

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer James R. Bowlin

Signature of Treasurer Electronically Filed by James R. Bowlin Date 01 25 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Association of Orthodontists Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		152495.27
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	87204.76									
(c) Total Receipts (from Line 19)	14550.00	296860.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101754.76	449355.27								
7. Total Disbursements (from Line 31)	0.00	347600.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101754.76	101754.76								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Association of Orthodontists Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9975.00	222655.00
(i) Itemized (use Schedule A)	4575.00	69205.00
(ii) Unitemized	14550.00	291860.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14550.00	291860.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14550.00	296860.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14550.00	296860.00

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	2262.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	2262.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	309750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	0.00	35338.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	347600.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	347600.51

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14550.00	291860.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14550.00	291610.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2262.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2262.51

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1670 Ashford Cir NE

City State Zip Code
North Canton OH 44720

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: R14840

Amount of Each Receipt this Period
150.00

Check

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

Mailing Address 235 White Oak Ridge Rd

City State Zip Code
Short Hills NJ 07078

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: R14915

Amount of Each Receipt this Period
100.00

Credit Card

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

Mailing Address 5805 24 Mile Rd #D

City State Zip Code
Shelby Township MI 48316

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: R14911

Amount of Each Receipt this Period
150.00

Check

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<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) A. Dr. Jerry L. Boshell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 1201 Shades Cliff Rd		Transaction ID: R14899
City State Zip Code Jasper AL 35504	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard L. Bridgham		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 6 Lalli Dr		Transaction ID: R14867
City State Zip Code Katonah NY 10536	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Thomas Cavanaugh		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 314 Cove Landing Dr		Transaction ID: R14846
City State Zip Code Wildwood MO 63040	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<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) A. Dr. Antonio Cucalon, III		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 1827 Vallejo St		Transaction ID: R14879	
City State Zip Code San Francisco CA 94123	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Bruce K.A. Dormanen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 2377 Cherrywood Rd		Transaction ID: R14903	
City State Zip Code Minnetonka MN 55305	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. James W. Dougherty		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 206 Westchester Dr		Transaction ID: R14850	
City State Zip Code Griffin GA 30223	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 20
	<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) A. Dr. Harold L. Frank		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 13208 Jasmine Hill Terrace		Transaction ID: R14883	
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 650.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Kenneth F. Freer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 4500 Green Valley Rd		Transaction ID: R14856	
City State Zip Code Fairfield CA 94534	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Fred A. Garrett		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 11511 Habersham		Transaction ID: R14842	
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jon Ethan Golub		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 50 Blueberry Dr		Transaction ID: R14886
City State Zip Code Woodcliff Lake NJ 07677	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Dennis L. Granberry		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 105 Darby Rd		Transaction ID: R14851
City State Zip Code Hattiesburg MS 39402	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. E. Vann Greer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 10901 Willow Grove		Transaction ID: R14880
City State Zip Code Oklahoma City OK 73120	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Self-Employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. C. William Groesch		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 6 Island Bay		Transaction ID: R14854	
City Springfield	State IL	Zip Code 62707	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. R. Cree Hamilton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 1900 Fox Canyon Cir		Transaction ID: R14861	
City Las Vegas	State NV	Zip Code 89117	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Dr. Thomas G. Handy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 425 Friar Tuck Road		Transaction ID: R14852	
City Winston-Salem	State NC	Zip Code 27104	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Steven D. Harrison

Mailing Address 16625 County Rd 4110

City State Zip Code
Rolla MO 65401

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2006

Transaction ID: R14868

Amount of Each Receipt this Period
150.00

Credit Card

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

Mailing Address 6445 Foxglove Dr

City State Zip Code
Medina OH 44256

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2006

Transaction ID: R14866

Amount of Each Receipt this Period
150.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Michael S. Klein

Mailing Address 12001 W 183rd St

City State Zip Code
Bucyrus KS 66013

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 14 / 2006

Transaction ID: R14902

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Dennis K. Langwith

Mailing Address 4555 41st St

City State Zip Code
Des Moines IA 50310

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2006

Transaction ID: R14863

Amount of Each Receipt this Period
250.00

Credit Card

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

Mailing Address 20 Algonquin Ave

City State Zip Code
Andover MA 01810

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 28 / 2006

Transaction ID: R14905

Amount of Each Receipt this Period
100.00

Check

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

Mailing Address 616 Bradford Pl

City State Zip Code
Danville CA 94526

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 28 / 2006

Transaction ID: R14914

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 344 Webster St

City State Zip Code
Manchester NH 03104

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: R14836

Amount of Each Receipt this Period
100.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Patrick A. Niland

Mailing Address 431 Summer Ct

City State Zip Code
Nampa ID 83686

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: R14847

Amount of Each Receipt this Period
150.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Janet D. Pappas

Mailing Address 12530 SW 14th Ave

City State Zip Code
Gainesville FL 32607

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

Name of Employer Self-Employed Occupation
Self-Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: R14865

Amount of Each Receipt this Period
150.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 20
	<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) A. Dr. Michael R. Pashley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 1182 Bennington Dr		Transaction ID: R14849	
City State Zip Code Santa Ana CA 92705	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. M. John Pautienis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 155 Woodside Dr		Transaction ID: R14893	
City State Zip Code West Barnstable MA 02668	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Kenneth H. Peterson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 1409 Ambleside Cir		Transaction ID: R14857	
City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Hugh R. Phillis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 10 Poliquin Dr		Transaction ID: R14901	
City Nashua	State NH	Amount of Each Receipt this Period 250.00	
Zip Code 03062		Check	
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. Dr. David C. Quast		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 3114 Hudrell Ln		Transaction ID: R14912	
City Edgewood	State KY	Amount of Each Receipt this Period 250.00	
Zip Code 41017		Check	
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) C. Dr. J. Anthony Quinn		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address PO Box 771		Transaction ID: R14859	
City Waverly	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 18471		Check	
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 ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 20
	<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) A. Dr. Lee M. Romine		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 113 Daniel		Transaction ID: R14869
City State Zip Code Natchitoches LA 71457	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Barry M. Rosenberg		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 10 Norwood Rd		Transaction ID: R14853
City State Zip Code West Hartford CT 06117	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Louis J. Russo, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 135 Montadale Dr		Transaction ID: R14858
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Michael R. Sabat		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 9320 Stover Ln		Transaction ID: R14881	
City Brecksville	State OH	Zip Code 44141	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Dr. Steven L. Scher		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 34 Thorp Dr		Transaction ID: R14872	
City Weston	State CT	Zip Code 06883	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Dr. Joyce D. Simmons		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 220 N Hall St		Transaction ID: R14885	
City Valentine	State NE	Zip Code 69201	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 20
	<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. Lori L. Smith		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4454 Leesburg Rd		Transaction ID: R14917	
City State Zip Code Marietta GA 30066	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Steven H. Tinsworth		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 704 51st St NW		Transaction ID: R14871	
City State Zip Code Bradenton FL 34209	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Louis Trenchard		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address Rt 6 Box 1320		Transaction ID: R14843	
City State Zip Code Paris TX 75460	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Self-Employed Occupation Self-Employed Orthodontist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	525.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Walter S. Vuchnich

Mailing Address 100 Bridlewood PI

City State Zip Code
Concord NC 28025

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
1 1 / 2 9 / 2 0 0 6

Transaction ID: R14855

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Carlin L. Wiemers

Mailing Address 120 Mayan Way

City State Zip Code
Mankato MN 56001

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

Name of Employer Self-Employed Occupation
Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: R14844

Amount of Each Receipt this Period
150.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	9975.00