

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value=""/>	<input type="text" value="108524.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76414.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="31000.00"/>	<input type="text" value="41890.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="107414.24"/>	<input type="text" value="150414.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58000.00"/>	<input type="text" value="101000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49414.24"/>	<input type="text" value="49414.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	26550.00	36300.00
(ii) Unitemized	1950.00	3090.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28500.00	39390.00
(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)	28500.00	39390.00
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.....	2500.00	2500.00
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))..... ▶	31000.00	41890.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31000.00	41890.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	58000.00	101000.00
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)) ..	58000.00	101000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58000.00	101000.00

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)	28500.00	39390.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28500.00	39390.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 43
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Dr. A. G. Burris
Full Name (Last, First, Middle Initial)

Mailing Address 960 Ribaut Rd St2

City Beaufort State SC Zip Code 29902-5431

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 04 / 01 / 2014
Transaction ID : 9433112

Amount of Each Receipt this Period 500.00

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

Mailing Address 131 Brooklane Ct

City Conway State SC Zip Code 29527-8620

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 01 / 2014
Transaction ID : 9433113

Amount of Each Receipt this Period 125.00

C. 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 ▼ 750.00

Date of Receipt 04 / 01 / 2014
Transaction ID : 9433114

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00

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 7 OF 43
(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. James Brian Hamby
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Wilderness Ln #G
 City Greenville State SC Zip Code 29607-1747
 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
 04 / 01 / 2014
Transaction ID : 9433115
 Amount of Each Receipt this Period
250.00

B. Dr. Ben G. Burris
 Full Name (Last, First, Middle Initial)
 Mailing Address 650 County Road 759
 City Jonesboro State AR Zip Code 72401-7726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014
Transaction ID : 9433116
 Amount of Each Receipt this Period
1250.00

C. Dr. Jeff L. Rickabaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 5001 Marble Arch Rd
 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: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 9462285
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
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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. Lawrence S. Harte
Full Name (Last, First, Middle Initial)

Mailing Address 100 W Mount Pleasant Ave

City Livingston State NJ Zip Code 07039-2971

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 / 01 / 2014
Transaction ID : 9504999

Amount of Each Receipt this Period 250.00

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 ▼ 250.00

Date of Receipt 05 / 07 / 2014
Transaction ID : 9528187

Amount of Each Receipt this Period 125.00

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

Mailing Address 5301 Hickory Hollow Rd

City Knoxville State TN Zip Code 37919-9318

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 / 21 / 2014
Transaction ID : 9556533

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 43
(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. James C. Lyles

Mailing Address 3 Silver Canyon Pl

City State Zip Code
The Woodlands TX 77381-3098

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
05 / 22 / 2014
Transaction ID : 9557661

Amount of Each Receipt this Period
250.00

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

Mailing Address 10 Bar Chase Trl

City State Zip Code
Longview TX 75605-7206

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
05 / 25 / 2014
Transaction ID : 9558387

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Michelle L. Bergsrud

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
05 / 27 / 2014
Transaction ID : 9562321

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 11 OF 43
(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. Michael D. Lashgari
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Crown Pt
 City State Zip Code
 Canton CT 06019-2644
 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 / 02 / 2014
Transaction ID : 9575349
 Amount of Each Receipt this Period
 250.00

B. Dr. Pamela Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5448 Bending Oaks Place
 City State Zip Code
 Downers Grove IL 60515-4457
 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 / 02 / 2014
Transaction ID : 9575352
 Amount of Each Receipt this Period
 250.00

C. Dr. Peter C. Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 Penning Rd
 City State Zip Code
 Chehalis WA 98532-9154
 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 / 02 / 2014
Transaction ID : 9575354
 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 12 OF 43
	<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. Steven Jay Smiley
Full Name (Last, First, Middle Initial)

Mailing Address 1035 Willis Rd

City Spartanburg State SC Zip Code 29301-5087

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 / 02 / 2014
Transaction ID : 9575355

Amount of Each Receipt this Period
 250.00

B. Dr. Juan F. Rendon
Full Name (Last, First, Middle Initial)

Mailing Address 3472 Greenbrier Dr

City Frisco State TX Zip Code 75033-2860

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 / 02 / 2014
Transaction ID : 9575356

Amount of Each Receipt this Period
 250.00

C. Dr. Brent Dobson
Full Name (Last, First, Middle Initial)

Mailing Address 9905 E 116th St N

City Owasso State OK Zip Code 74055

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 / 02 / 2014
Transaction ID : 9575357

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 13 OF 43
(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. David Taylor

Mailing Address 501 E Camellia Ave Apt E234

City State Zip Code
McAllen TX 78501-5675

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 / 02 / 2014
Transaction ID : 9575358

Amount of Each Receipt this Period
250.00

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

Mailing Address 4468 Oakcreek Dr S

City State Zip Code
Fargo ND 58104-6620

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 / 02 / 2014
Transaction ID : 9575359

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Jared C. Blacker

Mailing Address 139 Louise Dr SE

City State Zip Code
Concord NC 28025-3670

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 / 02 / 2014
Transaction ID : 9575360

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 OF 43
(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. Robert M. Rosen
Full Name (Last, First, Middle Initial)
Mailing Address 31 Meadowbrook Rd
City Chatham State NJ Zip Code 07928-2028
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 / 02 / 2014
Transaction ID : 9575361
Amount of Each Receipt this Period
250.00

B. Dr. David C. Hamilton Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 815 36Th Avenue PI Nw
City Hickory State NC Zip Code 28601-8084
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 / 02 / 2014
Transaction ID : 9575362
Amount of Each Receipt this Period
250.00

C. Dr. Jacqueline Bunce
Full Name (Last, First, Middle Initial)
Mailing Address 27926 195Th Ave Se
City Kent State WA Zip Code 98042-8532
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 / 02 / 2014
Transaction ID : 9575363
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 15 OF 43
	<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. Thomas C. Sonneveld
Full Name (Last, First, Middle Initial)

Mailing Address 14200 Woodward Dr

City Orland Park State IL Zip Code 60462-2321

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 / 02 / 2014

Transaction ID : 9575364

Amount of Each Receipt this Period
 250.00

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 9575366

Amount of Each Receipt this Period
 500.00

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

Mailing Address 93 Hiller Rd
PO Box 518

City Jackson State NH Zip Code 03846-0518

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 / 02 / 2014

Transaction ID : 9575367

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 16 OF 43
(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. Christopher P. Fogarty
Full Name (Last, First, Middle Initial)
Mailing Address 207 Huntington Pl
City Tullahoma State TN Zip Code 37388-9535
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 / 02 / 2014
Transaction ID : 9575368
Amount of Each Receipt this Period
250.00

B. Dr. Jeffrey A. Housley
Full Name (Last, First, Middle Initial)
Mailing Address 20581 E 103Rd St N
City Claremore State OK Zip Code 74019-5743
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 / 02 / 2014
Transaction ID : 9575369
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 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
06 / 02 / 2014
Transaction ID : 9575370
Amount of Each Receipt this Period
1000.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 43
(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. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : 9575372
 Amount of Each Receipt this Period
 250.00

B. Dr. Mark T. Goodnight
 Full Name (Last, First, Middle Initial)
 Mailing Address 5010 W Homer Ave
 City Tampa State FL Zip Code 33629-7521
 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 / 02 / 2014
Transaction ID : 9575373
 Amount of Each Receipt this Period
 250.00

C. Dr. Daniel J. Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1933 Hillview Rd
 City Richmond State VT Zip Code 05477-9152
 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
 06 / 02 / 2014
Transaction ID : 9575374
 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 18 OF 43
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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
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : 9575375
 Amount of Each Receipt this Period
500.00

B. Dr. Jorge C. Coro
 Full Name (Last, First, Middle Initial)
 Mailing Address 5655 Granada Blvd
 City Coral Gables State FL Zip Code 33146-2610
 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 / 02 / 2014
Transaction ID : 9575376
 Amount of Each Receipt this Period
250.00

C. Dr. William J. Kottemann
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 Partenwood Rd
 City Orono State MN Zip Code 55356-9730
 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 / 02 / 2014
Transaction ID : 9575379
 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 19 OF 43
(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. R. Cree Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 Fox Canyon Cir
 City Las Vegas State NV Zip Code 89117-1947
 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 / 02 / 2014
Transaction ID : 9575380
 Amount of Each Receipt this Period
 250.00

B. Dr. Matthew Scott Milliner
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Point of View Dr
 City Paducah State KY Zip Code 42001
 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 / 02 / 2014
Transaction ID : 9575382
 Amount of Each Receipt this Period
 250.00

C. 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 M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : 9575383
 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 20 OF 43
	<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. 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 ▼ 500.00

Date of Receipt
06 / 02 / 2014
Transaction ID : 9575385

Amount of Each Receipt this Period
500.00

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

Mailing Address 3805 Green Valley Ln

City Toddville State IA Zip Code 52341-9661

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 / 02 / 2014
Transaction ID : 9575399

Amount of Each Receipt this Period
250.00

C. Dr. Aron E. Dellinger
Full Name (Last, First, Middle Initial)

Mailing Address 15711 Viberg Rd

City Leo State IN Zip Code 46765-9599

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 / 03 / 2014
Transaction ID : 9575474

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 21 OF 43
	<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. John A. Gerling
 Full Name (Last, First, Middle Initial)
 Mailing Address 4420 N 7Th St
 City Mcallen State TX Zip Code 78504-2970
 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 / 04 / 2014
Transaction ID : 9575801
 Amount of Each Receipt this Period
 250.00

B. Dr. Michael A. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 13975 SE Sunshadow St
 City Happy Valley State OR Zip Code 97086-5798
 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 / 04 / 2014
Transaction ID : 9575802
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael W. Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 33245 Wolfe St
 City Temecula State CA Zip Code 92592-7235
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : 9575804
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 22 OF 43
	<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. Cassy B. Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 17446 E Pondlilly Dr
 City Parker State CO Zip Code 80134-8845
 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 / 04 / 2014
Transaction ID : 9575805
 Amount of Each Receipt this Period
 250.00

B. Dr. Stacy E. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 726 Bermuda
 City Lakeway State TX Zip Code 78734-4204
 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 / 04 / 2014
Transaction ID : 9575806
 Amount of Each Receipt this Period
 250.00

C. Dr. Josephine C. Weeden
 Full Name (Last, First, Middle Initial)
 Mailing Address 3446 Brassow Rd
 City Saline State MI Zip Code 48176-9054
 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 / 04 / 2014
Transaction ID : 9575807
 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 23 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Kolman P. Apt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Providence Ter
 City State Zip Code
 Mc Lean VA 22101-2649
 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 / 04 / 2014
Transaction ID : 9575808
 Amount of Each Receipt this Period
 250.00

B. Dr. Gregory M. Bookwalter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1329 Sheirer Rd
 City State Zip Code
 Mansfield OH 44903-7792
 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 / 04 / 2014
Transaction ID : 9575809
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael J. Erhart
 Full Name (Last, First, Middle Initial)
 Mailing Address 2523 Fairbanks Ct
 City State Zip Code
 Naperville IL 60540-1947
 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
 06 / 13 / 2014
Transaction ID : 9600652
 Amount of Each Receipt this Period
 1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 43
(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. Larson R. Keso
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 Ridgewood Dr
 City Edmond State OK Zip Code 73013-8085
 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
 06 / 17 / 2014
Transaction ID : 9613697
 Amount of Each Receipt this Period
 250.00

B. Dr. Michael J. Rovner
 Full Name (Last, First, Middle Initial)
 Mailing Address 812 38Th St
 City West Des Moines State IA Zip Code 50265-3178
 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 / 17 / 2014
Transaction ID : 9613699
 Amount of Each Receipt this Period
 250.00

C. Dr. Edward A. Cronauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3010 Sorrel Ct
 City Weston State FL Zip Code 33331-3006
 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 / 17 / 2014
Transaction ID : 9613700
 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 26 OF 43
(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. Edward Y. Lin
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Main Ave Apt 205
 City State Zip Code
 De Pere WI 54115-2234
 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 / 2014
Transaction ID : 9613701
 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 State Zip Code
 Harlingen TX 78550-7833
 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 / 2014
Transaction ID : 9613702
 Amount of Each Receipt this Period
 250.00

C. Dr. Anthony Rinaldi
 Full Name (Last, First, Middle Initial)
 Mailing Address 5755 Richmond Park Dr
 City State Zip Code
 Mason OH 45040-7293
 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 / 2014
Transaction ID : 9613705
 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 27 OF 43
	<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. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : 9613706

Amount of Each Receipt this Period
 250.00

B. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : 9613707

Amount of Each Receipt this Period
 250.00

C. Dr. Randy L. Gittess
Full Name (Last, First, Middle Initial)

Mailing Address 1352 Richmond Rd

City Winter Park State FL Zip Code 32789-5061

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 / 17 / 2014

Transaction ID : 9613963

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 28 OF 43
(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. J. Gregory Gregory Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4804 Hunters Xing
 City State Zip Code
 Valdosta GA 31602-4940
 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 / D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : 9613964
 Amount of Each Receipt this Period
 250.00

B. Dr. Donald C. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3132 Sw Westover Rd
 City State Zip Code
 Topeka KS 66604-2587
 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 / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : 9615055
 Amount of Each Receipt this Period
 250.00

C. Dr. Clark D. Colville
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Paseo Del Rio
 City State Zip Code
 Seguin TX 78155-0160
 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 / D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : 9619717
 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 43
(check only one)

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

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

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

A. Dr. Sharon K. 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 Occupation
Self-Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2014
Transaction ID : 9619718

Amount of Each Receipt this Period
250.00

B. Dr. Lisa K. Wendling
Full Name (Last, First, Middle Initial)

Mailing Address 7333 Old Timber Trl
PO BOX 278

City State Zip Code
New Lothrop MI 48460-9807

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
06 / 25 / 2014
Transaction ID : 9619991

Amount of Each Receipt this Period
250.00

C. Dr. Ryan K. Van Laecken
Full Name (Last, First, Middle Initial)

Mailing Address 710 Jonathan Dr

City State Zip Code
Watertown SD 57201-5758

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
06 / 26 / 2014
Transaction ID : 9620707

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 30 OF 43
(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. Terence C. Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 9583 55Th Ave W
City Mukilteo State WA Zip Code 98275-3673
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 / 2014
Transaction ID : 9620708
Amount of Each Receipt this Period
250.00

B. Dr. Gregory K. Inman
Full Name (Last, First, Middle Initial)
Mailing Address 1003 Deerbourne Ct
City Elizabethtown State KY Zip Code 42701-2187
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 / 2014
Transaction ID : 9620709
Amount of Each Receipt this Period
250.00

C. Dr. Thomas M. Baldwin
Full Name (Last, First, Middle Initial)
Mailing Address 1002 Spindletop
City Elizabethtown State KY Zip Code 42701-2107
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 / 2014
Transaction ID : 9620710
Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 43
(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. Virginia A. Mennemeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 Fairway Ln
 City State Zip Code
 Troy MO 63379-3912
 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 / 2014
Transaction ID : 9620711
 Amount of Each Receipt this Period
 250.00

B. Dr. Bonnie Daniels Wheatley
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Gilbert Ct
 City State Zip Code
 Winchester KY 40391-8752
 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 / 2014
Transaction ID : 9620735
 Amount of Each Receipt this Period
 250.00

C. Dr. Fred A. Garrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 11511 Habersham Ln
 City State Zip Code
 Houston TX 77024-6518
 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 / 2014
Transaction ID : 9620737
 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 32 OF 43
	<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. Carl T. Drake
Full Name (Last, First, Middle Initial)

Mailing Address 38 Conway Cir

City State Zip Code
Bloomington IL 61704-8285

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 / 27 / 2014
Transaction ID : 9621854

Amount of Each Receipt this Period
250.00

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 ▼
500.00

Date of Receipt
06 / 28 / 2014
Transaction ID : 9621857

Amount of Each Receipt this Period
250.00

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

Mailing Address 108 Dayspring Dr

City State Zip Code
Columbia MO 65203-0285

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
06 / 30 / 2014
Transaction ID : 9631982

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 33 OF 43
(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. Jeremy D. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 14092 Lake Point Dr
 City Lowell State AR Zip Code 72745-8663
 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 / 30 / 2014
Transaction ID : 9631983
 Amount of Each Receipt this Period
 250.00

B. Dr. Albert Lucas
 Full Name (Last, First, Middle Initial)
 Mailing Address 11141 Sw 64Th Ave
 City Pinecrest State FL Zip Code 33156-4068
 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 / 30 / 2014
Transaction ID : 9631984
 Amount of Each Receipt this Period
 250.00

C. Dr. Thomas A. Moryl
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Ems T36 Ln
 City Leesburg State IN Zip Code 46538-9169
 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 / 30 / 2014
Transaction ID : 9631985
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 43
(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. Erin Kazmierski-Furno
 Full Name (Last, First, Middle Initial)
 Mailing Address 97 Algonquin Trl
 City Medford Lakes State NJ Zip Code 08055-1424
 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 / 30 / 2014
Transaction ID : 9631987
 Amount of Each Receipt this Period
 250.00

B. Dr. Gerald A. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 Long Branch Dr Ne
 City Marietta State GA Zip Code 30066-2469
 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 / 30 / 2014
Transaction ID : 9631988
 Amount of Each Receipt this Period
 250.00

C. Dr. Suzanne Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 446 N Scott Blvd
 City Iowa City State IA Zip Code 52245-4112
 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 / 30 / 2014
Transaction ID : 9631989
 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 35 OF 43
	<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. Albert Phillip Cavallari
 Full Name (Last, First, Middle Initial)
 Mailing Address 387 High St
 City Lockport State NY Zip Code 14094-4601
 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 / 30 / 2014
Transaction ID : 9631991
 Amount of Each Receipt this Period
 250.00

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
 06 / 30 / 2014
Transaction ID : 9631992
 Amount of Each Receipt this Period
 250.00

C. Dr. Timothy M. Reddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3110 Apple Orchard Ln
 City Cincinnati State OH Zip Code 45248-2868
 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 / 30 / 2014
Transaction ID : 9631993
 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).....▶	26550.00

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

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

FOR LINE NUMBER: PAGE 36 OF 43
(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. Pat Roberts For Senate
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 433
 City State Zip Code
 Great Bend KS 67530
 FEC ID number of contributing federal political committee. **C** C00128876
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : 9631870
 Amount of Each Receipt this Period
 2500.00

B.
 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 ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 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 ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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. Al Franken For Senate 2014

Mailing Address PO Box 583144

City Minneapolis State MN Zip Code 55458

Purpose of Disbursement

011

Candidate Name

Sen. Al Franken

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2014

Transaction ID : 9464242

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dave Camp for Congress 2002

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Void - Dave Camp for Congress 2002

011

Candidate Name

Dave Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : 9468260

Amount of Each Disbursement this Period

-5000.00

Void - Dave Camp for Congress 2002

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address P.O. Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Void - Ryan For Congress

011

Candidate Name

Rep. Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : 9468261

Amount of Each Disbursement this Period

0.00

Void - Ryan For Congress

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lindsey Graham for Senate

Mailing Address PO Box 1155

City Seneca State SC Zip Code 29679

Purpose of Disbursement

011

Candidate Name

Lindsey Graham

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 9548755

Amount of Each Disbursement this Period

2500.00

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

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

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 9548766

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Capito for Congress

Mailing Address PO BOX 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

011

Candidate Name

Shelley Capito

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: WV District: 02

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 9548767

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. 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: 2013
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 9548768

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Tim Scott For Congress

Mailing Address 1405 Ashley River Road

City State Zip Code
Charleston SC 29407

Purpose of Disbursement

011

Candidate Name

Rep. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 9548769

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Citizens for Cochran

Mailing Address PO Box 7183

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement

011

Candidate Name

Thad Cochran

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

Transaction ID : 9548770

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	5	0	0	0	0	0	0	0	0
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2	5	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. Next Century Fund PAC

Mailing Address

City State Zip Code

Purpose of Disbursement

011

Candidate Name

Next Century Fund PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 9556842

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Republican Majority Fund

Mailing Address

City State Zip Code

Purpose of Disbursement

011

Candidate Name

Republican Majority Fund

Category/
Type

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 Y
05 / 21 / 2014

Transaction ID : 9556844

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dakota PAC

Mailing Address

City State Zip Code

Purpose of Disbursement

011

Candidate Name

Dakota PAC

Category/
Type

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 Y
05 / 21 / 2014

Transaction ID : 9556845

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Yoder For Congress

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Kevin Yoder

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : 9620088

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael Burgess M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : 9620141

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. 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: 2013
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : 9620143

Amount of Each Disbursement this Period

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

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

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

1	5	0	0	0	0	0	0	0	0
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5	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. Gardner For Congress

Mailing Address 9227 E. Lincoln Ave., #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Cory Gardner

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : 9620304

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michelle Lujan Grisham

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : 9620305

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : 9620306

Amount of Each Disbursement this Period

5000.00

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

15000.00

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. Stivers For Congress

Mailing Address 81 S Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Steve Stivers

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : 9620307

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address P.O. Box 904

City Dunn State NC Zip Code 28335

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Renee Ellmers RN

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : 9620763

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

1	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	8	0	0	0	0	0	0	0	0
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