09/19/2002 12 : 45

**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

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- X 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 (M13) |

(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 **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 04 01 2002 through 06 30 2002

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 09 19 2002

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

| Office Use Only | | | **FEC FORM 3X** (Revised 1/2001) |
|---|---|---|---|

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)



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

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2002 | | 91253.83 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 41493.83 | |
| (c) Total Receipts (from Line 19) ..... | 38570.50 | 45310.50 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 80064.33 | 136564.33 |
| 7. Total Disbursements (from Line 30) ..... | 14000.00 | 70500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 66064.33 | 66064.33 |
| 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 | |

X 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 (Revised 1/2001)



Write or Type Committee Name

American Association of Orthodontists Political Action Committee

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

| 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) ..... | 2200.00 | |
| (ii) Unitemized ..... | 36370.50 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 38570.50 | 45310.50 |
| (b) Political Party Committees ..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) ..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶ | 38570.50 | 45310.50 |
| 12. Transfers From Affiliated/Other Party Committees ..... | 0.00 | 0.00 |
| 13. All Loans Received ..... | 0.00 | 0.00 |
| 14. Loan Repayments Received ..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) ..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees ..... | 0.00 | 0.00 |
| 17. Other Federal Receipts Dividends, Interest, etc.) ..... | 0.00 | 0.00 |
| 18. Transfers from Nonfederal Account for Joint Activity ..... | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶ | 38570.50 | 45310.50 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶ | 38570.50 | 45310.50 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)



| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 14000.00 | 70500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. Loan Repayments Made | 0.00 | 0.00 |
| 27. Loans Made | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶ | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶ | 14000.00 | 70500.00 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶ | 14000.00 | 70500.00 |

| III. Net Contributions/Operating Expenditures | | |
|---|---|---|
| 32. Total Contributions (other than loans) from Line 11(d), page 3) | 38570.50 | 45310.50 |
| 33. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | 38570.50 | 45310.50 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 0.00 | 0.00 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶ | 0.00 | 0.00 |

# 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 5 / 10

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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.** Full Name (Last, First, Middle Initial)
Dr. Steve A. Chapman

Mailing Address
3520 St John's Ave

City: Palatka State: FL Zip Code: 32177

FEC ID number of contributing federal political committee.

Name of Employer: Self-Employed
Occupation: Orthodontist

Receipt For: 2002
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 24 2002

Amount of Each Receipt this Period: 250.00

Credit Card

Transaction ID: R9352

**B.** Full Name (Last, First, Middle Initial)
Dr. L. R. Fugua, Jr.

Mailing Address
505 N Kentucky St

City: Kingston State: TN Zip Code: 37763

FEC ID number of contributing federal political committee.

Name of Employer: Self-Employed
Occupation: Orthodontist

Receipt For: 2002
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 04 2002

Amount of Each Receipt this Period: 250.00

Credit Card

Transaction ID: R9325

**C.** Full Name (Last, First, Middle Initial)
Dr. Elias S. Garcia

Mailing Address
214 Keystone

City: River Forest State: IL Zip Code: 60305

FEC ID number of contributing federal political committee.

Name of Employer: Self-Employed
Occupation: Orthodontist

Receipt For: 2002
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 30 2002

Amount of Each Receipt this Period: 150.00

Check

Transaction ID: R9584

**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 6 / 10

[X] 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.**
Full Name (Last, First, Middle Initial): Dr. Don R. Guest
Mailing Address: 8201 Camino Colegio #14
City: Rohnert Park State: CA Zip Code: 94928
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 29 2002
Amount of Each Receipt this Period: 250.00
Credit Card
Transaction ID: R9431

**B.**
Full Name (Last, First, Middle Initial): Dr. Todd L. Hamilton
Mailing Address: 269 Wester Brewlands
City: Iron Station State: NC Zip Code: 28080
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 06 05 2002
Amount of Each Receipt this Period: 200.00
Credit Card
Transaction ID: R9585

**C.**
Full Name (Last, First, Middle Initial): Dr. James I. Heslop
Mailing Address: 510 Stonehenge Dr
City: Lititz State: PA Zip Code: 17543
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 29 2002
Amount of Each Receipt this Period: 250.00
Credit Card
Transaction ID: R9430

**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 7 / 10

[X] 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.**
Full Name (Last, First, Middle Initial): Dr. Stephen James Reichheld
Mailing Address: 17 Storybrook Ln
City: Amherst State: NH Zip Code: 03031
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 05 15 2002
Amount of Each Receipt this Period: 200.00
Check
Transaction ID: R9548

**B.**
Full Name (Last, First, Middle Initial): Dr. David M. Verlinich
Mailing Address: 419 W 12th Ave
City: Anchorage State: AK Zip Code: 99501
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 500.00
Credit Card
Transaction ID: R9610

**C.**
Full Name (Last, First, Middle Initial): Dr. Don M. Wilkins
Mailing Address: 880 Indianola Dr
City: Merritt Island State: FL Zip Code: 32952
FEC ID number of contributing federal political committee.
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2002
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 05 15 2002
Amount of Each Receipt this Period: 150.00
Check
Transaction ID: R9534

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **2200.00**

# 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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29



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

**A.**
Full Name (Last, First, Middle Initial): Hutchinson for Senate
Mailing Address: PO Box 996
City: Rogers State: AR Zip Code: 72757
Purpose of Disbursement: Contribution: Tim Hutchinson (AR-R)
Candidate Name: Tim Hutchinson (AR-R)
Category/Type: Contribution: Tim Hutchinson (AR-R)
Office Sought: House / X Senate / President
State: AR District: 0
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 04 05 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: D472

**B.**
Full Name (Last, First, Middle Initial): Murphy for Congress
Mailing Address: PO Box 11721
City: Pittsburgh State: PA Zip Code: 15228
Purpose of Disbursement: Contribution to candidate for Timothy F.
Candidate Name: Tim Murphy (PA-18-R)
Category/Type: Contribution to candidate for Timothy F. Murphy (PA-18-R)
Office Sought: X House / Senate / President
State: PA District: 18
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 04 05 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: D474

**C.**
Full Name (Last, First, Middle Initial): Bill Shuster for Congress Committee
Mailing Address: 227 Allegheny Street, P.O. Box 27
City: Hollidaysburg State: PA Zip Code: 16648
Purpose of Disbursement: Contribution: Bill Shuster (PA-9-R)
Candidate Name: Bill Shuster (PA-9-R)
Category/Type: Contribution: Bill Shuster (PA-9-R)
Office Sought: X House / Senate / President
State: PA District: 9
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 05 29 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: D481

**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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29



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

**A.**
Full Name (Last, First, Middle Initial)
Friends of Roy Blunt

Mailing Address
PO Box 276
City: Strafford | State: MO | Zip Code: 65757

Purpose of Disbursement
Contribution: Roy Blunt (MO-7-R)

Candidate Name
Roy Blunt (MO-7-R)

Office Sought: X House / Senate / President
State: MO District: 7

Disbursement For: 2002 / Primary / X General / Other (specify)

Category/Type

Date of Disbursement: 05 29 2002

Amount of Each Disbursement this Period: 5000.00

Contribution: Roy Blunt (MO-7-R)

Transaction ID: D482

**B.**
Full Name (Last, First, Middle Initial)
Frist 2006 Inc

Mailing Address
4205 Hillsboro Road Suite 306
City: Nashville | State: TN | Zip Code: 37215

Purpose of Disbursement
Returned Check #1150 dated 2/27/2002 for

Candidate Name
Bill Frist (TN-R)

Office Sought: House / X Senate / President
State: TN District: 0

Disbursement For: 2006 / X Primary / General / Other (specify)

Category/Type

Date of Disbursement: 06 03 2002

Amount of Each Disbursement this Period: -5000.00

Returned Check #1150 dated 2/27/2002 for Bill Frist (TN-R).

Transaction ID: D483

**C.**
Full Name (Last, First, Middle Initial)
VOLPAC

Mailing Address
PO BOX 158552
City: Nashville | State: TN | Zip Code: 37215

Purpose of Disbursement
Contribution: VOLPAC

Candidate Name
VOLPAC

Office Sought: House / Senate / President
State: TN District:

Disbursement For: 2002 / Primary / General / X Other (specify)
Other

Category/Type

Date of Disbursement: 06 03 2002

Amount of Each Disbursement this Period: 5000.00

Contribution: VOLPAC

Transaction ID: D485

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **5000.00**

**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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29



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

**A.**
Full Name (Last, First, Middle Initial)
Citizens for Arlen Specter

Mailing Address
111 S 15th Street 21st Floor
City: Philadelphia State: PA Zip Code: 19102

Purpose of Disbursement
Contribution: Arlen Specter (PA-R)

Candidate Name
Arlen Specter (PA-R)

Office Sought: House / X Senate / President
State: PA District: 0

Disbursement For: 2004
X Primary / General / Other (specify)

Category/Type
Contribution: Arlen Specter (PA-R)

Date of Disbursement
06 11 2002

Amount of Each Disbursement this Period
5000.00

Transaction ID: D486

**B.**
Full Name (Last, First, Middle Initial)
Enzi for US Senate

Mailing Address
PO Box 2775
City: Cody State: WY Zip Code: 82414

Purpose of Disbursement
Contribution: Michael B. Enzi (WY-R)

Candidate Name
Michael B. Enzi (WY-R)

Office Sought: House / X Senate / President
State: WY District: 0

Disbursement For: 2002
Primary / X General / Other (specify)

Category/Type
Contribution: Michael B. Enzi (WY-R)

Date of Disbursement
06 12 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: D487

**C.**

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **6000.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **14000.00**