REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 14 A 11:53

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Association of Orthodontists Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported

401 North Lindbergh Blvd.

CITY, STATE and ZIP CODE

St. Louis, MO 63141-7816

2. FEC IDENTIFICATION NUMBER
C00293910

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

4. TYPE OF REPORT

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

5. Covering Period 1/1/00 through 3/31/00

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 2000		$153,856.55
	(b) Cash on Hand at Beginning of Reporting Period	$153,856.55	
	(c) Total Receipts (from Line 19)	$ 7,470.00	$ 7,470.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$161,326.55	$161,326.55
7.	Total Disbursements (from Line 30)	$ 33,817.90	$ 33,817.90
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$127,508.65	$127,508.65
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 M. Drinan

Signature of Treasurer
James M. Drinan

Date 4/12/00

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

FEC FORM 3X
(revised 9/93)

FEBAN121

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE American Association of Orthodontists Political Action Committee

REPORT COVERING PERIOD FROM 1/1/00 TO: 3/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1935.00	1935.00	11(a)(i)
ii. Unitemized	5535.00	5535.00	11(a)(ii)
iii. Total (add i and ii) ➤	7,470.00	7,470.00	11(a)(iii)
b. Political Party Committees	—	—	11(b)
c. Other Political Committees (such as PACs)	—	—	11(c)
d. Total Contributions (add a iii, b and c) ➤	7,470.00	7,470.00	11(d)
12. Transfers From Affiliated/Other Party Committees	—	—	12
13. All Loans Received	—	—	13
14. Loan Repayments Received	—	—	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	—	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—	16
17. Other Federal Receipts (Dividends, Interest, etc.)	—	—	17
18. Transfers from Nonfederal Account for Joint Activity	—	—	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	7,470.00	7,470.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	7,470.00	7,470.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	—	—	21(a)(i)
ii. Non-Federal Share	—	—	21(a)(ii)
b. Other Federal Operating Expenditures	117.90	117.90	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	117.90	117.90	21(c)
22. Transfers to Affiliated/Other Party Committees	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	33,500.00	33,500.00	23
24. Independent Expenditures (use Schedule E)	—	—	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—	—	25
26. Loan Repayments Made	—	—	26
27. Loans Made	—	—	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	200.00	200.00	28(a)
b. Political Party Committees	—	—	28(b)
c. Other Political Committees (such as PACs)	—	—	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	200.00	200.00	28(d)
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	33,817.90	33,817.90	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	33,817.90	33,817.90	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,470.00	7,470.00	32
33. Total Contribution Refunds (from line 28d)	200.00	200.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,270.00	7,270.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	117.90	117.90	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	117.90	117.90	37

FEBAN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a i

Itemized Contributions From Individual/Persons

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

NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. James H. Lovell 125 Lasalle Rd. West Hartford, CT 06107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Orthodontist Aggregate Year-to-Date $ 250.00	2/17/00	$250.00
B. Dr. Robert D. Calcote 163 Rutledge Ave. Charleston, SC 29403-5823 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Orthodontist Aggregate Year-to-Date $ 210.00	3/20/00	$210.00
C. Dr. Michael J. Foy 7608 North Union Colorado Springs, CO 80920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Orthodontist Aggregate Year-to-Date $ 225.00	3/20/00	$225.00
D. Dr. M. Donald Hayes 486 W. Main St. Wilmington, OH 45177 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Orthodontist Aggregate Year-to-Date $ 1,000.00	3/20/00	$1,000.00
E. Dr. Edward R. Zanca P.O. Box 675 Camden, ME 04843-0675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Orthodontist Aggregate Year-to-Date $ 250.00	3/20/00	$250.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $1,935.00

TOTAL This Period (last page this line number only) $1,935.00

FE8AN121

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 23

Contributions to Federal Candidates

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ashcroft for U.S. Senate 2000, 507 Capitol Court N.E., Suite 100, Washington, DC 20002	VTD $2500. John Ashcroft U.S. Senate; Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	3/13/00	$2,500.00
B. Friends of Kent Conrad, P.O. Box 812, Bismarck, ND 58502	VTD $2500 Kent Conrad U.S. Senate; Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	3/30/00	$2,500.00
C. Ensign for Senate, P.O. Box 98407, Las Vegas, NV 89193	VTD $5000 John Ensign U.S. Senate; Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	3/30/00	$5,000.00
D. Frist 2000 Inc, 4205 Hillsboro Rd., Suite 306, Nashville, TN 37215	VTD $5000 Bill Frist U.S. Senate; Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	3/30/00	$5,000.00
E. Friends of Giuliani Exploratory Committee, 59 Maiden Lane, 15th Floor, New York, NY 10007	VTD $2500 Rudolph Giuliani U.S. Senate; Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	3/30/00	$2,500.00
F. Hagel for Nebraska, 507 Capitol Court NE, #100, Washington, DC 20002	VTD $1000 Chuck Hagel U.S. Senate; Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	3/22/00	$1,000.00
G. Citizens for Harkin, P.O. Box 811, Des Moines, IA 50304	VTD $2500 Tom Harkin U.S. Senate; Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	3/22/00	$2,500.00
H. Jeffords for Vermont, P.O. Box 246, c/o Susan Russ, Montpelier, VT 05601	VTD $5000 Jim Jeffords U.S. Senate; Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	3/30/00	$5,000.00
I. Reed Committee, P.O. Box 8628, Cranston, RI 02920	VTD $2500 Jack Reed U.S. Senate; Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	3/22/00	$2,500.00

SUBTOTAL of Disbursements This Page (optional) $28,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

Contributions to Federal Candidates

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name, Mailing Address and ZIP Code Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	Purpose of Disbursement VTD $2500 William Roth, Jr. U.S. Senate Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 3/30/00	Amount of Each Disbursement This Period $2,500.00
B. Full Name, Mailing Address and ZIP Code Santorum 2000 P.O. Box 10496 Pittsburgh, PA 15234	Purpose of Disbursement VTD $2500 Rick Santorum U.S. Senate Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 3/21/00	Amount of Each Disbursement This Period $2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$5,000.00
TOTAL This Period (last page this line number only)	$33,500.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21b.

Other Federal Operating Expenditures

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

NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Nova Information Systems, Inc. 200 Hanover Park Rd. Atlanta, GA 30350	Service Charge	1/4/00	$40.25 2.00
B. Nova Information Systems, Inc. 200 Hanover Park Rd. Atlanta, GA 30350	Service Charge	2/2/00	$35.70 2.00
C. Nova Information Systems, Inc. 200 Hanover Park Rd. Atlanta, GA 30350	Service Charge	3/2/00	$35.95 2.00
D.			
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) $ 117.90

TOTAL This Period (last page this line number only) $ 117.90

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 28a.

Refunds to Individuals Other than PACs

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. A. Thomas Decker 1004 Western Ave. Albany, NY 12203-2743	Refund of duplicate contribution	2/8/00	$200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $200.00

TOTAL This Period (last page this line number only) $200.00

FE6ARH21

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-13-02
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
JMB PREPARER		4-16-02 DATE PREPARED

(4/98)