



**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		81648.74
(b) Cash on Hand at Beginning of Reporting Period.....	81648.74	
(c) Total Receipts (from Line 19) .....	38387.50	38387.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	120036.24	120036.24
7. Total Disbursements (from Line 31).....	53000.00	53000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	67036.24	67036.24
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

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).....	35725.00	35725.00
(ii) Unitemized .....	2662.50	2662.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38387.50	38387.50
(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) .....	38387.50	38387.50
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	0.00
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 Transfers (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))..... ▶	38387.50	38387.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38387.50	38387.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	53000.00	53000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	53000.00	53000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53000.00	53000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	38387.50	38387.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38387.50	38387.50
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 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Gerald D. Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 279 Vernon St Apt 2  
 City Oakland State CA Zip Code 94610-4150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Orthodontist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2013  
**Transaction ID : 8149531**  
 Amount of Each Receipt this Period  
**500.00**

**B. Dr. Hugh R. Phillis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Poliquin Dr  
 City Nashua State NH Zip Code 03062-2264  
 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 Y  
 01 / 09 / 2013  
**Transaction ID : 8149534**  
 Amount of Each Receipt this Period  
**250.00**

**C. Dr. James R. Dyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Harpole Rd E  
 City Argyle State TX Zip Code 76226-4000  
 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 Y  
 01 / 09 / 2013  
**Transaction ID : 8149536**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</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 7 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Michelle L. Bergsrud**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5008 Woodhurst Ln  
 City State Zip Code  
 Minnetonka MN 55345-4644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2013  
**Transaction ID : 8150148**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Brian B. Jacobus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7880 Saddlebrook Dr  
 City State Zip Code  
 Port Saint Lucie FL 34986-3110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 14 / 2013  
**Transaction ID : 8171154**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Patricia Vayda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5601 Oaklawn Ave  
 City State Zip Code  
 Edina MN 55424-1614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2013  
**Transaction ID : 8185478**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 8 OF 50
	<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. Dr. William L. Kochenour II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 248 Shore Dr  
 City State Zip Code  
 Palm Harbor FL 34683-5441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2013  
**Transaction ID : 8203938**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. John S. Kanyusik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Indian Hill Rd  
 City State Zip Code  
 Mankato MN 56001-8940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : 8210367**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Chris H. Henry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 Forrest Dr  
 City State Zip Code  
 Fairbanks AK 99709-5741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : 8210766**  
 Amount of Each Receipt this Period  
 250.00

<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 OF 50  
(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. Dr. Jean Edouard Asmar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3214 Stephenson Pl Nw  
 City Washington State DC Zip Code 20015-2422  
 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 Y  
 01 / 31 / 2013  
**Transaction ID : 8210767**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Michael G. Durbin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Cherry Creek Ln  
 City Prospect Heights State IL Zip Code 60070-1095  
 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 Y  
 01 / 31 / 2013  
**Transaction ID : 8210768**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Christine Porter Ellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6406 Westlake Ave  
 City Dallas State TX Zip Code 75214-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Orthodontist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : 8210769**  
 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 10 OF 50  
(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. Dr. Deborah J. Lien**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4409 Rossi Ct NW  
City Rochester State MN Zip Code 55901-8653  
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 01 / 31 / 2013  
Transaction ID : 8210770  
Amount of Each Receipt this Period 500.00

**B. Dr. Daniel I. Joseph**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Hawthorne Ct  
City Wheeling State WV Zip Code 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 500.00

Date of Receipt 01 / 31 / 2013  
Transaction ID : 8210771  
Amount of Each Receipt this Period 500.00

**C. Dr. William D. Beaber**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13949 Pinehurst Cir  
City Broomfield State CO Zip Code 80023-4554  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 31 / 2013  
Transaction ID : 8210772  
Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 50  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dr. Philip M. Mansour**

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
 Self-Employed Orthodontist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : 8210773**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 704 51St St Nw

City State Zip Code  
 Bradenton FL 34209-1932

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

Name of Employer Occupation  
 Self-Employed Orthodontist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : 8210774**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Marlin S. Salmon**

Mailing Address 412 Garden Dr

City State Zip Code  
 Batavia NY 14020-1718

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

Name of Employer Occupation  
 Self-Employed Orthodontist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : 8210775**

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 12 OF 50  
(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. Dr. Jean Seibold McGill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1241 Pine Grove Dr  
 City Easton State PA Zip Code 18045-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Orthodontist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : 8210776**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Roland K. Fulcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Tea Farm Rd  
 City Summerville State SC Zip Code 29483-4213  
 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 M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2013  
**Transaction ID : 8222642**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Carolyn Jennings**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6802 Northwind Way  
 City Crestwood State KY Zip Code 40014-7782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Orthodontist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2013  
**Transaction ID : 8223091**  
 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: (check only one)	PAGE 13 OF 50
	<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"/>	<input type="checkbox"/> 17

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

**A. Dr. Susan Zand**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Goodwin Pl

City Laguna Niguel State CA Zip Code 92677-4128

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2013  
**Transaction ID : 8224487**

Amount of Each Receipt this Period  
500.00

**B. Dr. Paul M. Kasrovi**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Selborne Dr

City Piedmont State CA Zip Code 94611-3618

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

Name of Employer Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2013  
**Transaction ID : 8224488**

Amount of Each Receipt this Period  
250.00

**C. Dr. Carolyn Melita**  
Full Name (Last, First, Middle Initial)

Mailing Address 249 Florence Ave

City Arlington State MA Zip Code 02476-7246

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

Name of Employer Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2013  
**Transaction ID : 8306184**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 14 OF 50
	<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. Dr. John S. Kacewicz**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 Narragansett Bay Ave

City State Zip Code  
Warwick RI 02889-6725

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

Name of Employer Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2013  
**Transaction ID : 8306185**

Amount of Each Receipt this Period  
500.00

**B. Dr. Jeff L. Rickabaugh**  
Full Name (Last, First, Middle Initial)

Mailing Address 5001 Marble Arch Rd

City State Zip Code  
Winston Salem NC 27104-5026

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

Name of Employer Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2013  
**Transaction ID : 8363207**

Amount of Each Receipt this Period  
250.00

**C. Dr. Richard D. Roblee**  
Full Name (Last, First, Middle Initial)

Mailing Address 4108 Bentwood

City State Zip Code  
Fayetteville AR 72703-4568

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

Name of Employer Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2013  
**Transaction ID : 8391608**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<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 15 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Hugh R. Phillis</b>		Date of Receipt
Mailing Address 10 Poliquin Dr		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Nashua	NH	03062-2264
FEC ID number of contributing federal political committee.		Transaction ID : <b>8391609</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self-Employed	Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Dean J. Kiourtsis</b>		Date of Receipt
Mailing Address 4024 Glenda Pl		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43220-4620
FEC ID number of contributing federal political committee.		Transaction ID : <b>8455777</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self-Employed	Orthodontist	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Larson R. Keso</b>		Date of Receipt
Mailing Address 3001 Ridgewood Dr		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Edmond	OK	73013-8085
FEC ID number of contributing federal political committee.		Transaction ID : <b>8460632</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self-Employed	Orthodontist	
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>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="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 16 OF 50  
(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. Dr. Scott C. Berman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7420 Old Maple Sq  
 City State Zip Code  
 Mclean VA 22102-2817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2013  
**Transaction ID : 8490916**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Paul M. Kasrovi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Selborne Dr  
 City State Zip Code  
 Piedmont CA 94611-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : 8492395**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Richard E. McClung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address RR 2 BOX 272B  
 City State Zip Code  
 Lewisburg WV 24901-9334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2013  
**Transaction ID : 8496583**  
 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 17 OF 50  
(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. Dr. Lili K. Horton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2013  
**Transaction ID : 8496584**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Todd A. Thayer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 N Oaks Rd  
 City State Zip Code  
 Saint Paul MN 55127-6327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2013  
**Transaction ID : 8496585**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. William Robert Newell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 Fountainhead Dr  
 City State Zip Code  
 Jefferson GA 30549-6710  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2013  
**Transaction ID : 8496746**  
 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: (check only one)	PAGE 18 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Jeffrey L. Gilmore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Flintwood Dr  
 City Marietta State OH Zip Code 45750-9247  
 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  
 05 / 16 / 2013  
**Transaction ID : 8497270**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. John M. Oubre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 Doyle Dr  
 City Lafayette State LA Zip Code 70508-7430  
 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  
 05 / 30 / 2013  
**Transaction ID : 8524430**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Christopher A. Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 459 Penbrooke Dr  
 City Findlay State OH Zip Code 45840-7472  
 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  
 06 / 03 / 2013  
**Transaction ID : 8526210**  
 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: (check only one)	PAGE 19 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Maston R. McCorkle Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3215 Allendale St Sw  
 City Roanoke State VA Zip Code 24014-3120  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 8528161**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Barry F. Rouch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8208 Scenic Ridge Cv  
 City Austin State TX Zip Code 78735-1626  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529262**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. S. Russell Mullen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43588 Habitat Circle  
 City Leesburg State VA Zip Code 20176-8256  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529264**  
 Amount of Each Receipt this Period  
 250.00

<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: (check only one)	PAGE 21 OF 50
	<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. Dr. Edward Y. Lin**  
Full Name (Last, First, Middle Initial)

Mailing Address 555 Main Ave Apt 205

City De Pere State WI Zip Code 54115-2234

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 M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529268**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 712 Dana Farms

City Fairhaven State MA Zip Code 02719-3385

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 M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529269**

Amount of Each Receipt this Period  
 250.00

**C. Dr. Lawrence R. Siegel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1802 Yardley Rd

City Yardley State PA Zip Code 19067-3205

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 M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529271**

Amount of Each Receipt this Period  
 250.00

<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: (check only one)	PAGE 22 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Gerald D. Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 279 Vernon St Apt 2  
 City State Zip Code  
 Oakland CA 94610-4150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529272**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Philbert C. Doleac Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1927 Ne Thompson St  
 City State Zip Code  
 Portland OR 97212-4625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529273**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Robert M. Rosen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Meadowbrook Rd  
 City State Zip Code  
 Chatham NJ 07928-2028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529274**  
 Amount of Each Receipt this Period  
 250.00

<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: PAGE 23 OF 50  
(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. Dr. Jacqueline Bunce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27926 195Th Ave Se  
 City State Zip Code  
 Kent WA 98042-8532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529275**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Susan Sandstrom Guest**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 Village Way  
 City State Zip Code  
 Canton MI 48188-3449  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529276**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Anthony C. Broccoli Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Shipman Rd  
 City State Zip Code  
 Andover MA 01810-1715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529278**  
 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 OF 50
<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"/>	<input type="checkbox"/> 17

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

**A. Dr. John F. Buzzatto**  
Full Name (Last, First, Middle Initial)

Mailing Address 4012 Letort Ln

City Allison Park State PA Zip Code 15101-3131

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 M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529279**

Amount of Each Receipt this Period  
 250.00

**B. Dr. Stephen P. Shepard**  
Full Name (Last, First, Middle Initial)

Mailing Address 3401 Oakmont Dr

City Harlingen State TX Zip Code 78550-7833

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 M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529282**

Amount of Each Receipt this Period  
 250.00

**C. Dr. Shawn M. Perce**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 Lantern Wick Pl

City Ponte Vedra State FL Zip Code 32082-1948

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 M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529283**

Amount of Each Receipt this Period  
 250.00

<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: (check only one)	PAGE 25 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Michael G. Durbin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Cherry Creek Ln  
 City Prospect Heights State IL Zip Code 60070-1095  
 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  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 8529285**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Michael S. Klein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12001 W 183Rd St  
 City Bucyrus State KS Zip Code 66013-9552  
 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 Y  
 06 / 05 / 2013  
**Transaction ID : 8529286**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Jacklyn Kurth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2709 Comstock Circle  
 City Belmont State CA Zip Code 94002-2904  
 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 Y  
 06 / 06 / 2013  
**Transaction ID : 8551797**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 26 OF 50
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	<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. Dr. DeWayne B. McCamish**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Ballard Bluff Rd

City Signal Mountain State TN Zip Code 37377-2280

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2013  
**Transaction ID : 8557738**

Amount of Each Receipt this Period  
 1000.00

**B. Dr. Allison Scott-Walenjus**  
Full Name (Last, First, Middle Initial)

Mailing Address 2815 Concord Dr

City Wall Township State NJ Zip Code 07719-9574

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 M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : 8571030**

Amount of Each Receipt this Period  
 250.00

**C. Dr. Diana Almy**  
Full Name (Last, First, Middle Initial)

Mailing Address 10618 Spotsylvania Ave

City Fredericksburg State VA Zip Code 22408-2637

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 M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : 8571031**

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 27 OF 50
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	<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. Dr. Kay D. Daniel**  
Full Name (Last, First, Middle Initial)

Mailing Address 15100 Dendinger Dr

City Covington State LA Zip Code 70433-6866

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  
06 / 11 / 2013  
**Transaction ID : 8571032**

Amount of Each Receipt this Period  
250.00

**B. Dr. Jason Lee Charnley**  
Full Name (Last, First, Middle Initial)

Mailing Address 15880 Prospect Point Dr

City Spring Lake State MI Zip Code 49456-1581

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  
06 / 11 / 2013  
**Transaction ID : 8571034**

Amount of Each Receipt this Period  
250.00

**C. Dr. Jason Lenk**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Mathes Ter

City Durham State NH Zip Code 03824-2302

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  
06 / 11 / 2013  
**Transaction ID : 8571036**

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 28 OF 50
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 501 Creekside Ln

City Sandpoint State ID Zip Code 83864-2330

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 06 / 17 / 2013  
**Transaction ID : 8593538**

Amount of Each Receipt this Period 250.00

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

Mailing Address 4410 Chicago Ave

City Fair Oaks State CA Zip Code 95628-7643

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 06 / 17 / 2013  
**Transaction ID : 8593544**

Amount of Each Receipt this Period 250.00

**C. Dr. Robert M. Cuenin**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Gary Way

City Alamo State CA Zip Code 94507-2430

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 06 / 17 / 2013  
**Transaction ID : 8593546**

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 OF 50  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dr. Robert H. Perry**

Mailing Address 3109 N Hills Blvd

City State Zip Code  
Corinth MS 38834-2003

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

Name of Employer Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2013  
**Transaction ID : 8593547**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Merilynn Yamada**

Mailing Address 3628 Ocean View Ave

City State Zip Code  
Los Angeles CA 90066-3114

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

Name of Employer Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2013  
**Transaction ID : 8593548**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Martin F. Van Vliet**

Mailing Address 68 Brams Hill Dr

City State Zip Code  
Mahwah NJ 07430-2590

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

Name of Employer Occupation  
Self-Employed Orthodontist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2013  
**Transaction ID : 8595090**

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 OF 50  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dr. Kenneth G. Purvis**

Mailing Address RD 2 Box 354A

City Ligonier	State PA	Zip Code 15658-9547
------------------	-------------	------------------------

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
06	/	18	/	2013

**Transaction ID : 8595091**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. D. Andrew DeHaan**

Mailing Address 3880 Hunt Club Ct

City Shelby Township	State MI	Zip Code 48316-4820
-------------------------	-------------	------------------------

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  

M M	/	D D	/	Y Y Y Y
06	/	18	/	2013

**Transaction ID : 8595092**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark E. Hixson**

Mailing Address 3501 Catalano Dr

City Raleigh	State NC	Zip Code 27607-3405
-----------------	-------------	------------------------

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
06	/	18	/	2013

**Transaction ID : 8595093**

Amount of Each Receipt this Period  
250.00

<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 31 OF 50  
(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. Dr. Stanley Gersch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39 Scudder Rd  
City Westfield State NJ Zip Code 07090-1929  
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 06 / 18 / 2013  
**Transaction ID : 8595094**  
Amount of Each Receipt this Period 250.00

**B. Dr. David Ries**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108 Dayspring Dr  
City Columbia State MO Zip Code 65203-0285  
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 06 / 18 / 2013  
**Transaction ID : 8595096**  
Amount of Each Receipt this Period 250.00

**C. Dr. Carey Beth Rivers**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
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 06 / 18 / 2013  
**Transaction ID : 8595098**  
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 32 OF 50  
(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. Dr. James L. Wetzel Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3305 Bella Vista Dr  
City Casper State WY Zip Code 82601-5367  
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 06 / 18 / 2013  
**Transaction ID : 8595101**  
Amount of Each Receipt this Period 250.00

**B. Dr. J. Newsom Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3928 Holston College Rd  
City Louisville State TN Zip Code 37777-3036  
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 06 / 18 / 2013  
**Transaction ID : 8595102**  
Amount of Each Receipt this Period 250.00

**C. Dr. Lawrence A. Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1950 Cliffview Ct  
City Oshkosh State WI Zip Code 54901-2579  
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 06 / 18 / 2013  
**Transaction ID : 8595103**  
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 33 OF 50
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	<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. Dr. Dean M. Bartlett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 177 Hartman Rd  
City Hudson Falls State NY Zip Code 12839-9409  
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  
06 / 18 / 2013  
Transaction ID : 8595104  
Amount of Each Receipt this Period  
250.00

**B. Dr. Steven A. Dugoni**  
Full Name (Last, First, Middle Initial)  
Mailing Address 620 El Cerrito Ave  
City Hillsborough State CA Zip Code 94010-6823  
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  
06 / 23 / 2013  
Transaction ID : 8604710  
Amount of Each Receipt this Period  
250.00

**C. Dr. Michelle L. Bergsrud**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5008 Woodhurst Ln  
City Minnetonka State MN Zip Code 55345-4644  
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  
06 / 24 / 2013  
Transaction ID : 8608634  
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 34 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Walter Thomas Pattison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12219 S Fox Den Dr  
 City Knoxville State TN Zip Code 37934-3729  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611086**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Gayle Glenn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3922 Travis St Apt 12  
 City Dallas State TX Zip Code 75204-1765  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611087**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Charles M. Krowicki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Mine Rd  
 City Asbury State NJ Zip Code 08802-1181  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611088**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 35 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Michael V. Casey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Sawgrass Dr  
 City Lemont State IL Zip Code 60439-7738  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611089**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Michael L. Conlon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29920 Tanya Trl  
 City Libertyville State IL Zip Code 60048-1688  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611090**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Stanley P. Werner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11378 Monterey  
 City Eads State TN Zip Code 38028-7927  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611091**  
 Amount of Each Receipt this Period  
 250.00

<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: (check only one)	PAGE 36 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Patrick G. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1118 N Larkin Ave  
 City Joliet State IL Zip Code 60435-3456  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611092**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. John F. Oliver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2414 Crockett Dr  
 City Brownwood State TX Zip Code 76801-5906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611093**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Michael L. Jacobsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13847 Pamlico Rd  
 City Apple Valley State CA Zip Code 92307-5401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Orthodontist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611094**  
 Amount of Each Receipt this Period  
 250.00

<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: (check only one)	PAGE 37 OF 50
	<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. Dr. William A. Patchak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2317 Smalley St  
 City Jackson State MI Zip Code 49203-3727  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611095**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Scott A. Soderquist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 Wishing Well Ln  
 City Naperville State IL Zip Code 60564-8782  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611096**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Kelly-Gwynne Fergus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4119 Cathedral Cv  
 City Jonesboro State AR Zip Code 72404-9649  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611097**  
 Amount of Each Receipt this Period  
 250.00

<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 38 OF 50  
(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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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. Dr. R. Scott Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 216 Overbrook Rd  
City Longmeadow State MA Zip Code 01106-2514  
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 Y  
06 / 26 / 2013  
**Transaction ID : 8611098**  
Amount of Each Receipt this Period  
250.00

**B. Dr. David Cortopassi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2101 Stonebridge Ct  
City Wheaton State IL Zip Code 60189-7100  
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 Y  
06 / 26 / 2013  
**Transaction ID : 8611099**  
Amount of Each Receipt this Period  
250.00

**C. Dr. John L. Hayes**  
Full Name (Last, First, Middle Initial)  
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 Y  
06 / 26 / 2013  
**Transaction ID : 8611100**  
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 39 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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. Dr. Mark A. Sundberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8620 Bedington Dr Se  
 City Lacey State WA Zip Code 98513-3408  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611102**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Robert J. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8200 Crossgate Ct N  
 City Dublin State OH Zip Code 43017-8431  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611103**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Emeline B. Abay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8915 E Woodcrest Cir  
 City Wichita State KS Zip Code 67206-4038  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : 8611104**  
 Amount of Each Receipt this Period  
 250.00

<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 40 OF 50  
(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. Dr. Edmund C. Guyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50909 Lincolnshire Trl  
City Granger State IN Zip Code 46530-8768  
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  
06 / 26 / 2013  
Transaction ID : 8611105  
Amount of Each Receipt this Period  
250.00

**B. Dr. Rebecca Schreiner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1609 Misty Hollow Ct  
City Wildwood State MO Zip Code 63038-2601  
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  
06 / 26 / 2013  
Transaction ID : 8611106  
Amount of Each Receipt this Period  
250.00

**C. Dr. Cyrus M. Alizadeh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17954 Saddle Horn Rd  
City Wildwood State MO Zip Code 63038-1300  
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  
06 / 26 / 2013  
Transaction ID : 8611107  
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 41 OF 50
	<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. Dr. Charles J. Ruff**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2763

City Waterville State ME Zip Code 04903-2763

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  
06 / 26 / 2013  
**Transaction ID : 8611108**

Amount of Each Receipt this Period  
250.00

**B. Dr. Michael A. Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 21817 N Meadowlark Dr

City Kildeer State IL Zip Code 60047-7214

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  
06 / 26 / 2013  
**Transaction ID : 8611109**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 317 Wilson St

City Lake Charles State LA Zip Code 70601-5928

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  
06 / 26 / 2013  
**Transaction ID : 8611110**

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 42 OF 50  
(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. Dr. D. Spencer Pope**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1115 Green Glen Ct  
City New Lenox State IL Zip Code 60451-2583  
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  
06 / 26 / 2013  
Transaction ID : 8611111  
Amount of Each Receipt this Period  
500.00

**B. Dr. Preston D. Miller III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Northwood Ave  
City Jackson State TN Zip Code 38301-4450  
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  
06 / 26 / 2013  
Transaction ID : 8611113  
Amount of Each Receipt this Period  
250.00

**C. Dr. Richard L. Ingraham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5306 Greenbriar Dr  
City Corpus Christi State TX Zip Code 78413-2827  
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  
06 / 26 / 2013  
Transaction ID : 8611116  
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 43 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David C. Becka</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2013 <b>Transaction ID : 8611117</b>
Mailing Address 6297 Loudoun Springs Dr		Amount of Each Receipt this Period 250.00
City Frisco	State TX	Zip Code 75034-3682
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	

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul W. Sproul</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 <b>Transaction ID : 8621182</b>
Mailing Address 182 Intracoastal Dr		Amount of Each Receipt this Period 500.00
City Madison	State AL	Zip Code 35758-9424
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	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeff L. Rickabaugh</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2013 <b>Transaction ID : 8621462</b>
Mailing Address 5001 Marble Arch Rd		Amount of Each Receipt this Period 250.00
City Winston Salem	State NC	Zip Code 27104-5026
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	35725.00

**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**

Full Name (Last, First, Middle Initial)

**A. Friends Of Mary Landrieu Inc**

Mailing Address 607 14th Street Nw Suite 800  
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mary Landrieu**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

**Transaction ID : 8232652**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Pat Roberts For Senate**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Pat Roberts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

**Transaction ID : 8232654**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Cornyn for Senate, Inc.**

Mailing Address P.O. Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John Cornyn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2013

**Transaction ID : 8362456**

Amount of Each Disbursement this Period

5000.00
---------

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

15000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alexander For Senate 2008 Inc**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2013

**Transaction ID : 8362457**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ms. Ann Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2013

**Transaction ID : 8362459**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bill Shuster for Congress Committee**

Mailing Address  
227 Allegheny Street, P.O. Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Bill Shuster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2013

**Transaction ID : 8362465**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donna Edwards For Congress**

Mailing Address P.O. Box 441153

City State Zip Code  
Fort Washington MD 20749

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Donna Edwards**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2013

**Transaction ID : 8362466**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins For Congress**

Mailing Address P.O. Box 1441

City State Zip Code  
Topeka KS 66601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2013

**Transaction ID : 8362472**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JAZZ PAC**

Mailing Address

City State Zip Code

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**JAZZ PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2013

**Transaction ID : 8362988**

Amount of Each Disbursement this Period

5000.00
---------

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

11000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Jack Kingston**

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jack Kingston**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	3

**Transaction ID : 8363001**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of Jack Kingston**

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jack Kingston**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	3

**Transaction ID : 8363002**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Void - Anna Eshoo For Congress

011

Category/  
Type

Candidate Name

**Rep. Anna Eshoo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	3

**Transaction ID : 8363825**

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
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Void - Anna Eshoo For Congress

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

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

9	0	0	0	0	0	0	0	0	0
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9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends Of Maria**

Mailing Address PO Box 12740

City State Zip Code  
Seattle WA 98111

Purpose of Disbursement  
Void - Friends Of Maria

011

Candidate Name

**Sen. Maria Cantwell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2013

**Transaction ID : 8363826**

Amount of Each Disbursement this Period

-5000.00
----------

Void - Friends Of Maria

Full Name (Last, First, Middle Initial)

**B. Pete Sessions for Congress**

Mailing Address PO Box 140970

City State Zip Code  
Dallas TX 75214

Purpose of Disbursement

011

Candidate Name

**Pete Sessions**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2013

**Transaction ID : 8384953**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pat Roberts For Senate**

Mailing Address PO Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement  
Void - Pat Roberts For Senate

011

Candidate Name

**Sen. Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	29	/	2013

**Transaction ID : 8387614**

Amount of Each Disbursement this Period

-5000.00
----------

Void - Pat Roberts For Senate

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

-5000.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Sam Johnson**

Mailing Address PO Box 860096

City State Zip Code  
Plano TX 75086

Purpose of Disbursement

011

Candidate Name

**Sam Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2013

**Transaction ID : 8515086**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends Of Sessions Senate Committee Inc**

Mailing Address P O Box 4278

City State Zip Code  
Montgomery AL 36103

Purpose of Disbursement

011

Candidate Name

**Sen. Jeff Sessions**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2013

**Transaction ID : 8551799**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Enzi for US Senate**

Mailing Address PO Box 2775

City State Zip Code  
Cody WY 82414

Purpose of Disbursement

011

Candidate Name

**Michael Enzi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2013

**Transaction ID : 8551800**

Amount of Each Disbursement this Period

5000.00
---------

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

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	6		2	0	1	3		

**Transaction ID : 8551801**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Collins for Senator**

Mailing Address PO Box 1096

City State Zip Code  
Bangor ME 04402

Purpose of Disbursement

011

Candidate Name

**Susan Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	6		2	0	1	3		

**Transaction ID : 8551802**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

5	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	3	0	0	.	0	0
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