Mehan
Mailing Address 344 Webster St
City Manchester State NH Zip Code 03104
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 12 / 2010
Transaction ID: 6109501
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert E. Sheffield
Mailing Address 1047 Pebble Beach Dr
City Clayton State CA Zip Code 94517-2225
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 12 / 2010
Transaction ID: 6109502
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert M. Rosen
Mailing Address 31 Meadowbrook Rd
City Chatham State NJ Zip Code 07928
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 12 / 2010
Transaction ID: 6109503
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 30 / 214

(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. Lloyd Noel

Mailing Address 420 SW Riverbend Dr

City State Zip Code
West Linn OR 97068

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
07 / 12 / 2010

Transaction ID: 6109504

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John A. Gerling

Mailing Address 616 Avocet

City State Zip Code
McAllen TX 78504

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
07 / 12 / 2010

Transaction ID: 6109505

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John R. Firth

Mailing Address 10420 Starhill Acres Dr

City State Zip Code
St Louis MO 63128

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
07 / 12 / 2010

Transaction ID: 6109507

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 31 / 214
(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. Robert W. Fry		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
Mailing Address 12340 Pflumm Rd		Transaction ID: 6109508
City Olathe	State KS	Zip Code 66062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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. Kathryn Lynn Bielik		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
Mailing Address 1614 N Leavitt St		Transaction ID: 6109510
City Chicago	State IL	Zip Code 60647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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	

C.

Full Name (Last, First, Middle Initial) Dr. Gregory Oppenhuizen		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
Mailing Address 1207 Euna Vista Ct		Transaction ID: 6109511
City Holland	State MI	Zip Code 49423-6608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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: PAGE 32 / 214
(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. David W. Wardlaw

Mailing Address 6 River Ridge Rd

City State Zip Code
Little Rock AR 72227

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 Y
07 / 12 / 2010

Transaction ID: 6109512

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Brian C. Crawford

Mailing Address 1340 Cedar Dr

City State Zip Code
Lincoln CA 95648-8260

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 Y
07 / 12 / 2010

Transaction ID: 6109514

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. John H. Coker, Jr.

Mailing Address 308 Caroline St

City State Zip Code
Fredericksburg VA 22401

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 Y
07 / 12 / 2010

Transaction ID: 6109515

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 33 / 214

(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. Burton Louis Hagler

Mailing Address 1777 Cedar Ridge Dr

City State Zip Code
Spring Valley OH 45370

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
07 / 12 / 2010

Transaction ID: 6109516

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 10438 S Hamilton Ave

City State Zip Code
Chicago IL 60643

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
07 / 12 / 2010

Transaction ID: 6109517

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2400 Breinar Ct

City State Zip Code
Midlothian VA 23113

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
07 / 12 / 2010

Transaction ID: 6109519

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 34 / 214
(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. James A. Leithead, Jr.
 Mailing Address 3214 Portrush Dr
 City State Zip Code
 Lake Charles LA 70605-1332
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 12 / 2010
Transaction ID: 6109520
 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Dr. David M. Meyer
 Mailing Address 1814 Terrace Dr
 City State Zip Code
 Brookings SD 57006-2118
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 12 / 2010
Transaction ID: 6109521
 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Andre M. Fruge
 Mailing Address 16101 Highland Rd
 City State Zip Code
 Baton Rouge LA 70810
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 12 / 2010
Transaction ID: 6109522
 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 35 / 214

(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. Mark David Lively

Mailing Address 3622 SW Mashie Ct

City State Zip Code
Palm City FL 34990

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
07 / 12 / 2010

Transaction ID: 6109524

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John M. Kelley, Jr.

Mailing Address 2321 Winton Terrace West

City State Zip Code
Fort Worth TX 76109

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
07 / 12 / 2010

Transaction ID: 6109525

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mark P. Hatala

Mailing Address 31 Virginia Ave

City State Zip Code
Binghamton NY 13905

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
07 / 12 / 2010

Transaction ID: 6109526

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 36 / 214
(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. Anthony Rinaldi

Mailing Address 5755 Richmond Park Dr

City State Zip Code
Mason OH 45040

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
07 / 12 / 2010

Transaction ID: 6109527

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. John DuPlessis, Jr.

Mailing Address 1002 Brookshire Ct

City State Zip Code
Elizabethtown KY 42701-5416

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
07 / 12 / 2010

Transaction ID: 6109528

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Marvin G. Stephens, Jr.

Mailing Address 5801 Covey Ln

City State Zip Code
Tyler TX 75703

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
07 / 12 / 2010

Transaction ID: 6109530

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 37 / 214
(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. Brian R. Jespersen

Mailing Address 2611 Domino Dr

City State Zip Code
Bismarck ND 58501

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
07 / 12 / 2010

Transaction ID: 6109531

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 712 Dana Farms

City State Zip Code
Fairhaven MA 02719

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
07 / 12 / 2010

Transaction ID: 6109532

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lee M. Romine

Mailing Address 187 Beechwood Ln

City State Zip Code
Natchitoches LA 71457-5725

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
07 / 12 / 2010

Transaction ID: 6109533

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 38 / 214

(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. J. Gregory Morris

Mailing Address 4804 Hunters Crossing

City	State	Zip Code
Valdosta	GA	31602

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
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109535

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Carlton A. Shiraki

Mailing Address 98-1122 Kahapili St

City	State	Zip Code
Aiea	HI	96701-2810

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
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109536

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 5301 Hickory Hollow Road

City	State	Zip Code
Knoxville	TN	37919

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
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109540

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 39 / 214
(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. Kraig J. Kottemann

Mailing Address

City State Zip Code

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109541

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. J. Michael Steffen

Mailing Address 11916 Watermill Rd

City State Zip Code
Oklahoma City OK 73131

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109542

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jay Lawless

Mailing Address 912 Fairway St

City State Zip Code
Bowling Green KY 42103

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109543

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 40 / 214
(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. Anthony Myers Puntillo

Mailing Address 1600 Foulis Ct

City State Zip Code
Chesterton IN 46304

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109544

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Valmy Pangrazio Kulbersh

Mailing Address 1417 Cedar Bend Dr

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109546

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Cooperman

Mailing Address 181 E 93rd St #6C

City State Zip Code
New York NY 10128

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109547

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 41 / 214
(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. John M. Damas

Mailing Address 4 Sorrel Lane

City State Zip Code
Lemont IL 60439-9735

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 Y
07 / 12 / 2010

Transaction ID: 6109548

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. D. Spencer Pope

Mailing Address 1115 Green Glen Ct.

City State Zip Code
New Lenox IL 60451

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 Y
07 / 12 / 2010

Transaction ID: 6109549

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Samuel J. Frydenlund

Mailing Address 2025 Valleyview Dr

City State Zip Code
Ann Arbor MI 48105

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 Y
07 / 12 / 2010

Transaction ID: 6109550

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 214
	<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. Dennis K. Langwith		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 4555 41st St		Transaction ID: 6109551		
	City Des Moines	State IA	Zip Code 50310	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. Richard E. McClung		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address RR 2 Box 272B		Transaction ID: 6109552		
	City Lewisburg	State WV	Zip Code 24901	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		

C.	Full Name (Last, First, Middle Initial) Dr. Joe Michael Richards		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 1611 Lake Wilderness Ln		Transaction ID: 6109557		
	City Kingwood	State TX	Zip Code 77345	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)	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 43 / 214
(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. T. Barrett Trotter

Mailing Address 13 Bristlecone Way

City State Zip Code
Augusta GA 30909

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
0	7	/	1	2	/	2	0	1	0

Transaction ID: 6109558

Amount of Each Receipt this Period
250.00

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

Mailing Address 13438 Pilot Ln

City State Zip Code
McCordsville IN 46055

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
0	7	/	1	2	/	2	0	1	0

Transaction ID: 6109559

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. David Wayne Engen

Mailing Address 16414 N Brannon Ln

City State Zip Code
Spokane WA 99208

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
0	7	/	1	2	/	2	0	1	0

Transaction ID: 6109560

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 44 / 214
(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. John C. Ford

Mailing Address 221 Winnetka Ave

City State Zip Code
Winnetka IL 60093-4236

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
07 / 12 / 2010

Transaction ID: 6109561

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Albert Landucci

Mailing Address 10 Scenic Way

City State Zip Code
San Mateo CA 94403-3161

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2010

Transaction ID: 6109562

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 106 Indian Crest Dr

City State Zip Code
Madison AL 35758

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
07 / 12 / 2010

Transaction ID: 6109563

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 214

(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. K. Kirby Marine

Mailing Address 16 Timber Ridge

City	State	Zip Code
Coal Valley	IL	61240

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
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109564

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 2317 Smalley Dr

City	State	Zip Code
Jackson	MI	49203

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
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109565

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Randall C. Welser

Mailing Address 3867 35th Ave Ct

City	State	Zip Code
Moline	IL	61265

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
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109566

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 214

(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. Warren T. Johnson, Jr.

Mailing Address 2211 Shannon Dr

City State Zip Code
Murfreesboro TN 37129

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
07 / 12 / 2010

Transaction ID: 6109567

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John G. Kharouf

Mailing Address 23570 Wilderness Canyon Cir

City State Zip Code
Rapid City SD 57702

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
07 / 12 / 2010

Transaction ID: 6109568

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. DeWayne B. McCamish

Mailing Address 11 Ballard Bluff

City State Zip Code
Signal Mountain TN 37377-2288

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
07 / 12 / 2010

Transaction ID: 6109569

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 214
(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. Curtis Friedenber

Mailing Address 331 Sunset Dr

City State Zip Code
Cumberland MD 21502-1920

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
07 / 12 / 2010

Transaction ID: 6109570

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph K. Vargo

Mailing Address 25 Forest Meadow Dr SW

City State Zip Code
Rome GA 30165

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
07 / 12 / 2010

Transaction ID: 6109571

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Blake R. Henry

Mailing Address 6644 S Jamestown Pl

City State Zip Code
Tulsa OK 74136

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
07 / 12 / 2010

Transaction ID: 6109573

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 48 / 214
(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. James Brian Indiveri

Mailing Address 13121 Cedar

City Leawood State KS Zip Code 66209

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109574

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert A. Schoettger

Mailing Address 6721 Hickory Crest Cir

City Lincoln State NE Zip Code 68516

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109575

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gary J. Romeo

Mailing Address 420 Birch Rd

City Fairfield State CT Zip Code 06824

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2010

Transaction ID: 6109577

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 214
(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. Eloisa S. Garcia

Mailing Address 214 Keystone

City State Zip Code
River Forest IL 60305

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
07 / 12 / 2010

Transaction ID: 6109579

Amount of Each Receipt this Period
250.00

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

Mailing Address 7 High Rd

City State Zip Code
Inver Grove Height MN 55076

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
07 / 12 / 2010

Transaction ID: 6109581

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven W. Charchut

Mailing Address 5907 Coventry Cir

City State Zip Code
East Lansing MI 48823

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
07 / 12 / 2010

Transaction ID: 6109591

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 214
	<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. Stephen Koonce		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 109 Ivy Ln		Transaction ID: 6109592		
	City Florence	State AL	Zip Code 35630	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. Alison Fallgatter		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 4585 30th Ave SE		Transaction ID: 6109593		
	City Steele	State ND	Zip Code 58482	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		

C.	Full Name (Last, First, Middle Initial) Dr. Jason Thomas Herring		Date of Receipt MM / DD / YYYY 07 / 12 / 2010		
	Mailing Address 168 17th Ave NW		Transaction ID: 6109594		
	City Hickory	State NC	Zip Code 28601	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)	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 51 / 214
(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. Rudolfo M. Valente

Mailing Address 423 N Meacham Ave

City State Zip Code
Park Ridge IL 60068

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
07 / 12 / 2010

Transaction ID: 6109595

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Devon R. Cook

Mailing Address 7444 Shadow Brook Dr

City State Zip Code
Newburgh IN 47630

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
07 / 15 / 2010

Transaction ID: 6113347

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dennis C. Hiller

Mailing Address 93 Hiller Rd

City State Zip Code
Jackson NH 03846-0518

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
07 / 16 / 2010

Transaction ID: 6113429

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 214
(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. Gayle Glenn		Date of Receipt
	Mailing Address 3922 Travis St #12		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	Dallas	TX	75204
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 6121654
Name of Employer Self-Employed		Occupation Orthodontist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Corey Christopher Conrad		Date of Receipt
	Mailing Address 4640 Park		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	West Des Moines	IA	50265
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 6121655
Name of Employer Self-Employed		Occupation Orthodontist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. John S. Kanyusik		Date of Receipt
	Mailing Address 201 Indian Hill Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	Mankato	MN	56001
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 6121656
Name of Employer Self-Employed		Occupation Orthodontist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

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:	PAGE 53 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dr. Carlin L. Wiemers		Date of Receipt
	Mailing Address 120 Mayan Way		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mankato	MN	56001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Orthodontist	Transaction ID: 6121657
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Thomas Michael Skafidas		Date of Receipt
	Mailing Address 5051 Oak Tree Ln		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Stone Mountain	GA	30087
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Orthodontist	Transaction ID: 6121658
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Everett Renger, Jr.		Date of Receipt
	Mailing Address 11856 Taylorcrest		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Orthodontist	Transaction ID: 6121659
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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: PAGE 54 / 214
(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. Scott Patrick Werner

Mailing Address 5335 Normandy Rd

City State Zip Code
Memphis TN 38120

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
07 / 19 / 2010

Transaction ID: 6121660

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Vance J. Dykhouse

Mailing Address 5485 NE Northgate Crossing

City State Zip Code
Lees Summit MO 64064

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
07 / 19 / 2010

Transaction ID: 6121661

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Bradley D. Smith

Mailing Address 645 Woodvalley Dr

City State Zip Code
Pittsburgh PA 15238

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
07 / 19 / 2010

Transaction ID: 6121662

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 55 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dr. Herbert A. Klontz		Date of Receipt
	Mailing Address 3125 Rollingstone 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 07 / 19 / 2010
	City	State	Zip Code
	Oklahoma City	OK	73120
	FEC ID number of contributing federal political committee. C		Transaction ID: 6121663
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. Bartley Howell Benson		Date of Receipt
	Mailing Address 130 Geers 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 07 / 19 / 2010
	City	State	Zip Code
	Lebanon	TN	37087
	FEC ID number of contributing federal political committee. C		Transaction ID: 6121664
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Gary S. Lindner		Date of Receipt
	Mailing Address 467 Coral Ave		<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 07 / 19 / 2010
	City	State	Zip Code
	Manchester	NH	03104
	FEC ID number of contributing federal political committee. C		Transaction ID: 6121665
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"/> 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 56 / 214
	<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. Mark M. Dale	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 3368 Colbert Ave NW	Transaction ID: 6121666
	City State Zip Code Buffalo MN 55313	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. Peter F. Bayer	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 257 Miracle Strip Pkwy W	Transaction ID: 6121667
	City State Zip Code Mary Esther FL 32569-1923	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. Rachel M. Glancy	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 3783 Galloway St S	Transaction ID: 6121668
	City State Zip Code Salem OR 97302-6806	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: PAGE 57 / 214
(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. Tina S. Chung

Mailing Address 28 Hill Rd

City State Zip Code
Emerson NJ 07630

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
0	7	/	1	9	/	2	0	1	0

Transaction ID: 6121669

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Frank J. Stich, III

Mailing Address 524 Wales Ct

City State Zip Code
Coppell TX 75019

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
0	7	/	1	9	/	2	0	1	0

Transaction ID: 6121670

Amount of Each Receipt this Period
250.00

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

Mailing Address 4470 Red Spruce Ln

City State Zip Code
Manlius NY 13104

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
0	7	/	1	9	/	2	0	1	0

Transaction ID: 6121671

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 58 / 214
(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. A. Wright Pond, Sr.		Date of Receipt MM / DD / YYYY 07 / 19 / 2010
Mailing Address 1025 Avon Ct 250 E Ellerslie Ave		Transaction ID: 6121672
City Colonial Heights	State VA	Zip Code 23834-1931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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	

B.

Full Name (Last, First, Middle Initial) Dr. Robert N. Seebold		Date of Receipt MM / DD / YYYY 07 / 19 / 2010
Mailing Address 5 Breezy Ct		Transaction ID: 6121673
City Danville	State PA	Zip Code 17821-9114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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	

C.

Full Name (Last, First, Middle Initial) Dr. Steven L. Hechler		Date of Receipt MM / DD / YYYY 07 / 19 / 2010
Mailing Address 11533 Canterbury Cir		Transaction ID: 6121674
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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)	▶	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 59 / 214
(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. Thomas H. Williams

Mailing Address PO Box 1241

City State Zip Code
Wewoka OK 74884-1241

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
07 / 19 / 2010

Transaction ID: 6121676

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary Dean Mundy

Mailing Address 900 Singing Hills Dr

City State Zip Code
El Paso TX 79912-3404

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
07 / 19 / 2010

Transaction ID: 6121677

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Sherri Jo Reuland

Mailing Address 13469 Peninsula Dr

City State Zip Code
Whitehouse TX 75791

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
07 / 19 / 2010

Transaction ID: 6121678

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 214
(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. Dean M. Bartlett

Mailing Address 177 Hartman Rd

City State Zip Code
Hudson Falls NY 12839

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
07 / 19 / 2010

Transaction ID: 6121679

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lavonne K. Fore

Mailing Address 18 Bridgeview Dr SE

City State Zip Code
Rome GA 30161-8471

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
07 / 19 / 2010

Transaction ID: 6121680

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. W. Jim Moore, Jr.

Mailing Address

City State Zip Code

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
07 / 19 / 2010

Transaction ID: 6121681

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 61 / 214
(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. S. Kendall Dunn

Mailing Address 256 Timberlane Rd

City State Zip Code
Pike Road AL 36064

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
07 / 19 / 2010

Transaction ID: 6121682

Amount of Each Receipt this Period
250.00

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

Mailing Address 1621 South Old Dixie Hwy

City State Zip Code
Bunnell FL 32110

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
07 / 19 / 2010

Transaction ID: 6121683

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark S. Geller

Mailing Address #4 Manzano Cir

City State Zip Code
Dallas TX 75230

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
07 / 19 / 2010

Transaction ID: 6121708

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 214
	<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. Dona M. Seely	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 16730 Shore Dr N E	Transaction ID: 6121709
	City State Zip Code Seattle WA 98155	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. Dennis D. Sommers	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 1418 Cook Dr	Transaction ID: 6121710
	City State Zip Code Minot ND 58701	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. Steven J. Mack	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 6531 Eagle Ridge Rd	Transaction ID: 6121712
	City State Zip Code Bettendorf IA 52722	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)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 63 / 214
(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. Albert M. Stush, Jr.
Mailing Address 468 Farm Hollow Ln
City Mifflinburg State PA Zip Code 17844
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 19 / 2010
Transaction ID: 6121714
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. W. Michael Thomas
Mailing Address 43 Moharimet Dr
City Madbury State NH Zip Code 03820-9578
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 19 / 2010
Transaction ID: 6121716
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Colin A. Mayers
Mailing Address 1871 Steamburg Road
City Hillsdale State MI Zip Code 49242
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 19 / 2010
Transaction ID: 6121717
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 64 / 214
(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. Mark L. Dake		Date of Receipt
	Mailing Address 6860 Private Rd 8900		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	West Plains	MO	65775
	FEC ID number of contributing federal political committee. C		Transaction ID: 6121718
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"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Lawrence A. Johnson		Date of Receipt
	Mailing Address 1950 Cliffview Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	Oshkosh	WI	54901
	FEC ID number of contributing federal political committee. C		Transaction ID: 6121719
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. David Alan Twesme		Date of Receipt
	Mailing Address Rt 9 Box 1280		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	Florence	AL	35633
	FEC ID number of contributing federal political committee. C		Transaction ID: 6121721
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)

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 65 / 214
(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 A. Simms

Mailing Address 29654 Highpoint Rd

City Rancho Palos Verde State CA Zip Code 90275-6428

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 19 / 2010
Transaction ID: 6123123
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael B. Rogers

Mailing Address 3214 Candace Dr

City Augusta State GA Zip Code 30909

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 19 / 2010
Transaction ID: 6123124
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Raymond M. Maxwell

Mailing Address 16619 117th Way

City Redmond State WA Zip Code 98052

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 19 / 2010
Transaction ID: 6123125
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dr. Joseph T. Mellion	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 2820 Round Hill Dr	Transaction ID: 6123126
	City State Zip Code Akron OH 44333	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. S. Grayson Eddy, Jr.	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 5148 Buckhead Trail	Transaction ID: 6123127
	City State Zip Code Knoxville TN 37919	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. John Leo Mergen	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 840 Mesquite Dr	Transaction ID: 6123128
	City State Zip Code Coralville IA 52241	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: PAGE 67 / 214
(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. Richard Furman Hewitt

Mailing Address 515 Huntington Rd

City State Zip Code
Greenville SC 29615

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
07 / 19 / 2010

Transaction ID: 6123129

Amount of Each Receipt this Period
250.00

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

Mailing Address 5103 Celline Ct

City State Zip Code
Wilmington NC 28409

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
07 / 19 / 2010

Transaction ID: 6123130

Amount of Each Receipt this Period
250.00

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

Mailing Address 4405 Highland Rd

City State Zip Code
Minnetonka MN 55345

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
07 / 19 / 2010

Transaction ID: 6123131

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dr. Charles E. Pritchett		Date of Receipt
	Mailing Address 13438 Pilot Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	McCordsville	IN	46055
	FEC ID number of contributing federal political committee. C		Transaction ID: 6123132
Name of Employer Self-Employed		Occupation Orthodontist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Marlin S. Salmon		Date of Receipt
	Mailing Address 412 Garden Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	Batavia	NY	14020-1718
	FEC ID number of contributing federal political committee. C		Transaction ID: 6123133
Name of Employer Self-Employed		Occupation Orthodontist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Timothy Robert Kuntz		Date of Receipt
	Mailing Address 31166 Hwy 12		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	Sioux City	IA	51109
	FEC ID number of contributing federal political committee. C		Transaction ID: 6123134
Name of Employer Self-Employed		Occupation Orthodontist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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: PAGE 69 / 214
(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. Robert James Bray

Mailing Address 1700 Revere Blvd
PO Box 446

City State Zip Code
Brigantine NJ 08203

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
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: 6123135

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Bradley D. Kaufman

Mailing Address 14 Hunt Club Dr

City State Zip Code
Honeoye Falls NY 14472

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
07 / 19 / 2010

Transaction ID: 6123136

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark H. Holt

Mailing Address 9225 Silverwood Ct

City State Zip Code
Granite Bay CA 95746-7244

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
07 / 19 / 2010

Transaction ID: 6123137

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 214
(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. Mark F. Bellard

Mailing Address 1730 Karen Ln

City State Zip Code
Beaumont TX 77706-2742

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: 6123138

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Samuel G. Smith

Mailing Address 1662 S Lake Crest Way

City State Zip Code
Eagle ID 83616

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: 6123139

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Edward J. Hilton

Mailing Address 7 Sand Pine Ct

City State Zip Code
Mechanicsburg PA 17050

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: 6123140

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 214
	<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. Lawrence S. Harte		Date of Receipt
	Mailing Address 100 W Mount Pleasant Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	Livingston	NJ	07039
	FEC ID number of contributing federal political committee. C		Transaction ID: 6123141
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"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Barry F. Rouch		Date of Receipt
	Mailing Address 8208 Scenic Ridge Cove		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	Austin	TX	78735
	FEC ID number of contributing federal political committee. C		Transaction ID: 6123142
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Kimberly Lutz Gragg		Date of Receipt
	Mailing Address 301 Riverside Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2010
	City	State	Zip Code
	Morganton	NC	28655
	FEC ID number of contributing federal political committee. C		Transaction ID: 6123143
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: PAGE 72 / 214
(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. Joseph A. McCormick

Mailing Address 128 Knoxlyn Farm Dr

City State Zip Code
Kennett Square PA 19348

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
07 / 19 / 2010

Transaction ID: 6123156

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Leon E. Souweine

Mailing Address 72 Broadway

City State Zip Code
Bangor ME 04401

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
07 / 19 / 2010

Transaction ID: 6123158

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bonnie Daniels Wheatley

Mailing Address 608 Gilbert Ct

City State Zip Code
Winchester KY 40391

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
07 / 19 / 2010

Transaction ID: 6123159

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 73 / 214

(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. Steven T. Short

Mailing Address 2930 NE 46th St

City State Zip Code
Lighthouse Point FL 33064

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
07 / 19 / 2010

Transaction ID: 6123160

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Harry R. Kinlaw

Mailing Address 162 Ridgeview Drive

City State Zip Code
Cincinnati OH 45215-4130

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
07 / 19 / 2010

Transaction ID: 6123161

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. David L. Meyer

Mailing Address 2933 Spring Oaks Ct

City State Zip Code
Dubuque IA 52001

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
07 / 19 / 2010

Transaction ID: 6123162

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 74 / 214
(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. Kolman P. Apt

Mailing Address 1300 Providence Terr

City State Zip Code
Mc Lean VA 22101

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
07 / 19 / 2010

Transaction ID: 6123163

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. George E. Davis, III

Mailing Address 2636 Mulberry Row Rd

City State Zip Code
Midlothian VA 23113

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
07 / 19 / 2010

Transaction ID: 6123165

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Joseph Y. de Jesus

Mailing Address

City State Zip Code

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
07 / 19 / 2010

Transaction ID: 6123166

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 75 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dr. D. Briar Diggs	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 4875 Heaven's Gate	Transaction ID: 6123167
	City State Zip Code Missoula MT 59803	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. Bryan P. Horsley	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 11238 Calais Circle	Transaction ID: 6123168
	City State Zip Code Highland UT 84002	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. Robert Iezman	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 540 Coventry Rd	Transaction ID: 6123169
	City State Zip Code Kensington CA 94707-1317	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: PAGE 76 / 214
(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. Vincent G. Kokich

Mailing Address 1018 Corona Dr

City State Zip Code
Tacoma WA 98466

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
07 / 19 / 2010

Transaction ID: 6123170

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Carney D. Loucks

Mailing Address 900 W 18th St S

City State Zip Code
Newton IA 50208-3500

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
07 / 19 / 2010

Transaction ID: 6123171

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jennifer L. Martin

Mailing Address 42 Gentle Creek Pl

City State Zip Code
Danville CA 94526-1706

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
07 / 19 / 2010

Transaction ID: 6123172

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 214

(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. David J. Nyczepir

Mailing Address 14330 Kenmont Dr

City State Zip Code
Midlothian VA 23113

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
07 / 19 / 2010

Transaction ID: 6123173

Amount of Each Receipt this Period
250.00

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

Mailing Address 27 Washington St

City State Zip Code
Bath ME 04530

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
07 / 19 / 2010

Transaction ID: 6123174

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Timothy G. Wilson

Mailing Address 11429 Pleasant Valley Rd

City State Zip Code
Smithsburg MD 21783

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
07 / 19 / 2010

Transaction ID: 6123175

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 78 / 214
(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. William R. Hyman

Mailing Address

City State Zip Code

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: 6123176

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. George W. Scott

Mailing Address 127 Red Hill Road

City State Zip Code
Holmdel NJ 07733

FEC ID 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
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: 6123178

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Joseph F. Coniglio

Mailing Address 5414 Ocean Dr

City State Zip Code
Corpus Christi TX 78412

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: 6123179

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 214
(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. John J. Brady, Jr.

Mailing Address 22 Providence Rd

City State Zip Code
Hazleton PA 18202

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
07 / 19 / 2010

Transaction ID: 6123182

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ronald N. Cummings

Mailing Address

City State Zip Code

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
07 / 19 / 2010

Transaction ID: 6123183

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Brett Joseph Hill

Mailing Address 138 Royal Pointe Way

City State Zip Code
 Mooresville NC 28117

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
07 / 19 / 2010

Transaction ID: 6123184

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 80 / 214
(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. Brenda Chockley

Mailing Address 6805 E 117th PI S

City State Zip Code
Bixby OK 74008

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
07 / 19 / 2010

Transaction ID: 6123185

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Hilton Goldreich

Mailing Address 2204 Bradbury Ct

City State Zip Code
Plano TX 75093

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
07 / 19 / 2010

Transaction ID: 6123186

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. James Pelletier

Mailing Address 4 Island Pond Rd

City State Zip Code
Dracut MA 01826

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
07 / 19 / 2010

Transaction ID: 6123188

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 81 / 214
(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. Paul Nelson

Mailing Address 16508 9th PI NW

City State Zip Code
Seattle WA 98177

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
07 / 19 / 2010

Transaction ID: 6123189

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Zachary J. Mellion

Mailing Address 3623 Sanctuary Dr

City State Zip Code
Akron OH 44333

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
07 / 19 / 2010

Transaction ID: 6123190

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Brian Chamberlain

Mailing Address 3200 Soaring Gulls Dr #103

City State Zip Code
Las Vegas NV 89129

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
07 / 19 / 2010

Transaction ID: 6123191

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 214
	<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. Kay D. Daniel		Date of Receipt
	Mailing Address 15100 Dendinger Ln		<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
	Covington	LA	70433
	FEC ID number of contributing federal political committee. C		Transaction ID: 6123192
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. Peter C. Wagner		Date of Receipt
	Mailing Address 518 Penning 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
	Chehalis	WA	98532
	FEC ID number of contributing federal political committee. C		Transaction ID: 6123193
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Lamon A. Stewart, Jr.		Date of Receipt
	Mailing Address 24 Chesapeake Landing		<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
	Annapolis	MD	21403
	FEC ID number of contributing federal political committee. C		Transaction ID: 6123194
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"/> 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: PAGE 83 / 214

(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. Roanne T. Tsutsui

Mailing Address 992 Puku St

City State Zip Code
Hilo HI 96720-6213

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
07 / 19 / 2010

Transaction ID: 6123195

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kirk D. Satrom

Mailing Address 1 Lorien Ct

City State Zip Code
O'Fallon IL 62269

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
07 / 19 / 2010

Transaction ID: 6123196

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Karl William Weiss

Mailing Address 748 S Meadows Pkwy # 8
Katsur Dental & Orthodontics

City State Zip Code
Reno NV 89521-3861

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
07 / 19 / 2010

Transaction ID: 6123197

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 84 / 214
(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. Randall L. Kunik

Mailing Address 309 Buckeye Trl

City State Zip Code
Austin TX 78746

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
0	7	/	1	9	/	2	0	1	0

Transaction ID: 6123198

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Rinaldo Caponera

Mailing Address 1315 NE 14th Ave

City State Zip Code
Fort Lauderdale FL 33304

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
0	7	/	1	9	/	2	0	1	0

Transaction ID: 6123199

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas J. McGowan

Mailing Address 5376 W Lake Dr
PO Box 424

City State Zip Code
West Bend WI 53095

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
0	7	/	1	9	/	2	0	1	0

Transaction ID: 6123200

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 85 / 214
(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. David C. Small

Mailing Address 2743 Trent Dr

City State Zip Code
Conover NC 28613

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
07 / 19 / 2010

Transaction ID: 6123201

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. H. Eldon Attaway

Mailing Address 2909 Pacific Ct

City State Zip Code
Irving TX 75062-4690

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
07 / 20 / 2010

Transaction ID: 6123227

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jim L. Caskey

Mailing Address 1212 Western Hills Dr

City State Zip Code
Sherman TX 75092

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
07 / 20 / 2010

Transaction ID: 6123229

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 86 / 214
(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. Leland A. Harris

Mailing Address 3513 Greenwood Pl

City State Zip Code
Deer Park TX 77536

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
07 / 20 / 2010

Transaction ID: 6123230

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert A. Ritucci

Mailing Address 24 Tarragon Dr

City State Zip Code
East Sandwich MA 02537

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
07 / 20 / 2010

Transaction ID: 6123231

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 5080 N Hidden Valley Rd

City State Zip Code
Tucson AZ 85750

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
07 / 20 / 2010

Transaction ID: 6123233

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 87 / 214

(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. David O. Adame		Date of Receipt MM / DD / YYYY 07 / 20 / 2010		
	Mailing Address 2409 El Encino Dr		Transaction ID: 6123234		
	City Mission	State TX	Zip Code 78574	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Jim Bowden		Date of Receipt MM / DD / YYYY 07 / 20 / 2010		
	Mailing Address		Transaction ID: 6123235		
	City	State	Zip Code	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Whybra J. Duay, Jr.		Date of Receipt MM / DD / YYYY 07 / 20 / 2010		
	Mailing Address 1209 S Prescott Dr PO Box 2750		Transaction ID: 6123236		
	City Morgan City	State LA	Zip Code 70380-1209	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 88 / 214

(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. Lyons		Date of Receipt MM / DD / YYYY 07 / 20 / 2010		
	Mailing Address 37 W 12th St		Transaction ID: 6123237		
	City New York	State NY	Zip Code 10011	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Irina Bulucea		Date of Receipt MM / DD / YYYY 07 / 20 / 2010		
	Mailing Address 1126 Ridgemont Dr		Transaction ID: 6123341		
	City Milpitas	State CA	Zip Code 95035-7825	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Derek S.F. Cheng		Date of Receipt MM / DD / YYYY 07 / 24 / 2010		
	Mailing Address 1500 W Longwood Dr		Transaction ID: 6126680		
	City Bull Valley	State IL	Zip Code 60098	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 89 / 214
	<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. Jason Roger Izzi		Date of Receipt
	Mailing Address 46 Conifer Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 26 / 2010
	City	State	Zip Code
	North Providence	RI	02904
	FEC ID number of contributing federal political committee. C		Transaction ID: 6130671
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. Douglas N. Smith		Date of Receipt
	Mailing Address PO Box 21		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 26 / 2010
	City	State	Zip Code
	Saegertown	PA	16433
	FEC ID number of contributing federal political committee. C		Transaction ID: 6130672
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. James E. Hatcher		Date of Receipt
	Mailing Address 147 Inwood Tr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 26 / 2010
	City	State	Zip Code
	Madison	AL	35758
	FEC ID number of contributing federal political committee. C		Transaction ID: 6130674
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"/> 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: PAGE 90 / 214
(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. Robert F. Garrison

Mailing Address 231 Palmer Dr

City Lexington State SC Zip Code 29072-8116

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: 6130675
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Joseph K. Buchanan

Mailing Address 25 Kemp Ct

City Alamo State CA Zip Code 94507-1712

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: 6130676
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Kevin M. Walsh

Mailing Address 2 Terryhill Ln

City Saint Louis State MO Zip Code 63131

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: 6130677
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 91 / 214
(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. James L. Wetzel, Jr.		Date of Receipt
	Mailing Address 3305 Bella Vista Dr		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Casper	WY	82601-5328
	FEC ID number of contributing federal political committee. C		Transaction ID: 6130678
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Frederic C. Sterritt		Date of Receipt
	Mailing Address 464 S Horizon Way		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Neshanic Station	NJ	08853
	FEC ID number of contributing federal political committee. C		Transaction ID: 6130679
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text" value="1000.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Ross W. Stryker		Date of Receipt
	Mailing Address PO Box 2132 P O Box 1193		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lebanon	MO	65536
	FEC ID number of contributing federal political committee. C		Transaction ID: 6130680
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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: PAGE 92 / 214
(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. Jeffrey W. Vecere

Mailing Address 12 Romney Pl E

City State Zip Code
Cape May Court Hou NJ 08210-2143

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
07 / 26 / 2010

Transaction ID: 6130682

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Thomas Joseph Borgula

Mailing Address

City State Zip Code

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
07 / 26 / 2010

Transaction ID: 6130683

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. G. Michael Kabot

Mailing Address 2626 W Long Lake Rd

City State Zip Code
West Bloomfield MI 48323

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
07 / 26 / 2010

Transaction ID: 6130684

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 93 / 214
(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. Leigh Bayer Curtis

Mailing Address 1066 Windmill Dr

City State Zip Code
Fort Walton Beach FL 32547-1457

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
0	7	/	2	6	/	2	0	1	0

Transaction ID: 6130686

Amount of Each Receipt this Period
250.00

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

Mailing Address 136 Schaeffer Rd

City State Zip Code
Newmanstown PA 17073

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
0	7	/	2	6	/	2	0	1	0

Transaction ID: 6130687

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robin A. Weeks

Mailing Address 120 N Windham Rd

City State Zip Code
Windham CT 06280-1127

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
0	7	/	2	6	/	2	0	1	0

Transaction ID: 6130688

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 94 / 214
(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. Paul E. Miller

Mailing Address 4906 Pebble Beach Dr

City State Zip Code
Quincy IL 62305

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
0	7	/	2	6	/	2	0	1	0

Transaction ID: 6130689

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Angela R. Becker

Mailing Address 3619 N County Line Rd W

City State Zip Code
Huntertown IN 46748-9788

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
0	7	/	2	6	/	2	0	1	0

Transaction ID: 6130690

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Philip K. Arnold

Mailing Address 117 County Rd 579

City State Zip Code
Englewood TN 37329-9802

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
0	7	/	2	6	/	2	0	1	0

Transaction ID: 6130692

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 95 / 214
(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. K. George Elassal
 Mailing Address 12313 Swanhaven
 City State Zip Code
 Oklahoma City OK 73170
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2010
Transaction ID: 6130694
 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. Loring L. Ross
 Mailing Address 212 81st Ave N
 City State Zip Code
 Myrtle Beach SC 29572
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2010
Transaction ID: 6130695
 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

C. Full Name (Last, First, Middle Initial)
 Dr. Massimo Vincenzo Verduci
 Mailing Address 1148 Lake Dr
 City State Zip Code
 Robbinsville NJ 08691
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2010
Transaction ID: 6130696
 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: Primary General 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 96 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dr. Mark S. Coican		Date of Receipt MM / DD / YYYY 07 / 26 / 2010		
	Mailing Address 1830 Weber Rd		Transaction ID: 6130697		
	City Malabar	State FL	Zip Code 32950	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Bruce Kelly Reeder		Date of Receipt MM / DD / YYYY 07 / 26 / 2010		
	Mailing Address 12300 NW Pecan Creek Dr		Transaction ID: 6130698		
	City Lawton	State OK	Zip Code 73505	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Ronald G. Heiber		Date of Receipt MM / DD / YYYY 07 / 26 / 2010		
	Mailing Address 1362 Hemlock Ct NE		Transaction ID: 6130699		
	City Lancaster	State OH	Zip Code 43130-1177	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00			

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

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

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

FOR LINE NUMBER: PAGE 97 / 214
(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. Nicole Nalchajian

Mailing Address 1937 E Lester Ave

City State Zip Code
Fresno CA 93720-1989

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
0	7	/	2	6	/	2	0	1	0

Transaction ID: 6130700

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Marie Bond Farrar

Mailing Address 7333 Noah Reid Rd

City State Zip Code
Chattanooga TN 37421

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
0	7	/	2	6	/	2	0	1	0

Transaction ID: 6130702

Amount of Each Receipt this Period
250.00

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

Mailing Address 114 Wembley Rd

City State Zip Code
Lafayette LA 70503-3567

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
0	7	/	2	6	/	2	0	1	0

Transaction ID: 6130703

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 98 / 214

(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. Douglas A. Jolstad

Mailing Address 20770 Linwood Rd

City State Zip Code
Deephaven MN 55331

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
07 / 26 / 2010

Transaction ID: 6130704

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael R. LaFerla

Mailing Address 3727 Spring Hill

City State Zip Code
Joplin MO 64804

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
07 / 26 / 2010

Transaction ID: 6130705

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Kevin Grabouski

Mailing Address 4500 Stoneridge Pt

City State Zip Code
Sioux City IA 51106

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
07 / 26 / 2010

Transaction ID: 6130706

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 99 / 214
(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. Sammy A. Caves

Mailing Address 9240 River Rd

City State Zip Code
Fortson GA 31808

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
07 / 26 / 2010

Transaction ID: 6130708

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kay W. O'Leary

Mailing Address 18590 Arapahoe Cir

City State Zip Code
Port Charlotte FL 33948

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
07 / 26 / 2010

Transaction ID: 6130710

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Maurice J. Belden

Mailing Address 176 Academy St

City State Zip Code
Presque Isle ME 04769-3185

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
07 / 26 / 2010

Transaction ID: 6130711

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 214
	<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. Dallas H. Margeson	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 1102 N Harding St	Transaction ID: 6131236
	City Albany State GA Zip Code 31701	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. Greg R. Bennett	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 29 Hoover Rd	Transaction ID: 6131237
	City Carlisle State PA Zip Code 17015-8512	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	

C.	Full Name (Last, First, Middle Initial) Dr. Michael W. Naborowski	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 34 Mockingbird Ln	Transaction ID: 6131238
	City Oak Brook State IL Zip Code 60523	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	

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

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

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

FOR LINE NUMBER: PAGE 101 / 214
(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. Perry M. Opin

Mailing Address 520 Sportsmans Rd

City State Zip Code
Orange CT 06477-2329

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
07 / 26 / 2010

Transaction ID: 6131239

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Diana T. Malone

Mailing Address 26 Eton Green Dr

City State Zip Code
San Antonio TX 78257

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
07 / 26 / 2010

Transaction ID: 6131240

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert L. Loeb

Mailing Address 716 Natures Way

City State Zip Code
Franklin Lakes NJ 07417

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
07 / 26 / 2010

Transaction ID: 6131241

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 214
(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. Michael L. Gold

Mailing Address 1743 E Handel St

City State Zip Code
Meridian ID 83646

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
07 / 26 / 2010

Transaction ID: 6131242

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Colin S. Gibson

Mailing Address 3550 E 100th Ct

City State Zip Code
Thornton CO 80229

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
07 / 26 / 2010

Transaction ID: 6131243

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kimberly T. Ward

Mailing Address Route 6 Box 3007

City State Zip Code
Andalusia AL 36420

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
07 / 26 / 2010

Transaction ID: 6131245

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 214
	<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. Reid R. Swenson		Date of Receipt
	Mailing Address 287 N Eastfield Cir		<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 07 / 26 / 2010
	City	State	Zip Code
	Alpine	UT	84004
	FEC ID number of contributing federal political committee. C		Transaction ID: 6131246
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. Nicholas James Penna		Date of Receipt
	Mailing Address 9201 Azalea 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 07 / 26 / 2010
	City	State	Zip Code
	Sherrills Ford	NC	28673
	FEC ID number of contributing federal political committee. C		Transaction ID: 6131247
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Stephen Labbe		Date of Receipt
	Mailing Address 68 River 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 07 / 26 / 2010
	City	State	Zip Code
	Annapolis	MD	21403
	FEC ID number of contributing federal political committee. C		Transaction ID: 6131248
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"/> 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: PAGE 104 / 214
(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. Scott D. Copeland

Mailing Address 132 E Broadway

City State Zip Code
Derry NH 03038

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
07 / 26 / 2010

Transaction ID: 6131250

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Keith Allan Blalock

Mailing Address 606 Happy Trail

City State Zip Code
San Antonio TX 78231

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
07 / 26 / 2010

Transaction ID: 6131251

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Gary D. Sexson, II

Mailing Address 9315 Nicklaus Ln

City State Zip Code
Crystal Lake IL 60014

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
07 / 26 / 2010

Transaction ID: 6131252

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 214
	<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. Scott Sprayberry		Date of Receipt																					
	Mailing Address 773 N Dean Rd		<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>0</td><td>7</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	6		2	0	1	0														
	City State Zip Code Auburn AL 36830		Transaction ID: 6131253																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) Dr. Henry DiLorenzo		Date of Receipt																					
	Mailing Address 1201 Swan Harbour Cir P O Box 2768		<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>0</td><td>7</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	6		2	0	1	0														
	City State Zip Code Fort Washington MD 20744		Transaction ID: 6131254																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) Dr. Jonathan Shanker		Date of Receipt																					
	Mailing Address 9 High Acres Dr		<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>0</td><td>7</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	6		2	0	1	0														
	City State Zip Code Saint Louis MO 63132		Transaction ID: 6131255																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00																						

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 214
(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. Peter H. Cain

Mailing Address 50 Walden Hill

City State Zip Code
Guilford CT 06437-3103

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
07 / 26 / 2010

Transaction ID: 6131257

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Geri R. Kohn-Hunter

Mailing Address 30 Morgan Ct

City State Zip Code
Rye NH 03870

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
07 / 26 / 2010

Transaction ID: 6131258

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Eric L. Axelrode

Mailing Address 14 Tia Pl

City State Zip Code
Moraga CA 94556-2622

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
07 / 26 / 2010

Transaction ID: 6131259

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 107 / 214
(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. Douglas W. Terpstra

Mailing Address 4120 Cummings Ave

City Eau Claire State WI Zip Code 54701

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: 6131260
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael H. Hoxie

Mailing Address 685 Weston Ridge Pkwy

City Chaska State MN Zip Code 55318

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: 6131261
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. William R. Caryl, Jr.

Mailing Address 4911 Bulrush Rd

City Syracuse State NY Zip Code 13215

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: 6131263
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 214
	<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. James M. Crouse		Date of Receipt
	Mailing Address 22786 Nanticoke 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 07 / 26 / 2010
	City	State	Zip Code
	Quantico	MD	21856
	FEC ID number of contributing federal political committee. C		Transaction ID: 6131264
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. William J. Glenos, Jr.		Date of Receipt
	Mailing Address 107 Inlet 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 07 / 26 / 2010
	City	State	Zip Code
	Saint Augustine	FL	32080
	FEC ID number of contributing federal political committee. C		Transaction ID: 6131266
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Dan D. Banh		Date of Receipt
	Mailing Address 848 S La Serena 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 07 / 26 / 2010
	City	State	Zip Code
	West Covina	CA	91791-3422
	FEC ID number of contributing federal political committee. C		Transaction ID: 6131268
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"/> 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: PAGE 109 / 214
(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 A. Ballard

Mailing Address 501 Creekside Ln

City Sandpoint State ID Zip Code 83864

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: 6131269
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Larry C. Smedley

Mailing Address 188 Pheasant Run Rd

City West Chester State PA Zip Code 19380

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: 6131270
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ruth E. Ross Edmonds

Mailing Address 525 Wheatfield Way

City Nashville State TN Zip Code 37209

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: 6131271
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 110 / 214
(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. William J. McLendon

Mailing Address 61 Old Mountain Rd

City State Zip Code
Powder Springs GA 30073

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 Y
07 / 26 / 2010

Transaction ID: 6131274

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Larry Sean Mullins

Mailing Address 200 Trammel Rd

City State Zip Code
Bristol TN 37620-5308

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 Y
07 / 26 / 2010

Transaction ID: 6131275

Amount of Each Receipt this Period
250.00

C. 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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2010

Transaction ID: 6131277

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 214
	<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. Daniel J. Drye		Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 5711 Tonyawatha Trl		Transaction ID: 6131278
	City Monona	State WI	Zip Code 53716
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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. Charles M. Krowicki		Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 456 Mine Rd PO Box 545		Transaction ID: 6131279
	City Asbury	State NJ	Zip Code 08802-1105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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	

C.	Full Name (Last, First, Middle Initial) Dr. Matthew R. Noyce		Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address W298n1222 Saint James Way		Transaction ID: 6131280
	City Waukesha	State WI	Zip Code 53188-9470
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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: PAGE 112 / 214
(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. Dustin Burleson

Mailing Address 10523 NE Euclid Ave

City State Zip Code
Kansas City MO 64155

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
07 / 26 / 2010

Transaction ID: 6131282

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Stacy Ste Marie

Mailing Address 205 Woodbridge

City State Zip Code
Lafayette LA 70508

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
07 / 26 / 2010

Transaction ID: 6131283

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Eric R. Nease

Mailing Address 2507 Country Club Rd

City State Zip Code
Spartanburg SC 29302

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
07 / 26 / 2010

Transaction ID: 6131284

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 214
(check only one)

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<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. Robert W. Kidd, III

Mailing Address PO Box 232
PO Box 657

City State Zip Code
Wyoming DE 19934

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
07 / 26 / 2010

Transaction ID: 6131285

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Louis J. Hardy

Mailing Address 36 Silver Ridge

City State Zip Code
Veazie ME 04401-7080

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
07 / 26 / 2010

Transaction ID: 6131292

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Rebecca Schreiner

Mailing Address 1609 Misty Hollow Ct

City State Zip Code
Wildwood MO 63038

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
07 / 26 / 2010

Transaction ID: 6131293

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 114 / 214
(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. David L. Crouch

Mailing Address 4923 Monta Vista Dr E

City Edgewood State WA Zip Code 98372

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2010

Transaction ID: 6131294

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel Wayne Sletten

Mailing Address 3344 Barons Way

City Stillwater State MN Zip Code 55082-4799

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2010

Transaction ID: 6131295

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bert D. Rouleau

Mailing Address 1020 Runnymead Ct

City Los Altos State CA Zip Code 94024-5563

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2010

Transaction ID: 6131296

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 214
(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. William J. Kottemann

Mailing Address 835 Partenwood Rd

City State Zip Code
Orono MN 55356-9730

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
07 / 26 / 2010

Transaction ID: 6131297

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark William McDonough

Mailing Address 3 North Riding Drive

City State Zip Code
Pennington NJ 08534

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
07 / 26 / 2010

Transaction ID: 6131298

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffery Craig Summers

Mailing Address 2362 Roper Mountain Rd

City State Zip Code
Simpsonville SC 29681-4936

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
07 / 26 / 2010

Transaction ID: 6131300

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 214
(check only one)

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<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. Jon Ethan Golub

Mailing Address 50 Blueberry Dr

City State Zip Code
Woodcliff Lake NJ 07677

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
07 / 26 / 2010

Transaction ID: 6131301

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Barry M. Rosenberg

Mailing Address 10 Norwood Rd

City State Zip Code
West Hartford CT 06117

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
07 / 26 / 2010

Transaction ID: 6131302

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ed Wentz

Mailing Address #2 S Lakeshore Dr

City State Zip Code
Lake Ransom Canyon TX 79366

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
07 / 26 / 2010

Transaction ID: 6131304

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 117 / 214
(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. Robert B. Meyer

Mailing Address 110 Widecombe Ct

City Cary State NC Zip Code 27513

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2010
Transaction ID: 6131305
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stanley Gersch

Mailing Address 39 Scudder Road

City Westfield State NJ Zip Code 07090

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2010
Transaction ID: 6131306
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Keith J. Kohrs

Mailing Address 3267 Chandon Way

City Highlands Ranch State CO Zip Code 80126

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2010
Transaction ID: 6131307
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 118 / 214
(check only one)

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<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. Jeffrey B. Leiss

Mailing Address 150 Windgate Dr

City State Zip Code
Chester Springs PA 19425

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
07 / 26 / 2010

Transaction ID: 6131312

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Todd S. Bovenizer

Mailing Address 211 Tenbury Wells Dr

City State Zip Code
Cary NC 27511

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
07 / 26 / 2010

Transaction ID: 6131313

Amount of Each Receipt this Period
250.00

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

Mailing Address 130 E 18th St #9V

City State Zip Code
New York NY 10003

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
07 / 26 / 2010

Transaction ID: 6131315

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 119 / 214
(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 S. Hipp

Mailing Address 4728 Brookview Dr

City State Zip Code
West Des Moines IA 50265-2996

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: 6135218

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Jimmy C. Boley

Mailing Address 1106 High Vista Ln

City State Zip Code
Richardson TX 75080-1520

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
07 / 30 / 2010

Transaction ID: 6135219

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Linda A. Crawford

Mailing Address 3931 Stanford Ave

City State Zip Code
University Park TX 75225

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
07 / 30 / 2010

Transaction ID: 6135220

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 214
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Wendell R. Stuntz</p> <p>Mailing Address 450 Lincoln Ave</p> <p>City State Zip Code Council Bluffs IA 51503-5685</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 07 / 30 / 2010</p> <p>Transaction ID: 6135222</p> <p>Amount of Each Receipt this Period 250.00</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>B. Full Name (Last, First, Middle Initial) Dr. John M. Sleichter</p> <p>Mailing Address 2761 Edgeview Rd</p> <p>City State Zip Code Muscatine IA 52701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 07 / 30 / 2010</p> <p>Transaction ID: 6135224</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Oliver Lee Willham</p> <p>Mailing Address 233 S 26th</p> <p>City State Zip Code West Des Moines IA 50265</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 07 / 30 / 2010</p> <p>Transaction ID: 6135226</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 214
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Dr. James B. Donaghey, II

Mailing Address 1600 Oak Forest Ct

City State Zip Code
Mobile AL 36609

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
07 / 30 / 2010

Transaction ID: 6135227

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Anthony W. Durall

Mailing Address #9 Hilltop Dr

City State Zip Code
Owensboro KY 42303-2739

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
07 / 30 / 2010

Transaction ID: 6135228

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Dean P. Leonard

Mailing Address 1612 Bay Oaks Dr

City State Zip Code
Albert Lea MN 56007-4203

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
07 / 30 / 2010

Transaction ID: 6135230

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 214
	<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. David R. Sain		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 1535 Avon Rd		Transaction ID: 6135231		
	City Murfreesboro	State TN	Zip Code 37129	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. John J. Sahlaney		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 425 Pine Valley Dr		Transaction ID: 6135232		
	City Bridgeville	State PA	Zip Code 15017	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		

C.	Full Name (Last, First, Middle Initial) Dr. Joseph R. Pfeffer, Jr.		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 160 Stonehedge Rd		Transaction ID: 6135233		
	City Hollidaysburg	State PA	Zip Code 16648	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 214
(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. Peder A. Gaalaas

Mailing Address 1007 NW 4th Ave

City State Zip Code
Grand Rapids MN 55744

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
07 / 30 / 2010

Transaction ID: 6135234

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael B. Pickard

Mailing Address 2809 Itani Dr

City State Zip Code
Moscow ID 83843

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
07 / 30 / 2010

Transaction ID: 6135235

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ronald L. Champion

Mailing Address 218 Magnolia Ave

City State Zip Code
Modesto CA 95354-0538

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
07 / 30 / 2010

Transaction ID: 6135237

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 124 / 214
(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. Jerry F. Cash

Mailing Address 5138 S Pratt

City State Zip Code
Springfield MO 65804

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
0	7	/	3	0	/	2	0	1	0

Transaction ID: 6135238

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. James G. Judge

Mailing Address 33 Christmas Tree Ln

City State Zip Code
Marshfield MA 02050-1707

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
0	7	/	3	1	/	2	0	1	0

Transaction ID: 6135301

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph C. Forsman

Mailing Address 3809 96th St

City State Zip Code
Lubbock TX 79423

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
0	7	/	3	1	/	2	0	1	0

Transaction ID: 6135302

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 214
	<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. Randy L. Gittess		Date of Receipt
	Mailing Address 1352 Richmond Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2010
	City	State	Zip Code
	Winter Park	FL	32789
	FEC ID number of contributing federal political committee. C		Transaction ID: 6135306
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. Seth C. Kleinrock		Date of Receipt
	Mailing Address 5 Milbar Heath		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2010
	City	State	Zip Code
	Hewlett	NY	11557
	FEC ID number of contributing federal political committee. C		Transaction ID: 6135307
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Roger W. Triftshauser		Date of Receipt
	Mailing Address 63 Ellicott Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2010
	City	State	Zip Code
	Batavia	NY	14020-2028
	FEC ID number of contributing federal political committee. C		Transaction ID: 6135308
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"/> 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 126 / 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Brian Ward	Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 2534 Joshua Way	Transaction ID: 6135309
	City State Zip Code Twin Falls ID 83301	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. Dale A. Wheeler	Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 198 Goose Pointe Cir PO Box 4085	Transaction ID: 6135310
	City State Zip Code Crossville TN 38571	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	

C.	Full Name (Last, First, Middle Initial) Dr. Anzir Moopen	Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 832 Ellwood Ave	Transaction ID: 6135312
	City State Zip Code Orlando FL 32804	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	

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 127 / 214
(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. James Bradley Fruge

Mailing Address 5233 Floynell Dr

City State Zip Code
Baton Rouge LA 70809

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 **07 / 30 / 2010**

Transaction ID: 6140950

Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial)
Dr. Gregory A. Hummon

Mailing Address 215 Hendrie Blvd.

City State Zip Code
Royal Oak MI 48067

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 **07 / 30 / 2010**

Transaction ID: 6142147

Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial)
Dr. Erin Kazmierski-Furno

Mailing Address 97 Algonquin Trail

City State Zip Code
Medford Lakes NJ 08055

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 **07 / 30 / 2010**

Transaction ID: 6142149

Amount of Each Receipt this Period **250.00**

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

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 214
	<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. Andrew D. Shelly	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 1102 Summit Ave	Transaction ID: 6142152
	City State Zip Code Fort Dodge IA 50501	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. Jon J. Sisulak	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 8515 S Deerwood Ln	Transaction ID: 6142153
	City State Zip Code Franklin WI 53132	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	

C.	Full Name (Last, First, Middle Initial) Dr. A. G. Burris	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 960 Ribaut Rd St2	Transaction ID: 6142154
	City State Zip Code Beaufort SC 29902	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	

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 129 / 214
(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
							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. Ross L. Crist

Mailing Address 1204 N Pikes Peak Cir

City State Zip Code
Sioux Falls SD 57103

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
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: 6142155

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lester H. Kuperman

Mailing Address 3809 Candlelite Ct

City State Zip Code
Fort Worth TX 76109-3224

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
07 / 30 / 2010

Transaction ID: 6142156

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sidney M. Craft

Mailing Address 5827 Wanakah Dr

City State Zip Code
Houston TX 77069

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
07 / 30 / 2010

Transaction ID: 6142157

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Paul W. Reed	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 929 Michigan St	Transaction ID: 6142158
	City State Zip Code Petoskey MI 49770	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. Alan C. Perry	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 3104 Green Leaf Ln	Transaction ID: 6142159
	City State Zip Code Lake Charles LA 70605	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. Christopher J. Getchell	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 470 Thornwyck Trail	Transaction ID: 6142160
	City State Zip Code Roswell GA 30076	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: PAGE 131 / 214

(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. Frank P. luorno

Mailing Address 14 Woodstream Ct

City State Zip Code
New Hartford NY 13413-0797

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
07 / 30 / 2010

Transaction ID: 6142161

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael J. Mahaffey

Mailing Address 130 Manor Dr

City State Zip Code
Fayetteville GA 30215

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
07 / 30 / 2010

Transaction ID: 6142162

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2821 Covey Ct

City State Zip Code
Cedar Falls IA 50613

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
07 / 30 / 2010

Transaction ID: 6142163

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 132 / 214
(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. Carlos F. Navarro

Mailing Address 7207 Lakehurst

City State Zip Code
Dallas TX 75230

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
0	7	/	3	0	/	2	0	1	0

Transaction ID: 6142165

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. William D. Petty

Mailing Address 106 Fairway Dr

City State Zip Code
LaGrange IL 60525

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
0	7	/	3	0	/	2	0	1	0

Transaction ID: 6142166

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Drew R. Lombardi

Mailing Address 33 Stewart St

City State Zip Code
Demarest NJ 07627

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
0	7	/	3	0	/	2	0	1	0

Transaction ID: 6142168

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 133 / 214

(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. George M. Georgelis

Mailing Address 1138 N Bristol Dr

City State Zip Code
Lititz PA 17543

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
07 / 30 / 2010

Transaction ID: 6142170

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 27 Birch Ct

City State Zip Code
Ridgefield CT 06877

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
07 / 30 / 2010

Transaction ID: 6142173

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. John M. Pobanz

Mailing Address 5619 Silver Leaf Circle

City State Zip Code
Mountain Green UT 84405

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
07 / 30 / 2010

Transaction ID: 6142175

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 134 / 214
(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. Nahid Maleki

Mailing Address 8800 Bel Air PI

City Potomac State MD Zip Code 20854-1603

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: 6142178
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert S. Goldie

Mailing Address 8801 Lake Sheen Ct

City Orlando State FL Zip Code 32836

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: 6142179
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Charles D. Alexander

Mailing Address 67132 Miami Rd

City Montrose State CO Zip Code 81401

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: 6142180
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 214
	<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. James R. Dyer	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 910 Harpole Rd	Transaction ID: 6142182
	City State Zip Code Argyle TX 76226	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. Gregory A. McKenna	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 22 Lyndenwood Dr	Transaction ID: 6142183
	City State Zip Code Brookfield CT 06804	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. Mary Anne C. Jenkins	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 17800 Jackson Mtn Rd SW	Transaction ID: 6142184
	City State Zip Code Lonaconing MD 21539	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: PAGE 136 / 214
(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. Gary D. Palma

Mailing Address 14100 Castlerock Rd

City State Zip Code
Salinas CA 93908-9366

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
07 / 30 / 2010

Transaction ID: 6142185

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Dorothy E. Whalen

Mailing Address 777 Remsen's Ln

City State Zip Code
Oyster Bay NY 11771

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
07 / 30 / 2010

Transaction ID: 6142186

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. R. Cree Hamilton

Mailing Address 1900 Fox Canyon Cir

City State Zip Code
Las Vegas NV 89117-1947

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
07 / 30 / 2010

Transaction ID: 6142187

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 137 / 214
(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. John D. Marx

Mailing Address 4689 Wendrick

City State Zip Code
West Bloomfield MI 48323

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
07 / 30 / 2010

Transaction ID: 6142189

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John L. Schuler

Mailing Address 4017 Tangleoaks Ct

City State Zip Code
Peoria IL 61615

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
07 / 30 / 2010

Transaction ID: 6142190

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Walter Thomas Pattison

Mailing Address 12219 S Fox Den Dr

City State Zip Code
Knoxville TN 37934

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
07 / 30 / 2010

Transaction ID: 6142191

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 138 / 214
(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. Scott D. Hamilton

Mailing Address 5621 SW Urish Rd

City State Zip Code
Topeka KS 66610

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
07 / 30 / 2010

Transaction ID: 6142192

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Patrick M. Ohlenforst

Mailing Address 3808 Acapulco Ct

City State Zip Code
Irving TX 75062-6518

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
07 / 30 / 2010

Transaction ID: 6142193

Amount of Each Receipt this Period 250.00

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

Mailing Address 3805 Green Valley Ln

City State Zip Code
Toddville IA 52341

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
07 / 30 / 2010

Transaction ID: 6142194

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 214
	<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. Harold L. Frank		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 13208 Jasmine Hill Terr		Transaction ID: 6142195		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Rockville	MD	20850	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. Greg C. Nalchajian		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 1080 E Kelso Ave		Transaction ID: 6142196		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Fresno	CA	93720-1849	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. R. Steven Powell		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 5466 Kiokee Springs Dr		Transaction ID: 6142197		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Evans	GA	30809	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: PAGE 140 / 214
(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. Robert (Tito) Alan Norris

Mailing Address 244 Canada Verde

City State Zip Code
San Antonio TX 78232

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
07 / 30 / 2010

Transaction ID: 6142201

Amount of Each Receipt this Period
250.00

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

Mailing Address 20 Algonquin Ave

City State Zip Code
Andover MA 01810-5502

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
07 / 30 / 2010

Transaction ID: 6142202

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. William D. Neale

Mailing Address 21 Paradise Point Rd

City State Zip Code
Shalimar FL 32579

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
07 / 30 / 2010

Transaction ID: 6142205

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 141 / 214
(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. Ricardo Garcia

Mailing Address 1317 E 2 Mile

City Mission State TX Zip Code 78501-4831

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: 6142207
 Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 3534 St Andrews Lane

City Richfield State OH Zip Code 44286

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: 6142208
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Brian N. Hockenberger

Mailing Address 6445 Foxglove Dr

City Medina State OH Zip Code 44256

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: 6142209
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 214
	<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. Aron E. Dellinger		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 15711 Viberg Rd		Transaction ID: 6142210		
	City Leo	State IN	Zip Code 46765	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. Arthur Kaplan		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 6 Kempster Rd		Transaction ID: 6142211		
	City Scarsdale	State NY	Zip Code 10583	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		

C.	Full Name (Last, First, Middle Initial) Dr. Thomas S. Davant, VI		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 10 Green Meade Ct		Transaction ID: 6142212		
	City Columbia	State SC	Zip Code 29223	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)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 214
(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. Maston R. McCorkle, Jr.

Mailing Address 3215 Allendale St SW

City State Zip Code
Roanoke VA 24014

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
07 / 30 / 2010

Transaction ID: 6142213

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Arnold Charles Pitts

Mailing Address 235 Juniper Hill Rd

City State Zip Code
Reno NV 89509

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
07 / 30 / 2010

Transaction ID: 6142214

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael L. Conlon

Mailing Address 29920 Tanya Trail

City State Zip Code
Libertyville IL 60048

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
07 / 30 / 2010

Transaction ID: 6142215

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 214
	<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. Paul A. DiFranco, Jr.		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 213 N Dee Rd		Transaction ID: 6142216		
	City Park Ridge	State IL	Zip Code 60068-5106	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. Wm. Graham Gardner		Date of Receipt MM / DD / YYYY 08 / 04 / 2010		
	Mailing Address 9712 Cherokee Rd		Transaction ID: 6152908		
	City Richmond	State VA	Zip Code 23235	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		

C.	Full Name (Last, First, Middle Initial) Dr. Douglas M. Brown		Date of Receipt MM / DD / YYYY 08 / 04 / 2010		
	Mailing Address 581 Contra Costa Way		Transaction ID: 6153026		
	City Claremont	State CA	Zip Code 91711-2205	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)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 214
(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. Luis E. Gonzalez

Mailing Address Tintillo Rd #517 Tintillo Hills

City State Zip Code
Guaynabo PR 00966

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
08 / 05 / 2010

Transaction ID: 6153876

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mary Concepta Cooke

Mailing Address

City State Zip Code

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
08 / 05 / 2010

Transaction ID: 6153877

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Catherine Oden Fulton

Mailing Address 215 Brooke Ave #904

City State Zip Code
Norfolk VA 23510

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
08 / 05 / 2010

Transaction ID: 6153878

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 214
	<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. Karen Marie Leavy	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 37 Cornell Ln	Transaction ID: 6153880
	City State Zip Code Hicksville NY 11801	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. Darrell Keith Spilsbury	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 731 Mall Ring Cr #100	Transaction ID: 6153881
	City State Zip Code Henderson NV 89014	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	

C.	Full Name (Last, First, Middle Initial) Dr. Steven A. Steer	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 1020 E Lake Shore Dr	Transaction ID: 6153882
	City State Zip Code Springfield IL 62707	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	

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

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

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

FOR LINE NUMBER: PAGE 147 / 214
(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. Douglas W. Vayda
 Mailing Address 5601 Oaklawn Ave
 City Edina State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 08 / 05 / 2010
Transaction ID: 6153883
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. D. Mark Babcock
 Mailing Address 200 Jennings
 City Yorktown State VA Zip Code 23692-3167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 08 / 05 / 2010
Transaction ID: 6153884
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Bruce K.A. Dormanen
 Mailing Address 2377 Cherrywood Rd
 City Hopkins State MN Zip Code 55305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 08 / 05 / 2010
Transaction ID: 6153887
 Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 214
(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. Marshall Fleer

Mailing Address 7 Dorolee Dr

City East Brunswick State NJ Zip Code 08816

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 05 / 2010
Transaction ID: 6153888
Amount of Each Receipt this Period: 250.00

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

Mailing Address 1801 Lakeshore Dr

City Fayetteville State NC Zip Code 28303

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 05 / 2010
Transaction ID: 6153889
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul M. Hobday

Mailing Address 4720 Yuma Ln N

City Plymouth State MN Zip Code 55446

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 05 / 2010
Transaction ID: 6153890
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 214
	<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. Frances M. Kray		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address 69 Countryside Ln		Transaction ID: 6153891		
	City Waynesboro	State VA	Zip Code 22980	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. David R. Nelson		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address 6005 Long Champ Ct		Transaction ID: 6153892		
	City Austin	State TX	Zip Code 78746	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		

C.	Full Name (Last, First, Middle Initial) Dr. William R. Parks		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address 25 Museum Dr		Transaction ID: 6153893		
	City Newport News	State VA	Zip Code 23601	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)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 150 / 214
(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. David A. Zysik

Mailing Address 13964 State Hwy 37

City State Zip Code
Massena NY 13662-1704

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
0	8	/	0	5	/	2	0	1	0

Transaction ID: 6153896

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary R. Baughman

Mailing Address 4011 Fort Donelson Dr

City State Zip Code
Stockton CA 95219-3216

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
0	8	/	0	5	/	2	0	1	0

Transaction ID: 6153897

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Brian Landrigan

Mailing Address 4391 Grouse Ridge Dr

City State Zip Code
Hermantown MN 55811

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
0	8	/	0	5	/	2	0	1	0

Transaction ID: 6153898

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 214
	<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. Robert R. Westbrook		Date of Receipt
	Mailing Address 317 Tracy Ln		<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 08 / 16 / 2010
	City	State	Zip Code
	Victoria	TX	77904-2410
	FEC ID number of contributing federal political committee. C		Transaction ID: 6170905
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. Anthony C. Broccoli, Jr.		Date of Receipt
	Mailing Address 5 Shipman 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 08 / 16 / 2010
	City	State	Zip Code
	Andover	MA	01810
	FEC ID number of contributing federal political committee. C		Transaction ID: 6170906
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Darrick A. Brown		Date of Receipt
	Mailing Address 3107 E Hardies 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 08 / 16 / 2010
	City	State	Zip Code
	Gibsonia	PA	15044
	FEC ID number of contributing federal political committee. C		Transaction ID: 6170907
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"/> 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 152 / 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr. L. Donald Mayer	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 500 N Jackson At Guadalupe	Transaction ID: 6170908
	City State Zip Code La Grange TX 78945-2041	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. Mark D. Lenz	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 3701 Spring Lake Dr	Transaction ID: 6170909
	City State Zip Code Racine WI 53405	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	

C.	Full Name (Last, First, Middle Initial) Dr. Fereidoon Attarzadeh	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 981 Pleasant St	Transaction ID: 6170911
	City State Zip Code Canton MA 02021-3429	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	

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 153 / 214
	<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 L. Studer		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 5805 Doe Run Ln		Transaction ID: 6170912		
	City Brenham	State TX	Zip Code 77833	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. Nadene Johnson Tipton		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 3521 156th		Transaction ID: 6170913		
	City Lubbock	State TX	Zip Code 79423	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		

C.	Full Name (Last, First, Middle Initial) Dr. Alvin J. Tight, II		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 2116 NE 45th St		Transaction ID: 6170914		
	City Fort Lauderdale	State FL	Zip Code 33308	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)	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 154 / 214
(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. Russell P. Greer

Mailing Address 205 E Ridge Dr

City State Zip Code
Nicholasville KY 40356

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
08 / 16 / 2010

Transaction ID: 6170916

Amount of Each Receipt this Period
250.00

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

Mailing Address 11 Elaine Dr

City State Zip Code
New City NY 10956-2604

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
08 / 16 / 2010

Transaction ID: 6170917

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Kelly Collins

Mailing Address 2018 Cornoustie Ct

City State Zip Code
Fourt Mill SC 29707-7763

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
08 / 16 / 2010

Transaction ID: 6170918

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 155 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dr. Meredith Lynn Quimby		Date of Receipt
	Mailing Address 9000 Masters 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 08 / 16 / 2010
	City	State	Zip Code
	Waxhaw	NC	28173
	FEC ID number of contributing federal political committee. C		Transaction ID: 6170919
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. Jay M. Oltjen		Date of Receipt
	Mailing Address 14163 Juniper St		<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 08 / 16 / 2010
	City	State	Zip Code
	Leawood	KS	66224
	FEC ID number of contributing federal political committee. C		Transaction ID: 6170920
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Anthony V. Maresca		Date of Receipt
	Mailing Address 5 Lantern 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 08 / 16 / 2010
	City	State	Zip Code
	Stony Brook	NY	11790
	FEC ID number of contributing federal political committee. C		Transaction ID: 6170921
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"/> 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 156 / 214
	<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. Kenneth F. Freer		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 4500 Green Valley Rd		Transaction ID: 6170922		
	City Fairfield	State CA	Zip Code 94534-1313	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. Paul Ladner		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 120 Lakeland Drive		Transaction ID: 6170923		
	City Galesburg	State IL	Zip Code 61401	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		

C.	Full Name (Last, First, Middle Initial) Dr. Michael DeLuke		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 823 Via Marcella		Transaction ID: 6170925		
	City Schenectady	State NY	Zip Code 12303	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)	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 157 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dr. James Brian Hamby		Date of Receipt
	Mailing Address 134 Wilderness Ln #G		<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 08 / 16 / 2010
	City	State	Zip Code
	Greenville	SC	29607
	FEC ID number of contributing federal political committee. C		Transaction ID: 6170929
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. Robert M. Cuenin		Date of Receipt
	Mailing Address 18 Gary Way		<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 08 / 16 / 2010
	City	State	Zip Code
	Alamo	CA	94507-2430
	FEC ID number of contributing federal political committee. C		Transaction ID: 6170930
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Mary Cay Koen		Date of Receipt
	Mailing Address 101 Hidden Way 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 08 / 16 / 2010
	City	State	Zip Code
	Hendersonville	TN	37075
	FEC ID number of contributing federal political committee. C		Transaction ID: 6170932
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"/> 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: PAGE 158 / 214
(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. William M. Wilcko		Date of Receipt MM / DD / YYYY 08 / 16 / 2010
Mailing Address 740 Stockbridge Dr		Transaction ID: 6170933
City Erie	State PA	Zip Code 16505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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. Robert T. Caskey		Date of Receipt MM / DD / YYYY 08 / 16 / 2010
Mailing Address 3420 S Moore Cir		Transaction ID: 6170934
City Flagstaff	State AZ	Zip Code 86001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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	

C.

Full Name (Last, First, Middle Initial) Dr. Michael J. Erhart		Date of Receipt MM / DD / YYYY 08 / 18 / 2010
Mailing Address 2523 Fairbanks Ct.		Transaction ID: 6173663
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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: PAGE 159 / 214
(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. David W. Wardlaw

Mailing Address 6 River Ridge Rd

City Little Rock State AR Zip Code 72227

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2010

Transaction ID: 6173735

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Gerard Crall

Mailing Address 412 Chateau Ct

City Cedar Falls State IA Zip Code 50613

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2010

Transaction ID: 6173736

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Michelle/Fogg Neal

Mailing Address 4424 95th Ave NE

City Bellevue State WA Zip Code

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2010

Transaction ID: 6173738

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 214

(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. David C. Hamilton, Jr.

Mailing Address 815 36th Ave PI NW

City State Zip Code
Hickory NC 28601

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
08 / 17 / 2010

Transaction ID: 6173739

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward J. Wnek

Mailing Address 6345 Grand Vista Ave

City State Zip Code
Cincinnati OH 45213

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
08 / 17 / 2010

Transaction ID: 6173740

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael L. Jacobsen

Mailing Address 13847 Pamlico Rd

City State Zip Code
Apple Valley CA 92307-5401

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
08 / 17 / 2010

Transaction ID: 6173741

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 214
	<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. Leon V. Siomka		Date of Receipt
	Mailing Address 7040 Lake Shannon 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 08 / 17 / 2010
	City	State	Zip Code
	Fenton	MI	48430
	FEC ID number of contributing federal political committee. C		Transaction ID: 6173744
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. S. Richard Scott		Date of Receipt
	Mailing Address 241 E Main St		<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 08 / 17 / 2010
	City	State	Zip Code
	Plain City	OH	43064
	FEC ID number of contributing federal political committee. C		Transaction ID: 6173745
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Joseph B. Chadwell		Date of Receipt
	Mailing Address 240 Augustine 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 08 / 17 / 2010
	City	State	Zip Code
	Spartanburg	SC	29306
	FEC ID number of contributing federal political committee. C		Transaction ID: 6173746
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"/> 375.00	
<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: PAGE 162 / 214
(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. Kevin Michael Cassidy

Mailing Address 3146 SW Shadow Ln

City State Zip Code
Topeka KS 66604

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
0	8		1	7		2	0	1	0

Transaction ID: 6173747

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hani Thariani

Mailing Address 5031 Overlook Rd NW

City State Zip Code
Washington DC 20016

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
0	8		1	7		2	0	1	0

Transaction ID: 6173748

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Jeffrey Weinberg

Mailing Address 21 Jay Ct

City State Zip Code
Sayville NY 11782

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
0	8		1	7		2	0	1	0

Transaction ID: 6173750

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) ▶

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 163 / 214
(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. Peter M. Skoler

Mailing Address 117 Old Farm Rd

City Milton State MA Zip Code 02186

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 17 / 2010
Transaction ID: 6173753
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. W. Eugene Roberts

Mailing Address 8260 Skipjack Dr

City Indianapolis State IN Zip Code 46236

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 17 / 2010
Transaction ID: 6173754
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert B. Hanover, Jr.

Mailing Address 13713 Three Fathoms Bank

City Corpus Christi State TX Zip Code 78418

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 17 / 2010
Transaction ID: 6173758
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 164 / 214
(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. Lisa K. Wendling
 Mailing Address 7333 Old Timber Trl
 City State Zip Code
 New Lothrop MI 48460
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2010
Transaction ID: 6173759
 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Andrew Kapust
 Mailing Address 6712 Klein St NW
 City State Zip Code
 Olympia WA 98502
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2010
Transaction ID: 6173760
 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Edward Stan Key
 Mailing Address 1706 Cheyenne Tr
 City State Zip Code
 Graham TX 76450
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2010
Transaction ID: 6173761
 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 165 / 214
(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. Kevin T. Race

Mailing Address N53 W34456 Rd Q

City State Zip Code
Okauchee WI 53069

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
08 / 17 / 2010

Transaction ID: 6173762

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Laura D. Milnor

Mailing Address 2761 Coal Bank Dr

City State Zip Code
Fort Collins CO 80525

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
08 / 17 / 2010

Transaction ID: 6173763

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard P. Fisher

Mailing Address 451 Marnie Ln

City State Zip Code
Peshtigo WI 54157

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
08 / 17 / 2010

Transaction ID: 6173764

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 214
	<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 Robert Beattie	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 8025 Lake Waunatta Dr	Transaction ID: 6173765
	City State Zip Code Winter Park FL 32792	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. Kathy A. Arkwell	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 11204 N Oakwood Dr	Transaction ID: 6173766
	City State Zip Code Peoria IL 61615	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. Cyrus M. Alizadeh	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 17954 Saddle Horn Rd	Transaction ID: 6173767
	City State Zip Code Wildwood MO 63038	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: PAGE 167 / 214
(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. Bryan J. Hollis

Mailing Address 13427 Piney Pointe

City State Zip Code
Gonzales LA 70737

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
08 / 17 / 2010

Transaction ID: 6173768

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Austin W. Feeney

Mailing Address 87 Perkins Rd
PO Box 638

City State Zip Code
Greenwich CT 06830

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
08 / 17 / 2010

Transaction ID: 6173769

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Aimee S. Skelton

Mailing Address 504 Alabama Ave SW

City State Zip Code
Fort Payne AL 35967

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
08 / 17 / 2010

Transaction ID: 6173772

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 168 / 214
(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. Sharon K. Hayes

Mailing Address

City State Zip Code

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: 6173773

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Petra Schubert

Mailing Address 3801 Purdue

City State Zip Code
Dallas TX 75225

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: 6173775

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ali Y. Ghatri

Mailing Address 9907 Leesburg Pike

City State Zip Code
Vienna VA 22182

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: 6173776

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 169 / 214

(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. Steven W. Smith

Mailing Address 17400 Northlake Hills Dr

City State Zip Code
Jonestown TX 78645

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
08 / 17 / 2010

Transaction ID: 6173777

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Steven G. Garrett

Mailing Address 788 Johnston Ct

City State Zip Code
Winchester VA 22601

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
08 / 17 / 2010

Transaction ID: 6173778

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas M. Stark

Mailing Address 2115 Hughes Ave

City State Zip Code
Ames IA 50014-7022

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
08 / 17 / 2010

Transaction ID: 6173780

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 170 / 214
(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. David Edward Dykhouse

Mailing Address

City State Zip Code
Lee's Summit MO 64064

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
08 / 17 / 2010

Transaction ID: 6173781

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Terry A. Levitt

Mailing Address 19 Spruce Dr

City State Zip Code
Holland PA 18966

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
08 / 17 / 2010

Transaction ID: 6173782

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael J. Riccio

Mailing Address 4 Fille St

City State Zip Code
Ipswich MA 01938

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
08 / 17 / 2010

Transaction ID: 6173783

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 171 / 214
(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. Byron A. Bonebreak

Mailing Address 6706 Guilford Rd

City State Zip Code
Clarksville MD 21029-1636

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: 08 / 17 / 2010
Transaction ID: 6173784
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jorge C. Coro

Mailing Address 5655 Granada Blvd

City State Zip Code
Coral Gables FL 33146-2603

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: 08 / 17 / 2010
Transaction ID: 6173785
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Myron S. Graff

Mailing Address 18822 Rue Loire

City State Zip Code
Lutz FL 33558

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: 08 / 17 / 2010
Transaction ID: 6173786
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 172 / 214
(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. Kathleen M. Burr

Mailing Address 119 West St

City Hebron State CT Zip Code 06248

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
08 / 17 / 2010

Transaction ID: 6173787

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Dale Edward Fehr

Mailing Address 85 Kennelworth Cir

City Hampton State IL Zip Code 61256

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
08 / 17 / 2010

Transaction ID: 6173789

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Corey J. Teguis

Mailing Address 3 Orchard Ln

City Kennebunk State ME Zip Code 04043

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
08 / 17 / 2010

Transaction ID: 6173790

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 214
	<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. Thomas P. Rose		Date of Receipt
	Mailing Address 9642 Featherhill Dr		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Villa Park	CA	92861-2616
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Orthodontist	Transaction ID: 6173791
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Gary O. Inman		Date of Receipt
	Mailing Address 338 Briarwood Cir		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Elizabethtown	KY	42701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Orthodontist	Transaction ID: 6173792
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Larson R. Keso		Date of Receipt
	Mailing Address 3001 Ridgewood Dr		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Edmond	OK	73013
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Orthodontist	Transaction ID: 6173793
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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: PAGE 174 / 214
(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. Stephen J. Belli		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 647 Rustic Knoll Dr		Transaction ID: 6173794		
	City Kent	State OH	Zip Code 44240	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Orthodontist		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Gregory L. Adams		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 10315 Tranquil Glen Ct		Transaction ID: 6173797		
	City Sacramento	State CA	Zip Code 95829-6579	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael D. Riordan		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 7084 Montgomery Rd		Transaction ID: 6173798		
	City Lake Wilie	State SC	Zip Code 29710	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 / 214
(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. Michael Teichman

Mailing Address 1566 Silver Trl

City Napa State CA Zip Code 94558-1417

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 17 / 2010
Transaction ID: 6173799
Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 130 Cedar Woods Trl

City Canton State GA Zip Code 30014

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 17 / 2010
Transaction ID: 6173800
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gregory S. Guymon

Mailing Address 4398 Red Grass Ct

City Meridian State ID Zip Code 83642

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 17 / 2010
Transaction ID: 6173801
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 214		
	<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. Steven Jay Smiley		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 1035 Willis Rd		Transaction ID: 6173802		
	City Spartanburg	State SC	Zip Code 29301	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. William G. Horbaly		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 4215 Redwood Ln		Transaction ID: 6173803		
	City Earlsville	State VA	Zip Code 22936	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		

C.	Full Name (Last, First, Middle Initial) Dr. Gregory F. Kubik		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 6808 Oakwood Manor Dr		Transaction ID: 6173806		
	City Crystal Lake	State IL	Zip Code 60012	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Orthodontist	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: (check only one)	PAGE 177 / 214
	<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. Gregory K. Inman		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 1003 Deerbourne		Transaction ID: 6173807		
	City Elizabethtown	State KY	Zip Code 42701	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 P. Thomas, Jr.		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 1238 Rothesay Cir		Transaction ID: 6173808		
	City Richmond	State VA	Zip Code 23221	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		

C.	Full Name (Last, First, Middle Initial) Dr. Patrick James Stroh		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 1813 Laurel Ave		Transaction ID: 6173809		
	City Manhattan Beach	State CA	Zip Code 90266-2536	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)	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 178 / 214
	<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. Ilya Lipkin		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 47 Holland Ave		Transaction ID: 6173812		
	City Demarest	State NJ	Zip Code 07627-2608	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Self-Employed Occupation Orthodontist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr. Craig L. Menker		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address		Transaction ID: 6173813		
	City	State	Zip Code	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Self-Employed Occupation Orthodontist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr. Bruce J. Podhouser		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 84 Rosewood Dr		Transaction ID: 6173814		
	City Raymond	State ME	Zip Code 04071	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Self-Employed Occupation Orthodontist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 179 / 214
	<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. Matthew D. Swatman	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 400 E Orangeburg Ave # D	Transaction ID: 6173815
	City State Zip Code Modesto CA 95350-5342	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. James E. Lupi	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 42 Hermitage Dr	Transaction ID: 6173816
	City State Zip Code Stafford VA 22556	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. Matthew J. Pershing	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 624 N. Minnesota Ave.	Transaction ID: 6173825
	City State Zip Code Hastings NE 68901	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: PAGE 180 / 214
(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. Philip Justin Power		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 4601 NW 162nd Ct		Transaction ID: 6173826		
	City Edmond	State OK	Zip Code 73013	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Orthodontist		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Ronald A. Cohen		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 526 Twin Eagles Lvd		Transaction ID: 6184294		
	City Fort Wayne	State IN	Zip Code 46748	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Emma M. DiCarlo		Date of Receipt MM / DD / YYYY 08 / 24 / 2010		
	Mailing Address 4517 Ihles Rd		Transaction ID: 6184474		
	City Lake Charles	State LA	Zip Code 70605	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Orthodontist		Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 181 / 214
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Jack E. King</p> <p>Mailing Address 460 Rue Marseille</p> <p>City State Zip Code Dayton OH 45429</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 24 / 2010</p> <p>Transaction ID: 6184476</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Darrel R. Sherman</p> <p>Mailing Address 1200 Hillcrest</p> <p>City State Zip Code Longview TX 75601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 24 / 2010</p> <p>Transaction ID: 6184477</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. James L. Ferguson, Jr.</p> <p>Mailing Address 118 Pebble View</p> <p>City State Zip Code Franklin TN 37064-2913</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 24 / 2010</p> <p>Transaction ID: 6184478</p> <p>Amount of Each Receipt this Period 250.00</p>
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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 182 / 214
	<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. Wayne Hester		Date of Receipt
	Mailing Address 406 Ridge 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 08 / 24 / 2010
	City	State	Zip Code
	Valdosta	GA	31602
	FEC ID number of contributing federal political committee. C		Transaction ID: 6184479
Name of Employer Self-Employed		Occupation Orthodontist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. David G. Haas		Date of Receipt
	Mailing Address 1732 Granger 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 08 / 25 / 2010
	City	State	Zip Code
	Medina	OH	44256
	FEC ID number of contributing federal political committee. C		Transaction ID: 6185179
Name of Employer Self-Employed		Occupation Orthodontist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Douglas F. Wright		Date of Receipt
	Mailing Address 288 Wellingwood 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 08 / 25 / 2010
	City	State	Zip Code
	East Amherst	NY	14051
	FEC ID number of contributing federal political committee. C		Transaction ID: 6185180
Name of Employer Self-Employed		Occupation Orthodontist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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 183 / 214
	<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 P. Beyer		Date of Receipt	
	Mailing Address 12323 Norell Ave N		M M / D D / Y Y Y Y 08 / 25 / 2010	
	City	State	Zip Code	Transaction ID: 6185181
	Stillwater	MN	55082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self-Employed		Occupation		
Self-Employed		Orthodontist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

B.	Full Name (Last, First, Middle Initial) Dr. Fred A. Booth, Jr.		Date of Receipt	
	Mailing Address 112 Parkview Ave		M M / D D / Y Y Y Y 08 / 25 / 2010	
	City	State	Zip Code	Transaction ID: 6185184
	Fayetteville	NC	28305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self-Employed		Occupation		
Self-Employed		Orthodontist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

C.	Full Name (Last, First, Middle Initial) Dr. James E. Madigan		Date of Receipt	
	Mailing Address 4 Oakhurst Dr		M M / D D / Y Y Y Y 08 / 25 / 2010	
	City	State	Zip Code	Transaction ID: 6185185
	Butler	PA	16002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self-Employed		Occupation		
Self-Employed		Orthodontist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

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 184 / 214
(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. William C. Heintz

Mailing Address #4 Fairmount Dr S

City State Zip Code
Alton IL 62002

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
08 / 25 / 2010

Transaction ID: 6185186

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. William D. Ziegler, III

Mailing Address 29 Brook Ln

City State Zip Code
Mountaintop PA 18707

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
08 / 25 / 2010

Transaction ID: 6185187

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas James Longos

Mailing Address 52 Birdie Ct

City State Zip Code
Edwardsville IL 62025

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
08 / 25 / 2010

Transaction ID: 6185188

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 185 / 214
(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. Benjamin F. Lowe, Jr.

Mailing Address 309 Stonewyck Dr

City Burlington State NC Zip Code 27215

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 25 / 2010
Transaction ID: 6185189
Amount of Each Receipt this Period: 250.00

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

Mailing Address 3114 Hudnall Ln

City Edgewood State KY Zip Code 41017

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 25 / 2010
Transaction ID: 6185190
Amount of Each Receipt this Period: 500.00

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

Mailing Address 27824 SE 26th Way

City Sammamish State WA Zip Code 98075

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 25 / 2010
Transaction ID: 6185193
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 186 / 214
(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. Carlyn S. Phucas

Mailing Address 59 Bortons Rd

City Marlton State NJ Zip Code 08053

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 25 / 2010
Transaction ID: 6185808
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Tom H. Shelly

Mailing Address 714 15th Ave N

City Fort Dodge State IA Zip Code 50501-3958

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 25 / 2010
Transaction ID: 6185809
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Christy J. Savage

Mailing Address 7207 Wakefield Cir

City Birmingham State AL Zip Code 35242

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 25 / 2010
Transaction ID: 6185810
 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 187 / 214
(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. S. Russell Mullen		Date of Receipt MM / DD / YYYY 08 / 25 / 2010
Mailing Address 43588 Habitat Circle		Transaction ID: 6185814
City Leesburg	State VA	Zip Code 20176
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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.

Full Name (Last, First, Middle Initial) Dr. Nicholas D. Barone		Date of Receipt MM / DD / YYYY 08 / 25 / 2010
Mailing Address 19 Fair Oaks Dr		Transaction ID: 6185815
City Lincoln	State RI	Zip Code 02865
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Grant D. Walton		Date of Receipt MM / DD / YYYY 08 / 25 / 2010
Mailing Address 1224 E McMurray		Transaction ID: 6185816
City Casa Grande	State AZ	Zip Code 85222
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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) ▼		

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 188 / 214
	<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 X. Cordoba		Date of Receipt
	Mailing Address 1840 Bridgewater Dr		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Heathrow	FL	32746
	FEC ID number of contributing federal political committee. C		Transaction ID: 6185817
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Lew B. Sample		Date of Receipt
	Mailing Address 1305 Brindwood Ln SE		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Decatur	AL	35601
	FEC ID number of contributing federal political committee. C		Transaction ID: 6185818
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Robert B. Moss, Jr.		Date of Receipt
	Mailing Address 349 Hickory Grove Rd		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Leesburg	GA	31763
	FEC ID number of contributing federal political committee. C		Transaction ID: 6185819
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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: PAGE 189 / 214
(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. J. Dean Jensen

Mailing Address 5881 Versailles Ave

City Frisco State TX Zip Code 75034

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2010
Transaction ID: 6185820
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ara Curtis Goshgarian

Mailing Address 1046 Cahill Rd

City Lake Forest State IL Zip Code 60045

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2010
Transaction ID: 6185821
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Morris N. Poole

Mailing Address 55 Bristol Rd

City Logan State UT Zip Code 84341

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2010
Transaction ID: 6185822
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 190 / 214
(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. Rana Barakat

Mailing Address 1314 Millfarm Dr

City State Zip Code
Vienna VA 22182

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
08 / 25 / 2010

Transaction ID: 6185823

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John E. Murphy

Mailing Address 870 Colcord Place

City State Zip Code
Glen Ellyn IL 60137-4622

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
08 / 25 / 2010

Transaction ID: 6185824

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 108 Brian Dr

City State Zip Code
Beaver PA 15009-9794

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
08 / 25 / 2010

Transaction ID: 6185826

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 191 / 214
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Jerome A. Jarosz</p> <p>Mailing Address 208 W Plum Grove Cir</p> <hr/> <p>City State Zip Code Arlington Heights IL 60004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 08 / 25 / 2010</p> <p>Transaction ID: 6185828</p> <p>Amount of Each Receipt this Period 250.00</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

<p>B. Full Name (Last, First, Middle Initial) Dr. Nahid Maleki</p> <p>Mailing Address 8800 Bel Air Pl</p> <hr/> <p>City State Zip Code Potomac MD 20854-1603</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 08 / 25 / 2010</p> <p>Transaction ID: 6185829</p> <p>Amount of Each Receipt this Period 750.00</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C. Full Name (Last, First, Middle Initial) Dr. Howard L. Hunt</p> <p>Mailing Address 2161 Golf Course Rd</p> <hr/> <p>City State Zip Code Bayside CA 95524-9024</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 02 / 2010</p> <p>Transaction ID: 6198700</p> <p>Amount of Each Receipt this Period 1000.00</p>
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SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 192 / 214
(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. Steven D. Anderson

Mailing Address 6141 Fernwood Dr

City State Zip Code
Shingle Springs CA 95682-8083

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
09 / 02 / 2010

Transaction ID: 6198702

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel B. Snead

Mailing Address 5043 Brill Pt

City State Zip Code
Tallahassee FL 32312-5600

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
09 / 02 / 2010

Transaction ID: 6198929

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Todd J. Hughes

Mailing Address 87 N Gary Glen Cir

City State Zip Code
The Woodlands TX 77382

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
09 / 02 / 2010

Transaction ID: 6198931

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 / 214
	<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. Michael O. Woehst		Date of Receipt
	Mailing Address 2951 Kingforest Drive		<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 09 / 02 / 2010
	City	State	Zip Code
	Kingwood	TX	77339
	FEC ID number of contributing federal political committee. C		Transaction ID: 6198932
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. Shari N. Lisann		Date of Receipt
	Mailing Address 60 Willow Cres		<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 09 / 02 / 2010
	City	State	Zip Code
	Brookline	MA	02445
	FEC ID number of contributing federal political committee. C		Transaction ID: 6198933
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. David B. Clark		Date of Receipt
	Mailing Address 2485 Turf Way		<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 09 / 02 / 2010
	City	State	Zip Code
	Shelbyville	IN	46176-8864
	FEC ID number of contributing federal political committee. C		Transaction ID: 6198935
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"/> 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: PAGE 194 / 214
(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. Donald W. Hunt, Jr.

Mailing Address 232 Camille Ave

City Greenville State SC Zip Code 29605

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2010
Transaction ID: 6198936
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Shari L. Wolsky

Mailing Address 35430 Spicebush Ln

City Solon State OH Zip Code 44139

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2010
Transaction ID: 6198937
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Kimberly Gronberg

Mailing Address 803 Woodhaven Dr

City Lewisville State TX Zip Code 75077-6405

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2010
Transaction ID: 6198938
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 195 / 214
(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. Mark W. Johnston

Mailing Address 182 Pine Lake Dr

City Atlanta State GA Zip Code 30327

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 6198939

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Scott Brustein

Mailing Address 38 S 1st Ave

City Highland Park State NJ Zip Code 08904

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 6199200

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Terry A. Burke

Mailing Address 1336 Boundary Rd

City Middleton State WI Zip Code 53562

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 6199201

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 196 / 214
(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. Michael S. Klein

Mailing Address 12001 W 183rd St

City State Zip Code
Bucyrus KS 66013

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
09 / 03 / 2010

Transaction ID: 6199202

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Damon Warren De Arment

Mailing Address 804 Armistead St

City State Zip Code
Winchester VA 22601

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
09 / 03 / 2010

Transaction ID: 6199204

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. J. Kendall Dillehay

Mailing Address 1040 E 143rd St E

City State Zip Code
Wichita KS 67230

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
09 / 03 / 2010

Transaction ID: 6199205

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 214
	<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. Daniel L. Foley		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 163 Dogwood Ct		Transaction ID: 6199206		
	City Daniels	State WV	Zip Code 25832	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. Jeffrey W. Jordan		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 1040 Lake Shore Overlook		Transaction ID: 6199207		
	City Alpharetta	State GA	Zip Code 30005	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		

C.	Full Name (Last, First, Middle Initial) Dr. James M. Welden, Jr.		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 104 Lancaster Ct		Transaction ID: 6199208		
	City Dothan	State AL	Zip Code 36305	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)	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 198 / 214
	<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. William Duke Wright		Date of Receipt
	Mailing Address 916 North 3315 West		<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 09 / 03 / 2010
	City	State	Zip Code
	Vernal	UT	84078
	FEC ID number of contributing federal political committee. C		Transaction ID: 6199209
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. James J. Bancroft		Date of Receipt
	Mailing Address		<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 09 / 03 / 2010
	City	State	Zip Code
	FEC ID number of contributing federal political committee. C		Transaction ID: 6199210
	Name of Employer Self-Employed		Occupation
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) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Frank R. Besson, Jr.		Date of Receipt
	Mailing Address 31 Allenby Ln		<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 09 / 03 / 2010
	City	State	Zip Code
	Scotch Plains	NJ	07076
	FEC ID number of contributing federal political committee. C		Transaction ID: 6199211
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"/> 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 199 / 214
	<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. Frank R. Besson	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 185 Scott Dr	Transaction ID: 6199212
	City Watchung State NJ Zip Code 07069-6301	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. Stephen P. Henry	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 16757 Santanella St	Transaction ID: 6199213
	City San Diego State CA Zip Code 92127-3307	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	

C.	Full Name (Last, First, Middle Initial) Dr. Brett A. Johnson	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 3225 West Rathgeber	Transaction ID: 6199214
	City Wichita Falls State TX Zip Code 76310	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	

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 200 / 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dr. Alvin F. Weidman, Jr.	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 3965 Eastlake Dr	Transaction ID: 6199215
	City State Zip Code Morgantown WV 26505	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. Roland K. Fulcher	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 113 Tea Farm Rd	Transaction ID: 6213396
	City State Zip Code Summerville SC 29483	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. Mark A. Garlington	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 6821 E 9Th St	Transaction ID: 6213400
	City State Zip Code Long Beach CA 90815-5002	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: PAGE 201 / 214
(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. Jeffrey W. Ball		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
Mailing Address 3903 Hazel Glade Ct		Transaction ID: 6213401
City Houston	State TX	Zip Code 77059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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. Robert D. Calcote		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
Mailing Address 1533 Fairway Dr		Transaction ID: 6213899
City Charleston	State SC	Zip Code 29412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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. Mary Beth Marcincin		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
Mailing Address 132 Cross Creek Ct		Transaction ID: 6213904
City Bethlehem	State PA	Zip Code 18017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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)	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 202 / 214
(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. Timothy J. Tremont

Mailing Address 3 Concord Dr

City State Zip Code
McKeesport PA 15135-3109

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
09 / 09 / 2010

Transaction ID: 6213906

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ralph S. Kurti

Mailing Address PO Box 658
PO Box 658

City State Zip Code
Franklin NC 28744

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
09 / 09 / 2010

Transaction ID: 6213907

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Christina M. Martin

Mailing Address 8424 Boxwood Dr

City State Zip Code
Tampa FL 33615

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
09 / 10 / 2010

Transaction ID: 6214659

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 203 / 214
(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. Robert A. Penna		Date of Receipt MM / DD / YYYY 09 / 10 / 2010		
	Mailing Address 560 Meadow Lark Ln		Transaction ID: 6214660		
	City Hockessin	State DE	Zip Code 19707	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Ileana L. Cavanagh		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 23 Wilkins Ct		Transaction ID: 6217578		
	City Tinton Falls	State NJ	Zip Code 07724	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Gregory Oppenhuizen		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 1207 Euna Vista Ct		Transaction ID: 6233359		
	City Holland	State MI	Zip Code 49423-6608	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 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 204 / 214
	<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. Donald J. Neely		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 48 Douglas Hill		Transaction ID: 6233360		
	City Norwich	State VT	Zip Code 05055-9647	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. Rodney J. Klima		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 9807 Flintridge Ct		Transaction ID: 6233362		
	City Fairfax	State VA	Zip Code 22032	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		

C.	Full Name (Last, First, Middle Initial) Dr. A. Page Jacobson		Date of Receipt MM / DD / YYYY 09 / 16 / 2010		
	Mailing Address 14128 NW 15th Ln		Transaction ID: 6233363		
	City Gainesville	State FL	Zip Code 32606	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)	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 205 / 214
(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. Sally A. Gupton

Mailing Address 970 Gladastry Ln

City State Zip Code
Lower Gynedd PA 19002

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
09 / 17 / 2010

Transaction ID: 6233663

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address PO Box 250344

City State Zip Code
Atlanta GA 30325-0344

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
09 / 17 / 2010

Transaction ID: 6233664

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Alexander J. Sierk

Mailing Address 4819 Coventry Ct

City State Zip Code
Davenport IA 52807-3874

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
09 / 17 / 2010

Transaction ID: 6237846

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 206 / 214
(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. Melissa Wilson Venrick
Mailing Address 1055 Willow Creek Cir
City Longmont State CO Zip Code 80503
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 17 / 2010
Transaction ID: 6237847
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Harley Sebastian
Mailing Address 1035 Angelo Ct
City Atlanta State GA Zip Code 30319
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 17 / 2010
Transaction ID: 6237848
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard L. Fogel
Mailing Address 718 Washington Ave
City Elyria State OH Zip Code 44035
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 17 / 2010
Transaction ID: 6237850
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 / 214
	<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. Debra Dobbs	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address PO Box 807	Transaction ID: 6237851
	City State Zip Code Saint James NY 11780	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. Fred J. Alba	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 2650 Glen Ct	Transaction ID: 6237852
	City State Zip Code Mechanicsburg PA 17055	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. Clark D. Colville	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 136 Paseo Del Rio	Transaction ID: 6239103
	City State Zip Code Sequin TX 78155	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 208 / 214
(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. Frank Barton Miller

Mailing Address 664 Anna Cade Rd

City State Zip Code
Rockwall TX 75087

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
09 / 23 / 2010

Transaction ID: 6239148

Amount of Each Receipt this Period
250.00

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

Mailing Address 30 Old Vermont Pl

City State Zip Code
Atlanta GA 30328-1129

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
09 / 26 / 2010

Transaction ID: 6241569

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. J. Dean Jensen

Mailing Address 5881 Versailles Ave

City State Zip Code
Frisco TX 75034

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 ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: 6241572

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 209 / 214
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Sheila Birth</p> <p>Mailing Address 2802 Summertree Ln PO Box 330874</p> <p>City Colleyville State TX Zip Code 76034-5136</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010</p> <p>Transaction ID: 6246203</p> <p>Amount of Each Receipt this Period 250.00</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>B. Full Name (Last, First, Middle Initial) Dr. John R. Valant</p> <p>Mailing Address 6 Turtle Creek Bend</p> <p>City Dallas State TX Zip Code 75204</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010</p> <p>Transaction ID: 6246204</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Brett Gluck</p> <p>Mailing Address 3595 Newport Bay Dr</p> <p>City Alpharetta State GA Zip Code 30005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Orthodontist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010</p> <p>Transaction ID: 6250227</p> <p>Amount of Each Receipt this Period 250.00</p>
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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 210 / 214
(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. Kerry W. Kirsch

Mailing Address 928 Winterset Rd

City Ebensburg State PA Zip Code 15931

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2010
Transaction ID: 6250228
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. C. Robert Henry, Jr.

Mailing Address 3605 Northfield Dr

City Midland State TX Zip Code 79707-4552

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2010
Transaction ID: 6250229
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Rand D. Brown

Mailing Address 7861 S Siesta Dr

City Sandy State UT Zip Code 84093

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2010
Transaction ID: 6250230
 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 211 / 214
(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. Andrew C. Hodges

Mailing Address 16 Tennis Village Dr

City State Zip Code
Heath TX 75032

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
09 / 27 / 2010

Transaction ID: 6250233

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Maryam Mojdehi

Mailing Address 2704 Prestonwood Dr

City State Zip Code
Plano TX 75093

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
09 / 28 / 2010

Transaction ID: 6250246

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Barry Walvoord

Mailing Address 788 Stables Ct W

City State Zip Code
Highwood IL 60040

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
09 / 28 / 2010

Transaction ID: 6252891

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 212 / 214
	(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. Daniel I. Joseph

Mailing Address 1 Hawthorne Ct

City State Zip Code
Wheeling WV 26003-6635

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 6252910

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Deborah R. New

Mailing Address 23 Bellaqua Estates Ct

City State Zip Code
Rochester NY 14624-5361

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 6257875

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	174875.00

**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 213 / 214

<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) Rossi For Senate</p> <p>Mailing Address PO Box 50713</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Dino Rossi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WA District:</p>	<p>Transaction ID: 6170876 Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Rossi For Senate</p> <p>Mailing Address PO Box 50713</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Dino Rossi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WA District:</p>	<p>Transaction ID: 6170878 Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Larson For Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 01</p>	<p>Transaction ID: 6179557 Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

PAGE 214 / 214

<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

A. Full Name (Last, First, Middle Initial) Kristi For Congress <hr/> Mailing Address PO Box 852 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement <hr/> Candidate Name Ms. Kristi Noem <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6179558 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Murphy for Congress <hr/> Mailing Address PO Box 11721 <hr/> City Pittsburgh State PA Zip Code 15228 <hr/> Purpose of Disbursement <hr/> Candidate Name Tim Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6185630 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

21000.00