REPORT OF RECEIPTS AND DISBURSEMENTS

For 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

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

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

2. FEC IDENTIFICATION NUMBER
C 00293910

AUG 29 9 37 AM '94

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

☐ 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)

☐ 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 _____

☐ Termination Report

This report contains activity for ☐ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period _____ through 6/30/94		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(a))	0	0
	(b) Total Contribution Refunds (from Line 20(d))	0	0
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	0	0
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0	0
	(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	0	0
8.	Cash on Hand at Close of Reporting Period (from Line 27)	0	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

Signature of Treasurer
Ronald S. Moen

Date
8-22-94

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 3
(revised 4/87)

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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 8-22-94
☐	Registered/Certified Mail	POSTMARKED
☐	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

JMH
PREPARER

8-23-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 1 8 4 9 1 5