01/28/2004 11 : 32

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 X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- X January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on in the State of

(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2003 through 12 31 2003

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

Type or Print Name of Treasurer James R. Bowlin

Signature of Treasurer Electronically Filed by James R. Bowlin Date 01 28 2004

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
(Rev. 02/2003)

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: 07 01 2003 To: 12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		62518.33
(b) Cash on Hand at Begining of Reporting Period	46466.33	
(c) Total Receipts (from Line 19)	77834.00	103284.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124302.33	165802.33
7. Total Disbursements (from Line 31)	47000.00	88500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77302.33	77302.33
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

Write or Type Committee Name

American Association of Orthodontists Political Action Committee

Report Covering the Period: From: 07 01 2003 To: 12 31 2003

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)	4550.00	
(ii) Unitemized	73284.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	77834.00	103284.00
(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) ▶	77834.00	103284.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)		
(c) Total Transfer (add 18(a) and 18(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	77834.00	103284.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	77834.00	103284.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	47000.00	88500.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	47000.00	88500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	47000.00	88500.00

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	77834.00	103284.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77834.00	103284.00
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17
(check only one)
[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. James D. Campbell
Mailing Address: 3107 W 30th Ct
City: Panama City | State: FL | Zip Code: 32405
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 14 2003
Transaction ID: R11039
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. James D. Campbell
Mailing Address: 3107 W 30th Ct
City: Panama City | State: FL | Zip Code: 32405
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 23 2003
Transaction ID: R11340
Amount of Each Receipt this Period: 150.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Mark L. Dake
Mailing Address: 6860 Private Road 8900
City: West Plains | State: MO | Zip Code: 65775
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 09 2003
Transaction ID: R10905
Amount of Each Receipt this Period: 200.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17
(check only one)
[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. Mark L. Dake
Mailing Address 8860 Private Road 8900
City: West Plains State: MO Zip Code: 65775
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 23 2003
Transaction ID: R11346
Amount of Each Receipt this Period: 800.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Michael J. Fey
Mailing Address 7819 Antigua Point
City: Colorado Springs State: CO Zip Code: 80920
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 23 2003
Transaction ID: R11333
Amount of Each Receipt this Period: 250.00
Credit Card

C.
Full Name (Last, First, Middle Initial)
Dr. Michael J. Graham
Mailing Address 1772 Morning Dr NE
City: Cullman State: AL Zip Code: 35055
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 23 2003
Transaction ID: R11344
Amount of Each Receipt this Period: 200.00
Check

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17
(check only one)
[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. C. William Groesch
Mailing Address 8 Island Bay
City: Springfield State: IL Zip Code: 62707
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 07 16 2003
Transaction ID: R11127
Amount of Each Receipt this Period: 200.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. C. William Groesch
Mailing Address 8 Island Bay
City: Springfield State: IL Zip Code: 62707
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 23 2003
Transaction ID: R11342
Amount of Each Receipt this Period: 150.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Steven John Henseler
Mailing Address 1856 Lochaven Dr
City: Woodbury State: MN Zip Code: 55125
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 23 2003
Transaction ID: R11158
Amount of Each Receipt this Period: 100.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 17
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[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. Steven John Henseler
Mailing Address 1856 Lochaven Dr
City: Woodbury State: MN Zip Code: 55125
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 23 2003
Transaction ID: R11338
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. Dennis C. Hiller
Mailing Address Hiller Rd
PO Box 518
City: Jackson State: NH Zip Code: 03846
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 08 07 2003
Transaction ID: R11226
Amount of Each Receipt this Period: 250.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. Idalia Lastra
Mailing Address 2001 SW 4th Ave
City: Miami State: FL Zip Code: 33129
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 07 14 2003
Transaction ID: R11004
Amount of Each Receipt this Period: 100.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 17
(check only one)
[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. Idalia Lastra
Mailing Address 2001 SW 4th Ave
City: Miami State: FL Zip Code: 33129
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 23 2003
Transaction ID: R11343
Amount of Each Receipt this Period: 150.00
Check

B.
Full Name (Last, First, Middle Initial)
Dr. David L. McIntosh
Mailing Address 1176 Via Capri
City: Winter Park State: FL Zip Code: 32789
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 07 14 2003
Transaction ID: R11042
Amount of Each Receipt this Period: 200.00
Check

C.
Full Name (Last, First, Middle Initial)
Dr. David L. McIntosh
Mailing Address 1176 Via Capri
City: Winter Park State: FL Zip Code: 32789
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 12 23 2003
Transaction ID: R11345
Amount of Each Receipt this Period: 250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 17
(check only one)
[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. Robert M. Merill
Mailing Address: 1026 N Fairview Pl
City: East Wenatchee State: WA Zip Code: 98802
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 09 2003
Transaction ID: R10651
Amount of Each Receipt this Period: 500.00
Credit Card

B.
Full Name (Last, First, Middle Initial): Dr. Kevin T. Race
Mailing Address: N53 W34456 Rd Q
City: Okauchee State: WI Zip Code: 53069
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 02 2003
Transaction ID: R10746
Amount of Each Receipt this Period: 100.00
Credit Card

C.
Full Name (Last, First, Middle Initial): Dr. Kevin T. Race
Mailing Address: N53 W34456 Rd Q
City: Okauchee State: WI Zip Code: 53069
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004
Primary X General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 23 2003
Transaction ID: R11332
Amount of Each Receipt this Period: 150.00
Credit Card

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17
(check only one)
[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. Dale V. Rhoney
Mailing Address: 1414 Country Commons
City: Lake Oswego State: OR Zip Code: 97034
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004 Primary X General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 07 09 2003
Transaction ID: R10891
Amount of Each Receipt this Period: 200.00
Check

B.
Full Name (Last, First, Middle Initial): Dr. John D. Sauter
Mailing Address: 20171 Orchid St
City: Newport Beach State: CA Zip Code: 92660
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004 Primary X General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 12 18 2003
Transaction ID: R11325
Amount of Each Receipt this Period: 200.00
Check

C.
Full Name (Last, First, Middle Initial): Dr. Dona M. Sealy
Mailing Address: 18730 Shore Dr N E
City: Seattle State: WA Zip Code: 98155
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Orthodontist
Receipt For: 2004 Primary X General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 07 2003
Transaction ID: R11240
Amount of Each Receipt this Period: 100.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **500.00**

TOTAL This Period (last page this line number only) ..... ▶ **4550.00**

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 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Missourians for Kit Bond
Mailing Address: 8229 Clayton Road Suite 200
City: St Louis | State: MO | Zip Code: 63117
Purpose of Disbursement: Contribution: Christopher S. Bond (MO-R)
Candidate Name: Christopher S. Bond (MO-R)
Category/Type
Office Sought: House / X Senate / President
State: MO District: 0
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D583
Date of Disbursement: 08 18 2003
Amount of Each Disbursement this Period: 5000.00
Contribution: Christopher S. Bond (MO-R)

B.
Full Name (Last, First, Middle Initial): Missourians for Kit Bond
Mailing Address: 8229 Clayton Road Suite 200
City: St Louis | State: MO | Zip Code: 63117
Purpose of Disbursement: Contribution: Christopher S. Bond (MO-R)
Candidate Name: Christopher S. Bond (MO-R)
Category/Type
Office Sought: House / X Senate / President
State: MO District: 0
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D584
Date of Disbursement: 08 18 2003
Amount of Each Disbursement this Period: 5000.00
Contribution: Christopher S. Bond (MO-R)

C.
Full Name (Last, First, Middle Initial): People for English
Mailing Address: PO Box 1940
City: Erie | State: PA | Zip Code: 16507
Purpose of Disbursement: Contribution: Phil English (PA-3-R)
Candidate Name: Phil English (PA-3-R)
Category/Type
Office Sought: X House / Senate / President
State: PA District: 3
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D585
Date of Disbursement: 09 04 2003
Amount of Each Disbursement this Period: 5000.00
Contribution: Phil English (PA-3-R)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **13000.00**

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 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): People for English
Mailing Address: PO Box 1940
City: Erie State: PA Zip Code: 16507
Purpose of Disbursement: Contribution: Phil English (PA-3-R)
Candidate Name: Phil English (PA-3-R)
Category/Type
Office Sought: X House / Senate / President
State: PA District: 3
Disbursement For: 2004 Primary X General / Other (specify)
Transaction ID: D586
Date of Disbursement: 09 / 04 / 2003
Amount of Each Disbursement this Period: 5000.00
Contribution: Phil English (PA-3-R)

B.
Full Name (Last, First, Middle Initial): Friends of Dave Weldon
Mailing Address: PO Box 968
City: Melbourne State: FL Zip Code: 32902
Purpose of Disbursement: Contribution: Dave Weldon (FL-15-R)
Candidate Name: Dave Weldon (FL-15-R)
Category/Type
Office Sought: X House / Senate / President
State: FL District: 15
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D588
Date of Disbursement: 09 / 04 / 2003
Amount of Each Disbursement this Period: 5000.00
Contribution: Dave Weldon (FL-15-R)

C.
Full Name (Last, First, Middle Initial): Wally Herger for Congress Committee
Mailing Address: PO Box 1500
City: Chico State: CA Zip Code: 95927
Purpose of Disbursement: Contribution: Wally Herger (CA-2-R)
Candidate Name: Wally Herger (CA-2-R)
Category/Type
Office Sought: X House / Senate / President
State: CA District: 2
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D589
Date of Disbursement: 09 / 04 / 2003
Amount of Each Disbursement this Period: 5000.00
Contribution: Wally Herger (CA-2-R)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Wally Herger for Congress Committee
Mailing Address: PO Box 1500
City: Chico State: CA Zip Code: 95927
Purpose of Disbursement: Contribution: Wally Herger (CA-2-R)
Candidate Name: Wally Herger (CA-2-R)
Category/Type
Office Sought: X House / Senate / President
State: CA District: 2
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D590
Date of Disbursement: 09/04/2003
Amount of Each Disbursement this Period: 5000.00
Contribution: Wally Herger (CA-2-R)

B.
Full Name (Last, First, Middle Initial): Friends of Jim Saxton
Mailing Address: PO Box 795
City: Mount Holly State: NJ Zip Code: 08060
Purpose of Disbursement: Contribution: Jim Saxton (NJ-3-R)
Candidate Name: Jim Saxton (NJ-3-R)
Category/Type
Office Sought: X House / Senate / President
State: NJ District: 3
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D591
Date of Disbursement: 09/04/2003
Amount of Each Disbursement this Period: 5000.00
Contribution: Jim Saxton (NJ-3-R)

C.
Full Name (Last, First, Middle Initial): Pete Sessions for Congress
Mailing Address: PO Box 140970
City: Dallas State: TX Zip Code: 75214
Purpose of Disbursement: Contribution: Pete Sessions (TX-32-R)
Candidate Name: Pete Sessions (TX-32-R)
Category/Type
Office Sought: X House / Senate / President
State: TX District: 32
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D592
Date of Disbursement: 09/04/2003
Amount of Each Disbursement this Period: 5000.00
Contribution: Pete Sessions (TX-32-R)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Sam Brownback for U S Senate
Mailing Address: P.O. Box 2008
City: Topeka State: KS Zip Code: 66601
Purpose of Disbursement: Contribution: Sam Brownback (KS-R)
Candidate Name: Sam Brownback (KS-R)
Category/Type
Office Sought: House / X Senate / President — State: KS District: 0
Disbursement For: X Primary / General / Other (specify)
Transaction ID: D593
Date of Disbursement: 09/04/2003
Amount of Each Disbursement this Period: 1000.00
Contribution: Sam Brownback (KS-R)

B.
Full Name (Last, First, Middle Initial): Citizens to Elect Rick Larsen
Mailing Address: PO Box 326
City: Everett State: WA Zip Code: 98206
Purpose of Disbursement: Contribution: Rick Larsen (WA-2-D)
Candidate Name: Rick Larsen (WA-2-D)
Category/Type
Office Sought: X House / Senate / President — State: WA District: 2
Disbursement For: X Primary / General / Other (specify)
Transaction ID: D594
Date of Disbursement: 10/01/2003
Amount of Each Disbursement this Period: 1000.00
Contribution: Rick Larsen (WA-2-D)

C.
Full Name (Last, First, Middle Initial): Simpson for Congress
Mailing Address: 788 Hoff Drive
City: Blackfoot State: ID Zip Code: 83221
Purpose of Disbursement: Contribution: Michael K. Simpson (ID-2-R
Candidate Name: Michael K. Simpson (ID-2-R)
Category/Type
Office Sought: X House / Senate / President — State: ID District: 2
Disbursement For: X Primary / General / Other (specify)
Transaction ID: D595
Date of Disbursement: 11/03/2003
Amount of Each Disbursement this Period: 1000.00
Contribution: Michael K. Simpson (ID-2-R)

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	☐ 30b

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

A. Full Name (Last, First, Middle Initial)
McCollum for Senate

Mailing Address
605 East Robinson Street, Suite 24

City: Orlando
State: FL
Zip Code: 32801

Purpose of Disbursement
Contribution: Bill McCollum (FL-??-R)

Candidate Name
Bill McCollum (FL-??-R)

Category/Type

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

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

Transaction ID: D597
Date of Disbursement: 12 / 11 / 2003

Amount of Each Disbursement this Period: 1000.00

Contribution: Bill McCollum (FL-??-R)

SUBTOTAL of Disbursements This Page (optional) ..... ▶	1000.00
TOTAL This Period (last page this line number only) ..... ▶	47000.00