

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 11 04 2008 in the State of MO  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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

Type or Print Name of Treasurer James R. Bowlin

Signature of Treasurer Electronically Filed by James R. Bowlin Date 10 23 2008

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		204282.26
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	260449.74									
(c) Total Receipts (from Line 19) .....	8175.00	275842.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	268624.74	480124.74								
7. Total Disbursements (from Line 31) .....	17500.00	229000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	251124.74	251124.74								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7500.00	239375.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	675.00	29280.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8175.00	268655.00
(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) .....	8175.00	268655.00
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	7187.48
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8175.00	275842.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8175.00	275842.48

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	224000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17500.00	229000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	229000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	8175.00	268655.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8175.00	268655.00
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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Richard R. Bevis		Date of Receipt
	Mailing Address 14004 53rd Ave N		<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
	Plymouth	MN	55446
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 4717561
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	250.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael F. Richards		Date of Receipt
	Mailing Address 6724 Costa Cove		<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
	Salt Lake City	UT	84121
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 4729552
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	250.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Ara Curtis Goshgarian		Date of Receipt
	Mailing Address 1046 Cahill 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
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 4729553
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	500.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/>	1000.00
<b>TOTAL</b> 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 / 17
	<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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AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Earle E. Edwards, III	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 325 E Del Monte Ave PO Box 696	<b>Transaction ID:</b> 4729554
	City State Zip Code Clewiston FL 33440	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation Self-Employed Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. John M. Damas	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 4 Sorrel Lane	<b>Transaction ID:</b> 4729555
	City State Zip Code Lemont IL 60439-9735	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. David C. Spokane	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 108 Brian Dr	<b>Transaction ID:</b> 4729556
	City State Zip Code Beaver PA 15009-9794	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Hugh R. Phillis		Date of Receipt	
	Mailing Address 10 Poliquin Dr		M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 4729557
	Nashua	NH	03062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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		1000.00		
<input type="checkbox"/> Other (specify) ▼				

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Wendell E. Hoshino		Date of Receipt	
	Mailing Address 2577 Sonoma St		M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 4729558
	Honolulu	HI	96822-1912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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>C.</b>	Full Name (Last, First, Middle Initial) Dr. Richard E. Quan		Date of Receipt	
	Mailing Address 15289 Alma Jo Ct		M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 4729559
	Monte Sereno	CA	95030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line 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 9 / 17
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth A. Shimizu		Date of Receipt
	Mailing Address 13060 Paramount Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Saratoga	CA	95070
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 4732825
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>B.</b>	Full Name (Last, First, Middle Initial) Dr. Greg Paul Christensen		Date of Receipt
	Mailing Address 945 Lynda 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
	Waterloo	IA	50701
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 4759595
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>C.</b>	Full Name (Last, First, Middle Initial) Dr. Lavonne K. Fore		Date of Receipt
	Mailing Address 18 Bridgeview Dr SE		<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
	Rome	GA	30161-8471
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 4759596
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Orthodontist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> 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 / 17  
(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. Claude R. Stephens, Jr.

Mailing Address 4360 Red Oak Cir

City Midlothian State TX Zip Code 76065-4860

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: 4759597  
Amount of Each Receipt this Period: 1000.00

**B.**

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

Mailing Address PO Box 742

City Windermere State FL Zip Code 32786

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: 4759598  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Gene P. King

Mailing Address 2206 Briarhill

City Champaign State IL Zip Code 61822

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: 4759599  
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 11 / 17  
(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. Louis R. Baeten

Mailing Address 19002 Scenic Loop Rd

City State Zip Code  
Helotes TX 78023-9209

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

Name of Employer Self-Employed Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: 4759601

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Wendell R. Stuntz

Mailing Address 450 Lincoln Ave

City State Zip Code  
Council Bluffs IA 51503-5685

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

Name of Employer Self-Employed Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: 4759602

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Donald J. Neely

Mailing Address 48 Douglas Hill

City State Zip Code  
Norwich VT 05055-9647

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

Name of Employer Self-Employed Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: 4759603

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 12 / 17
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jerry S. Redd		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 3470 La Caminita		<b>Transaction ID:</b> 4759606		
	City Lafayette	State CA	Zip Code 94549-2312	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>B.</b>	Full Name (Last, First, Middle Initial) Dr. Randall C. Welser		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 3867 35th Ave Ct		<b>Transaction ID:</b> 4760765		
	City Moline	State IL	Zip Code 61265	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>C.</b>	Full Name (Last, First, Middle Initial) Dr. Richard G. Rosenbloom		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 36 Angelo Blvd.		<b>Transaction ID:</b> 4760766		
	City Poughkeepsie	State NY	Zip Code 12603	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Occupation Orthodontist		Aggregate Year-to-Date 350.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 17		
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Perry M. Opin		Date of Receipt	
	Mailing Address 520 Sportsmans Rd		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 4760767
	Orange	CT	06477-2329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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>B.</b>	Full Name (Last, First, Middle Initial) Dr. David M. Lebsack		Date of Receipt	
	Mailing Address 4710 Woodfield Dr		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 4760769
	Saint Joseph	MO	64506-3820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Charles Pritchett		Date of Receipt	
	Mailing Address 11980 Bluestone Dr		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 4760771
	Indianapolis	IN	46236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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		750.00		
<input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line 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 / 17
	(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. Lee M. Romine		Date of Receipt
Mailing Address 187 Beechwood Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
City	State	Zip Code
Natchitoches	LA	71457-5725
FEC ID number of contributing federal political committee.		Transaction ID: 4760774
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer Self-Employed	Occupation	
	Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Dr. Steven L. Scher		Date of Receipt
Mailing Address 34 Thorp Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
City	State	Zip Code
Weston	CT	06883
FEC ID number of contributing federal political committee.		Transaction ID: 4760775
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 100.00
Name of Employer Self-Employed	Occupation	
	Orthodontist	
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>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 350.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 7500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Van Hollen For Congress	Transaction ID: 4724586 Date of Disbursement 10 / 02 / 2008
	Mailing Address 10537 St. Paul Street	Amount of Each Disbursement this Period 1500.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Chris Van Hollen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bachmann For Congress	Transaction ID: 4724588 Date of Disbursement 10 / 02 / 2008
	Mailing Address 6053 Hudson Road Ste 360	Amount of Each Disbursement this Period 2500.00
	City Woodbury State MN Zip Code 55125	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Michele Bachmann	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Porter for Congress	Transaction ID: 4724589 Date of Disbursement 10 / 02 / 2008
	Mailing Address 6905 Pony Cir	Amount of Each Disbursement this Period 5000.00
	City Las Vegas State NV Zip Code 89145	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Jon Porter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kendrick Meek Campaign For Congress	Transaction ID: 4724590 Date of Disbursement 10 / 02 / 2008
	Mailing Address 111 Nw 183rd Street Suite 325	Amount of Each Disbursement this Period 2500.00
	City Miami State FL Zip Code 33169	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Kendrick Meek	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Donna Christensen Campaign	Transaction ID: 4724591 Date of Disbursement 10 / 02 / 2008
	Mailing Address PO Box 5197	Amount of Each Disbursement this Period 2000.00
	City St. Croix State VI Zip Code 00823	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Donna Christensen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Levin for Congress	Transaction ID: 4724594 Date of Disbursement 10 / 02 / 2008
	Mailing Address P.O. Box 1092	Amount of Each Disbursement this Period 2000.00
	City Warren State MI Zip Code 48092	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sander Levin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

John Lewis for Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
John Lewis

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 05

Transaction ID: 4724595

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

2000.00

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

2000.00

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

17500.00