REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Association of Orthodontists Political Action Committee (AADPAC)

ADDRESS (number and street) ☐ Check if different than previously reported
401 North Lindbergh Boulevard

CITY, STATE and ZIP CODE
St. Louis, MO 63141

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
AUG 2 9 25 AM '97

2. FEC IDENTIFICATION NUMBER
C00293910

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☒ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

5. Covering Period 1.1.97 through 6.30.97

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 97		$ 72,433.84
(b) Cash on Hand at Beginning of Reporting Period	$ 72,433.84	
(c) Total Receipts (from Line 19)	$ 26,350.01	$ 26,350.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 98,783.85	$ 98,783.85
7. Total Disbursements (from Line 30)	$ 33,138.27	$ 33,138.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 65,645.58	$ 65,645.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Ronald S. Moen, Secretary-Treasurer

Signature of Treasurer
Ronald S. Moen

Date
7-22-97

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

FEC FORM 3X
(revised 9/93)

FE6AN138

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a i

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, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Juan R. Emmanuelli 55 Meditacion St. #7B Mayaguez, PR Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dr. Juan R. Emmanuelli Occupation: orthodontist Aggregate Year-to-Date > $250.00	4.15.97	$250.00
B. Dr. James L. Heslop 2175 Oregon Pike Lancaster, PA 17601-4604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dr. James L. Heslop Occupation: orthodontist Aggregate Year-to-Date > $250.00	5.12.97	$250.00
C. Dr. Gene R. Humphries 27981 Greenfield Dr. #F Laguna Niguel, CA 92677-1494 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dr. Gene R. Humphries Occupation: orthodontist Aggregate Year-to-Date > $200.01	4.01.97	$200.01
D. Dr. Robert M. Merrill 101 NE 11th East Wenatchee, WA 98802-1025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dr. Robert Merrill Occupation: orthodontist Aggregate Year-to-Date > $250.00	5.28.97	$250.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) $950.01

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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 commerci 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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
ICS Diversified 2392 Grissom Drive St. Louis, MO 63146	postage for mailing, mailing expenses (stuffing, delivery expediting) Disbursement for: Primary General Other (specify)	3.12.97 4.24.97	$2,349.76 406.48
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Not Just Copies 10935 Olive Blvd Creve Coeur, MO 63141-7740	copies of solicitation letters Disbursement for: Primary General Other (specify)	3.19.97	$ 311.41
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
Mulligan Business Forms & Systems, Inc. 9440 Manchester Rd. St. Louis, MO 63119	envelopes, brochures Disbursement for: Primary General Other (specify)	4.7.97	$1,783.25
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
Postmaster 1720 Market St. Rm 1011 St. Louis, MO 63155-9651	business reply permit, BRA permit, BRM permit Disbursement for: Primary General Other (specify)	4.14.97 6.12.97 6.12.97	$ 100.00 205.00 85.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
Arch Engraving Inc. 106 N. Kirkwood Rd. St. Louis, MO 63122	award plaques Disbursement for: Primary General Other (specify)	4.24.97	$147.28
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
Prima Advertising Promotions, Inc. Heritage Village Center 11406 Gravois Rd St. Louis, MO 63126	folders, lapel pins Disbursement for: Primary General Other (specify)	5.20.97 5.28.97	$2,791.04 2,540.19
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
Alex Paradowski Graphic Design 303 N. Broadway St. Louis, MO 63102-2001	design, production of poster Disbursement for: Primary General Other (specify)	5.20.97	$ 360.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
Kolb & Company, P.C. 2325 Meramec, Suite 100 Clayton, MO 63105	preparation of review financial statement Disbursement for: Primary General Other (specify)	6.30.97	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
American Association of Orthodontists 401 N. Lindbergh Blvd. St. Louis, MO 63141	liability insurance, chairman's expenses, conference call, postage, mailing expenses Disbursement for: Primary General Other (specify)	3.17.97 4.2.97	$ 495.00 1,763.86

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

TOTAL This Period (last page this line number only) $14,338.27

FEBAN1B5

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas House of Representatives CA-21 YTD = $5,000 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6.23.97	$5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Friends of Doc Hastings 2612 C Arlington Mill Drive Arlington, VA 22206	Richard "Doc" Hastings House of Representatives WA-4 YTD = $500 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5.30.97	$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Bob Riley for Congress P.O. Box 700 Ashland, AL 36521	Bob Riley House of Representatives AL-3 YTD = $1,000 Disbursement for: [ ] Primary [ ] General [X] Other (specify) General '96	5.28.97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Reed Committee P.O. Box 8628 Cranston, RI 02920	Jack Reed Senate RI YTD = $1,000 Disbursement for: [ ] Primary [ ] General [X] Other (specify) General '96	6.8.97	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Friends of Max Baucus 203 C Street, NE Washington, D.C. 20002	Max Baucus Senate MT YTD = $1,000 Disbursement for: [ ] Primary [ ] General [X] Other (specify) General '96	3.24.97	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Senator John Warner Committee 600 E. Main Richmond, VA 23219	John Warner Senate VA YTD = $1,000 Disbursement for: [ ] Primary [ ] General [X] Other (specify) General '96	3.20.97	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Jim Davis 209 Blanca Avenue Tampa, FL 33606	Jim Davis House of Representatives FL-11 YTD = $1,000 Disbursement for: [ ] Primary [ ] General [X] Other (specify) General '96	3.28.97	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Kenny Hulshof House of Representatives MO-9 YTD = $1,000 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3.17.97	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Anne Northup P.O. Box 7313 Louisville, KY 40257	Anne Northup House of Representatives KY-3 YTD = $1,000 Disbursement for: [ ] Primary [ ] General [X] Other (specify) General '96	3.11.97	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $12,500.00

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

FE6AN135

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Hagel for Nebraska 507 Capitol Court, NE, #100 Washington, D.C. 20002	Chuck Hagel Senate NE YTD: $1,000 Disbursement for: ☐ Primary ☐ General ☒ Other (specify) General '96	3.10.97	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
The Bennett '96 Committee P.O. Box 8841 Falls Church, VA 22041	Robert Bennett Senate VT YTD: $5,000 Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	1.27.97	$5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $6,000.00

TOTAL This Period (last page this line number only) $14,500.00

FEBAN136

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Association of Orthodontists Political Action Committee

REPORT COVERING PERIOD FROM 1.1.97 TO: 6.30.97

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	950.01	950.01	11(a)i
ii. Unitemized	25,400.00	25,400.00	11(a)ii
iii. Total (add i and ii) ➤	26,350.01	26,350.01	11(a)iii
b. Political Party Committees	—	—	11(b)
c. Other Political Committees (such as PACs)	—	—	11(c)
d. Total Contributions (add a iii, b and c) ➤	26,350.01	26,350.01	11(d)
12. Transfers From Affiliated/Other Party Committees	—	—	12
13. All Loans Received	—	—	13
14. Loan Repayments Received	—	—	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	—	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—	16
17. Other Federal Receipts (Dividends, Interest, etc.)	—	—	17
18. Transfers from Nonfederal Account for Joint Activity	—	—	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	26,350.01	26,350.01	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	26,350.01	26,350.01	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity [from Schedule H4]			
i. Federal Share	—	—	21(a)i
ii. Non-Federal Share	—	—	21(a)ii
b. Other Federal Operating Expenditures	14,338.27	14,338.27	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	14,338.27	14,338.27	21(c)
22. Transfers to Affiliated/Other Party Committees	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	18,500.00	18,500.00	23
24. Independent Expenditures (use Schedule E)	—	—	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—	—	25
26. Loan Repayments Made	—	—	26
27. Loans Made	—	—	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	300.00	300.00	28(a)
b. Political Party Committees	—	—	28(b)
c. Other Political Committees (such as PACs)	—	—	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	300.00	300.00	28(d)
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	33,138.27	33,138.27	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	33,138.27	33,138.27	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	26,350.01	26,350.01	32
33. Total Contribution Refunds (from line 28d)	300.00	300.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	26,050.01	26,050.01	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	14,338.27	14,338.27	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	14,338.27	14,338.27	37

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28a

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Dr. Gene R. Humphries 27991 Greenfield Dr. HF Laguna Niguel, CA 92677-1494	contribution refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-29-97	$200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Pe

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$200.00

FE6AM135

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7/30/97
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

RBW
PREPARER

8/2/97
DATE PREPARED

FEC FORM 70-2 (12/92)