REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 3 9 36 AM '99

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 Blvd.

CITY, STATE and ZIP CODE

St. Louis, MO 63141-7816

2. FEC IDENTIFICATION NUMBER C00243910

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1-1-99 through 6-30-99		
6. (a) Cash on Hand January 1, 19 99		$87,065.58
(b) Cash on Hand at Beginning of Reporting Period	$87,065.58	
(c) Total Receipts (from Line 19)	$23,504.00	$23,504.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$110,569.58	$110,569.58
7. Total Disbursements (from Line 30)	$23,000.00	$23,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$87,569.58	$87,569.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 M. Drinan

Signature of Treasurer: James M. Drinan

Date: 7/30/99

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)

FE8AN121

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

(revised 1/1/91)

NAME OF COMMITTEE: American Association of Orthodontists PAC

REPORT COVERING PERIOD FROM 1-1-99 TO: 6-30-99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$ 250.	$ 250.	11(a)(i)
ii. Unitemized	23,254.	23,254.	11(a)(ii)
iii. Total (add i and ii) ➤	23,504.	23,504.	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) ➤	23,504.	23,504.	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) ➤	23,504.	23,504.	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	23,504.	23,504.	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	—	—	21(a)(i)
i. Federal Share	—	—	21(a)(ii)
ii. Non-Federal Share	—	—	21(b)
b. Other Federal Operating Expenditures	—	—	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	—	—	22
22. Transfers to Affiliated/Other Party Committees	—	—	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	23,000.	23,000.	24
24. Independent Expenditures (use Schedule E)	—	—	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—	—	26
26. Loan Repayments Made	—	—	27
27. Loans Made	—	—	28
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	—	—	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) ➤	—	—	28(d)
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	23,000.	23,000	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	23,000.	23,000.	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	23,504.	23,504	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,504	23,504	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	—	—	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	—	—	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE ___ OF ___

FOR LINE NUMBER 11a1

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 committees.

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. David J. Angus, 1 Kennedy Drive, #3, South Burlington, VT 05403-8788 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Associates in Orthodontics, P.C. / Orthodontist — Aggregate Year-to-Date $250.	2-19-99	$250.
B. 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
C. 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
D. 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
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) ..... $250.

FEB/MM'21

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER 23

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contributions to Federal Candidates

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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 Period
Ashcroft for U.S. Senate 507 Capitol Court N.E., Suite 100 Washington, DC 20002	YTD $2,000 John Ashcroft, U.S. Senate, MO Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/12/99	$2,000.
B. Full Name, Mailing Address and ZIP Code Bob Filner for Congress P.O. Box 127868 San Diego, CA 92112	YTD $1,500 Bob Filner, U.S. House of Reps, CA, 50th Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/10/99	$1,500.
C. Full Name, Mailing Address and ZIP Code People for Ganske 521 E. Locust, 2nd Floor Des Moines, IA 50309	YTD $2,000 Greg Ganske, U.S. House of Reps, IA 4th Disbursement for: [ ] Primary [ ] General [X] Other (specify) General 98	3/10/99	$2,000.
D. Full Name, Mailing Address and ZIP Code Citizens for Harkin P.O. Box 811 Des Moines, IA 50304	YTD $1,000 Tom Harkin U.S. Senate, IA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/18/99	$1,000.
E. Full Name, Mailing Address and ZIP Code Hatch Election Committee 9115 Westerholme Way Vienna, VA 22182-2144	YTD $3,000 Orrin Hatch U.S. Senate, UT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/18/99	$3,000.
F. Full Name, Mailing Address and ZIP Code Kasich 2000 2021 E. Dublin Granville Rd. Suite 2000 Columbus, OH 43229	YTD $5,000 John Kasich, U.S. House of Reps, OH 12th Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/18/99 2/18/99	$2,000. $3,000.
G. Full Name, Mailing Address and ZIP Code Kuykendall Congressional Committee 21311 Hawthorne Blvd., #107 Torrance, CA 90503	YTD $1,000 Steve Kuykendall, U.S. House of Reps, CA 36th Disbursement for: [ ] Primary [ ] General [X] Other (specify) General 98	3/10/99	$1,000.
H. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. Box 499 Evans, GA 30809	YTD $2,500 Charlie Norwood, U.S. House of Reps, GA 10th Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/10/99	$2,500.
I. Full Name, Mailing Address and ZIP Code Jim Ramstad Volunteer Committee 8100 Penn Ave South, Suite 104 Bloomington, MN 55431	YTD $1,000 Jim Ramstad, U.S. House of Reps, MN 3rd Disbursement for: [ ] Primary [ ] General [X] Other (specify) General 98	3/10/99	$1,000.

SUBTOTAL of Disbursements This Page (optional) ..... $19,000.

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends for Harry Reid 245 Second Street N.E. Washington, DC 20002	YTD $1,000 Harry Reid, U.S. Senate, NV Disbursement for: [ ] Primary [ ] General [X] Other (specify) General 98	3/10/99	$1,000.
B. Tom Reynolds for Congress P.O. Box 141 Williamsville, NY 14231	YTD $500. Tom Reynolds, U.S. House of Reps, NY, 27th Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/20/99	$500.
C. Max Sandlin for Congress P.O. Box 1281 Marshall, TX 75671	YTD $1,000 Max Sandlin, U.S. House of Reps, TX, 1st Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/4/99	$1,000.
D. Simpson for Congress C/O 1510 Woodbine Street Alexandria, VA 22302	YTD $1,600 Mike Simpson, U.S. House of Reps, ID, 2nd Disbursement for: [ ] Primary [ ] General [X] Other (specify) General 98	3/10/99	$1,600.
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 Period
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 Period
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 Period
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 Period
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 Period

SUBTOTAL of Disbursements This Page (optional) ..... $ 4,000.

TOTAL This Period (last page this line number only) ..... $23,000.

FE8AN12(

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 7/30/99
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☐	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
☐	Electronic Filing	

SPM — PREPARER

08/03/99 — DATE PREPARED

(4/98)