

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT 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)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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 Nawrocki, Gianna, , ,

Signature of Treasurer Nawrocki, Gianna, , , Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2025"/> | | <input type="text" value="280994.08"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="280994.08"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="222673.44"/> | <input type="text" value="222673.44"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="503667.52"/> | <input type="text" value="503667.52"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="258142.65"/> | <input type="text" value="258142.65"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="245524.87"/> | <input type="text" value="245524.87"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

| 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)..... | 196239.00 | 196239.00 |
| (ii) Unitemized | 26184.44 | 26184.44 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 222423.44 | 222423.44 |
| (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) | 222423.44 | 222423.44 |
| 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.)..... | 250.00 | 250.00 |
| 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) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 222673.44 | 222673.44 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 222673.44 | 222673.44 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 7500.00 | 7500.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 7500.00 | 7500.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 206000.00 | 206000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)..... | 44642.65 | 44642.65 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 258142.65 | 258142.65 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 258142.65 | 258142.65 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| 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) | 222423.44 | 222423.44 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 222423.44 | 222423.44 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 7500.00 | 7500.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 7500.00 | 7500.00 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amending because memo-entries that were incorrectly entered have now been fixed.

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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. Shah, Darshit, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18111 LA Cantera Ter Apt 4407
 City San Antonio State TX Zip Code 78256-2688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2025
Transaction ID : 23255180
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Martone, Valerie, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 College Ave
 City Beaver State PA Zip Code 15009-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2025
Transaction ID : 23255338
 Amount of Each Receipt this Period
 1220.00
 Memo Item

C. Martone, Valerie, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 College Ave
 City Beaver State PA Zip Code 15009-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2025
Transaction ID : 23255571
 Amount of Each Receipt this Period
 110.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1830.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Phillis, Hugh, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Poliquin Dr
 City Nashua State NH Zip Code 03062-2264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2025
Transaction ID : 23255572
 Amount of Each Receipt this Period
 750.00
 Memo Item

B. Crawford, Craig, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Wilson St
 City Lake Charles State LA Zip Code 70601-5928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2025
Transaction ID : 23262960
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Chyun, Peter, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7601 River RD Apt 1020
 City North Bergen State NJ Zip Code 07047-6377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2025
Transaction ID : 23312656
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Mukherjee, Padma, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Willow Grove Pkwy
 City Westfield State NJ Zip Code 07090-3518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2025
Transaction ID : 23312821
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Woller, Jessica, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3298 Riverview Dr
 City Fairbanks State AK Zip Code 99709-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2025
Transaction ID : 23323744
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. Stull, Jeri, Lynnette, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Michelle Ln
 City Fort Thomas State KY Zip Code 41075-1161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2025
Transaction ID : 23402836
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1010.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Girgis, Robert, F., Dr., | | Date of Receipt |
| Mailing Address 1315 Brittany Ave | | M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2025 |
| City Naperville | State IL | Zip Code 60540-8387 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : 23402837 |
| Name of Employer (for Individual) Self Employed | | Amount of Each Receipt this Period 250.00 |
| Occupation (for Individual) Orthodontist | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sahlaney, John, J., Dr., | | Date of Receipt |
| Mailing Address 29 Sylvan Oakes Dr | | M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2025 |
| City Hollidaysburg | State PA | Zip Code 16648-2921 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : 23402838 |
| Name of Employer (for Individual) Self Employed | | Amount of Each Receipt this Period 500.00 |
| Occupation (for Individual) Orthodontist | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Robinson, Thomas, G., Dr., | | Date of Receipt |
| Mailing Address | | M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2025 |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | Transaction ID : 23402839 |
| Name of Employer (for Individual) Self Employed | | Amount of Each Receipt this Period 250.00 |
| Occupation (for Individual) Orthodontist | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Whited, Tommy, Neil, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11281 Country Forest Cv
 City Collierville State TN Zip Code 38017-8997
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2025
Transaction ID : 23402840
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Melcher, Thomas, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1572 Northfield Ln
 City Lafayette State CO Zip Code 80026-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2025
Transaction ID : 23402855
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Holman, Kenneth, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2025
Transaction ID : 23402859
 Amount of Each Receipt this Period
 345.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1145.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Griffiths, John, C., Dr., | | Date of Receipt MM / DD / YYYY 01 / 22 / 2025 |
| Mailing Address 9805 Glenrock Dr | | Transaction ID : 23406847 |
| City Las Vegas | State NV | Zip Code 89134-6714 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 208.00 |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 208.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hiller, Dennis, C., Dr., | | Date of Receipt MM / DD / YYYY 01 / 22 / 2025 |
| Mailing Address 9 Greenscapes Ln #6 | | Transaction ID : 23406851 |
| City Thornton | State NH | Zip Code 03223 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mansour, Philip, , Dr., | | Date of Receipt MM / DD / YYYY 01 / 23 / 2025 |
| Mailing Address | | Transaction ID : 23408235 |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 375.00 |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 375.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 833.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Bedi, Jashleen, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2368 Highland Dr
 City Ann Arbor State MI Zip Code 48105-1088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2025
Transaction ID : 23409641
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Schulz, Scott, O., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1241 Lake Ridge Cir
 City Traverse City State MI Zip Code 49684-6626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2025
Transaction ID : 23409643
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Pittman, Lance, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Stephen Ln
 City Charles Town State WV Zip Code 25414-4128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2025
Transaction ID : 23410698
 Amount of Each Receipt this Period
 110.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 610.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | | |
|---|-------------------------------------|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Featheringham, Dale Anne, , Dr., | | | Date of Receipt |
| Mailing Address 80 Browning Ct | | | MM / DD / YYYY 01 / 24 / 2025 |
| City Dublin | State OH | Zip Code 43017-1177 | Transaction ID : 23410715 |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Batastini, Paul, F., Dr., | | | Date of Receipt |
| Mailing Address 591 Warwick Rd | | | MM / DD / YYYY 01 / 25 / 2025 |
| City Haddonfield | State NJ | Zip Code 08033-3845 | Transaction ID : 23410835 |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period 250.00 |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Joseph, Daniel, I., Dr., | | | Date of Receipt |
| Mailing Address 1 Hawthorne Ct | | | MM / DD / YYYY 01 / 25 / 2025 |
| City Wheeling | State WV | Zip Code 26003-6635 | Transaction ID : 23410840 |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period 1250.00 |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 1250.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Griggs, Henry, G., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1713 E Forrest St
 City Athens State AL Zip Code 35613-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **01 / 30 / 2025**
Transaction ID : 23420755
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Stenberg, Donna, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14575 119Th St N
 City Stillwater State MN Zip Code 55082-8907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **02 / 01 / 2025**
Transaction ID : 23424929
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Martone, Valerie, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 College Ave
 City Beaver State PA Zip Code 15009-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1440.00

Date of Receipt **02 / 02 / 2025**
Transaction ID : 23425058
 Amount of Each Receipt this Period 110.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 860.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Stroh, Patrick, James, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Avenue I, Unit 206
 City Redondo Beach State CA Zip Code 90277-5609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 02 / 2025
Transaction ID : 23425065
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Schupak, Gail, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 343 E 30Th St Apt 9M
 City New York State NY Zip Code 10016-6434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 03 / 2025
Transaction ID : 23425181
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Edwards, Cory, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 N Carnoustie
 City Shoal Creek State AL Zip Code 35242-6004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 220.00

Date of Receipt 02 / 03 / 2025
Transaction ID : 23425328
 Amount of Each Receipt this Period 220.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 970.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 173
(check only one)
 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Fulcher, Roland, K., Dr.,

Mailing Address 113 Tea Farm Rd

City Summerville State SC Zip Code 29483-4213

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2025
Transaction ID : 23425373

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Wulf, Michelle, S., Dr.,

Mailing Address 18154 Bent Tree Rdg

City Council Bluffs State IA Zip Code 51503-7882

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2025
Transaction ID : 23425391

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Smith, Amy, G., Dr.,

Mailing Address 54 Westwood Dr

City Parkersburg State WV Zip Code 26101-8646

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2025
Transaction ID : 23425420

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 173
(check only one)
 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Apicella, Albert, J., Dr.,

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 23425421

Amount of Each Receipt this Period
300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Eckley, Brett, Edward, Dr.,

Mailing Address 101 Hawksbury Trce

City State Zip Code
Beckley WV 25801-2368

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 23425425

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Slattery, John, , Dr.,

Mailing Address 3221 W Crescent Rim Dr

City State Zip Code
Boise ID 83706-2716

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 23425429

Amount of Each Receipt this Period
1250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Burns, Thomas, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 Westfield Ave
 City Westfield State NJ Zip Code 07090-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2025
Transaction ID : 23425591
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Minahan, Lara, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1905 Gold Mine Rd
 City Brookeville State MD Zip Code 20833-2229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2025
Transaction ID : 23439176
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Weiler, Michael, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3087 Brookshire Dr
 City Rockingham State VA Zip Code 22801-9331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2025
Transaction ID : 23453086
 Amount of Each Receipt this Period
 1250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 20 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Angle, Anne, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 302 Liseter Rd

| | | |
|--------------------|-------------|------------------------|
| City Newtown Sq | State PA | Zip Code 19073-3529 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2025

Transaction ID : 23453088

Amount of Each Receipt this Period
500.00

Memo Item

B. Campbell, Robert, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6800 TOWLES RD

| | | |
|--------------------|-------------|------------------------|
| City Wilmington | State NC | Zip Code 28409-2148 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2025

Transaction ID : 23453122

Amount of Each Receipt this Period
500.00

Memo Item

C. Kasrovi, Paul, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Selborne Dr

| | | |
|------------------|-------------|------------------------|
| City Piedmont | State CA | Zip Code 94611-3618 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2025

Transaction ID : 23453149

Amount of Each Receipt this Period
625.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1625.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Willett, Emily, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2025

Transaction ID : 23453189

Amount of Each Receipt this Period
1250.00

Memo Item

B. Pelletier, James, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Island Pond Rd

City State Zip Code
Dracut MA 01826-1547

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 23465365

Amount of Each Receipt this Period
500.00

Memo Item

C. Foley, Daniel, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Mountain Laurel Rd

City State Zip Code
Daniels WV 25832-9265

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 23465367

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Seaborn, Richard, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5095 Haven Ct
 City Atlanta State GA Zip Code 30342-2182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2025
Transaction ID : 23466165
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cofie, Zenaida, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7926 Evesboro Dr
 City Severn State MD Zip Code 21144-1485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2025
Transaction ID : 23466170
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kanyusik, John, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2025
Transaction ID : 23466175
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Vaden, James, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 353 Buck Lake Rd
 City Cookeville State TN Zip Code 38506-6302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2025
Transaction ID : 23466178
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Dunn, S., Kendall, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 Timberlane Rd
 City Pike Road State AL Zip Code 36064-3446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2025
Transaction ID : 23466179
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Kuntz, Timothy, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31166 Highway 12
 City Sioux City State IA Zip Code 51109-9074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2025
Transaction ID : 23466182
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1300.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Redd, Jerry, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Winding Oak Dr
 City Okatie State SC Zip Code 29909-4224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **02 / 11 / 2025**
Transaction ID : 23466191
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sturdivant, Jeffrey, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 58Th Ct
 City West Des Moines State IA Zip Code 50266-2817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt **02 / 11 / 2025**
Transaction ID : 23466206
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Alvetro, Lisa, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 591 Oak Ridge Dr
 City Sidney State OH Zip Code 45365-8431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt **02 / 11 / 2025**
Transaction ID : 23466208
 Amount of Each Receipt this Period 1250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2250.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Waters, Donihue, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Falligant Ave
 City Savannah State GA Zip Code 31410-1411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 11 / 2025
Transaction ID : 23466210
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Olmsted, Matthew, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7102 Lake Henson Drive
 City Summerfield State NC Zip Code 27358-9134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2025
Transaction ID : 23466212
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Krueger, Robert, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2025
Transaction ID : 23466220
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Supplies, Sven, , Dr.,

Mailing Address 68 Grist Mill Rd

| | | |
|-------------------|-------------|------------------------|
| City Littleton | State MA | Zip Code 01460-2255 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 11 | / | 2025 |

Transaction ID : 23466224

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Broccoli, Anthony, C., Dr., Jr.

Mailing Address 5 Shipman Rd

| | | |
|-----------------|-------------|------------------------|
| City Andover | State MA | Zip Code 01810-1715 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 11 | / | 2025 |

Transaction ID : 23466225

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Parris, William, G., Dr.,

Mailing Address 2490 Carters Grove Ln

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38138-4904 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 11 | / | 2025 |

Transaction ID : 23466227

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Snodgrass, James, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1114 Bishop Walsh Rd
 City Cumberland State MD Zip Code 21502-1904
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 11 / 2025
Transaction ID : 23466228
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jones, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 Aponi Rd Se
 City Vienna State VA Zip Code 22180-5909
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 11 / 2025
Transaction ID : 23466234
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Fry, Robert, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 11 / 2025
Transaction ID : 23466236
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Reichl, Peter, G., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 704 N Ponderosa Dr

| | | |
|------------------|-------------|------------------------|
| City Hartland | State WI | Zip Code 53029-8640 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2025

Transaction ID : 23466529

Amount of Each Receipt this Period
250.00

Memo Item

B. Faber, Beth, Lynn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10412 Chickahominy Falls Ln

| | | |
|--------------------|-------------|------------------------|
| City Glen Allen | State VA | Zip Code 23059-5135 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2025

Transaction ID : 23466534

Amount of Each Receipt this Period
150.00

Memo Item

C. McQueen, Jana, Tumpkin, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2025

Transaction ID : 23467399

Amount of Each Receipt this Period
1250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1650.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Smith, Bradley, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 645 Woodvalley Dr

| | | |
|--------------------|-------------|------------------------|
| City Pittsburgh | State PA | Zip Code 15238-2129 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 12 | / | 2025 |

Transaction ID : 23467401

Amount of Each Receipt this Period
750.00

Memo Item

B. Riordan, Michael, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2119 Brandt Rd

| | | |
|--------------|-------------|------------------------|
| City York | State SC | Zip Code 29745-9138 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 13 | / | 2025 |

Transaction ID : 23467582

Amount of Each Receipt this Period
250.00

Memo Item

C. Snodell, Stephen, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5736 Merrywing Cir

| | | |
|----------------|-------------|------------------------|
| City Austin | State TX | Zip Code 78730-1434 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 13 | / | 2025 |

Transaction ID : 23467584

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 30 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Woller, Jessica, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3298 Riverview Dr

| | | |
|-------------------|-------------|------------------------|
| City Fairbanks | State AK | Zip Code 99709-4740 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2025

Transaction ID : 23467740

Amount of Each Receipt this Period
210.00

Memo Item

B. Freer, Kenneth, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2025

Transaction ID : 23468049

Amount of Each Receipt this Period
250.00

Memo Item

C. Limbaugh, Lindsay, Durham, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 595 Ripple Ln

| | | |
|----------------------|-------------|------------------------|
| City Hampton Cove | State AL | Zip Code 35763-8409 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2025

Transaction ID : 23468055

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 760.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Hersh, Nelson (Nick), M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5221 N Bay Dr
 City Orchard Lake State MI Zip Code 48324-2389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2025
Transaction ID : 23468057
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ferrell, Christine, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 814 W Cub Hunt Ln
 City West Chester State PA Zip Code 19380-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2025
Transaction ID : 23468517
 Amount of Each Receipt this Period
 1200.00
 Memo Item

C. Merrill, Robert, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2025
Transaction ID : 23468613
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2200.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Meister, Robert, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Center Ct
 City Laguna Niguel State CA Zip Code 92677-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **02 / 15 / 2025**
Transaction ID : 23468650
 Amount of Each Receipt this Period 130.00
 Memo Item

B. Davidson, Jeremy, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Little Neck Pt
 City Virginia Beach State VA Zip Code 23452-4711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 17 / 2025**
Transaction ID : 23468786
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kalaskey, Lawrence, J., Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Southern Woods Dr
 City South Charleston State WV Zip Code 25309-8691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 17 / 2025**
Transaction ID : 23468794
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1630.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Sexson, Gary, D., Dr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12920 Crestview Dr
 City Huntley State IL Zip Code 60142-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **02 / 17 / 2025**
Transaction ID : 23468808
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Johnson, Jonathan, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Corofin Ln
 City Rehoboth Beach State DE Zip Code 19971-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **02 / 18 / 2025**
Transaction ID : 23468868
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Moffit, Katie, Evans, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Windermere Blvd
 City Alexandria State LA Zip Code 71303-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **02 / 19 / 2025**
Transaction ID : 23520710
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Forster, C., Matthew, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 181 Compton View Dr
 City Middletown State RI Zip Code 02842-7616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2025
Transaction ID : 23520712
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Feinberg, Michael, Adam, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11626 N 76Th Way
 City Scottsdale State AZ Zip Code 85260-5584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 21 / 2025
Transaction ID : 23521403
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Griffiths, John, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9805 Glenrock Dr
 City Las Vegas State NV Zip Code 89134-6714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00

Date of Receipt 02 / 22 / 2025
Transaction ID : 23522607
 Amount of Each Receipt this Period 208.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 858.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Pittman, Lance, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Stephen Ln
 City Charles Town State WV Zip Code 25414-4128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2025
Transaction ID : 23522617
 Amount of Each Receipt this Period
 110.00
 Memo Item

B. Miller, Dakota, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Pearl Pkwy Apt 4701
 City San Antonio State TX Zip Code 78215-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2025
Transaction ID : 23522618
 Amount of Each Receipt this Period
 105.00
 Memo Item

C. Cooperman, Kenneth, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 W End Ave Apt 12-A
 City New York State NY Zip Code 10025-5431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2025
Transaction ID : 23525571
 Amount of Each Receipt this Period
 300.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 515.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Butler, Jennifer, Edwards, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Brooklane Ct
 City Conway State SC Zip Code 29527-8620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2025
Transaction ID : 23525572
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Hall, Tasha, Eileen, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1338 N New Jersey St
 City Indianapolis State IN Zip Code 46202-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2025
Transaction ID : 23525574
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Kapadia, Hardik, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2025
Transaction ID : 23526251
 Amount of Each Receipt this Period
 400.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 675.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Henseler, Steven, John, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9586 Bailey Rd
 City Woodbury State MN Zip Code 55129-9686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt 02 / 27 / 2025
Transaction ID : 23526252
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Sahlaney, John, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Sylvan Oakes Dr
 City Hollidaysburg State PA Zip Code 16648-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 27 / 2025
Transaction ID : 23526255
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Taylor, W., Christopher, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 Mctops Dr
 City Saint Albans State WV Zip Code 25177-2394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 27 / 2025
Transaction ID : 23526256
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cavallari, Albert, Phillip, Dr., | | Date of Receipt MM / DD / YYYY 02 / 27 / 2025 Transaction ID : 23526257 |
| Mailing Address 387 High St | | Amount of Each Receipt this Period 500.00 |
| City Lockport | State NY | Zip Code 14094-4601 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stark, Thomas, M., Dr., | | Date of Receipt MM / DD / YYYY 02 / 27 / 2025 Transaction ID : 23526258 |
| Mailing Address 2115 Hughes St | | Amount of Each Receipt this Period 500.00 |
| City Ames | State IA | Zip Code 50014-7022 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Polo, Mario, , Dr., | | Date of Receipt MM / DD / YYYY 02 / 27 / 2025 Transaction ID : 23526261 |
| Mailing Address B10 Calle Neptuno | | Amount of Each Receipt this Period 250.00 |
| City San Juan | State PR | Zip Code 00926-6476 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Spokane, David, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 James Dr
 City Beaver State PA Zip Code 15009-9256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2025
Transaction ID : 23526268
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Weeden, Josephine, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1479 Maplewood Dr
 City Saline State MI Zip Code 48176-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2025
Transaction ID : 23526319
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Anderson-Cermin, Cheryl, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1974 117Th Ave
 City Dresser State WI Zip Code 54009-4434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2025
Transaction ID : 23526321
 Amount of Each Receipt this Period
 1200.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Georgelis, George, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Druid Cir
 City Lititz State PA Zip Code 17543-7631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2025
Transaction ID : 23526323
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. McDonough, Mark, William, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 N Riding Dr
 City Pennington State NJ Zip Code 08534-2915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2025
Transaction ID : 23526327
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Summers, Jeffery, Craig, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2362 Roper Mountain Rd
 City Simpsonville State SC Zip Code 29681-4936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2025
Transaction ID : 23526335
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Gersch, Scott, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 547 E Broad St
 City Westfield State NJ Zip Code 07090-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2025
Transaction ID : 23526337
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Giannetti, Kelly, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 B St
 City Davis State CA Zip Code 95616-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2025
Transaction ID : 23526348
 Amount of Each Receipt this Period
 275.00
 Memo Item

C. Harte, Douglas, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Boynton Dr
 City Livingston State NJ Zip Code 07039-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 362.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2025
Transaction ID : 23526350
 Amount of Each Receipt this Period
 181.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 706.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Wortham, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 Interlaken Rd
 City Orlando State FL Zip Code 32804-3448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2025
Transaction ID : 23526611
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Martone, Valerie, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 College Ave
 City Beaver State PA Zip Code 15009-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2025
Transaction ID : 23526822
 Amount of Each Receipt this Period 110.00
 Memo Item

C. Roncone, Christopher, Erik, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2025
Transaction ID : 23526823
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 460.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 43 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 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. Poole, Morris, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2025

Transaction ID : 23526831

Amount of Each Receipt this Period
100.00

Memo Item

B. Green, Bryan, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Greylogs Ln

City State Zip Code
Spartanburg SC 29302-3472

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2025

Transaction ID : 23543375

Amount of Each Receipt this Period
100.00

Memo Item

C. Fulcher, Roland, K., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Tea Farm Rd

City State Zip Code
Summerville SC 29483-4213

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2025

Transaction ID : 23543376

Amount of Each Receipt this Period
200.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 400.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Cofie, Zenaida, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7926 Evesboro Dr
 City Severn State MD Zip Code 21144-1485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2025
Transaction ID : 23543399
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Prugh, Denise, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6241 S Walnut St
 City Casper State WY Zip Code 82601-6251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2025
Transaction ID : 23543406
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Colville, Clark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Paseo Del Rio
 City Seguin State TX Zip Code 78155-0160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2025
Transaction ID : 23543407
 Amount of Each Receipt this Period 3000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 45 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Donnell, Adam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2025
Transaction ID : 23543588
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Richards, Anne, Bronwen, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Forest Reed Pl
 City State Zip Code
 Leclair IA 52753-9369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2025
Transaction ID : 23556196
 Amount of Each Receipt this Period
 1250.00
 Memo Item

C. Trotter, John, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Via Colusa
 City State Zip Code
 Palos Verdes Estates CA 90274-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2025
Transaction ID : 23556198
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Joseph, Daniel, I., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Hawthorne Ct

| | | |
|------------------|-------------|------------------------|
| City Wheeling | State WV | Zip Code 26003-6635 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 08 | | 2025 |

Transaction ID : 23556205

Amount of Each Receipt this Period
125.00

Memo Item

B. Bergdoll, Allison, S., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15828 Weston Gln

| | | |
|--------------------|-------------|------------------------|
| City Huntertown | State IN | Zip Code 46748-9141 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 08 | | 2025 |

Transaction ID : 23556208

Amount of Each Receipt this Period
500.00

Memo Item

C. Wolford, Marian, Schmitt, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 638 W 6Th St

| | | |
|--------------|-------------|------------------------|
| City Erie | State PA | Zip Code 16507-1173 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 08 | | 2025 |

Transaction ID : 23556210

Amount of Each Receipt this Period
1250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1875.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Stewart, Kelton, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2025

Transaction ID : 23556212

Amount of Each Receipt this Period
250.00

Memo Item

B. Beckwith, Phillip, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6739 Cooperstone Dr

City State Zip Code
Dublin OH 43017-5237

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2025

Transaction ID : 23556218

Amount of Each Receipt this Period
300.00

Memo Item

C. Elshebiny, Tarek, Maher Hasson Mohamed, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27020 Cedar Rd Apt 717

City State Zip Code
Beachwood OH 44122-1135

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2025

Transaction ID : 23556220

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1050.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Cassidy, Donald, W., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Echo Lake Rd.
 POBox708
 City Presque Isle State ME Zip Code 04769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2025
Transaction ID : 23556228
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Howard, Lisa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 163
 City Kennebunk State ME Zip Code 04043-0163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2025
Transaction ID : 23556230
 Amount of Each Receipt this Period
 1250.00
 Memo Item

C. Genecov, Jeffrey, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5211 Pebblebrook Dr
 City Dallas State TX Zip Code 75229-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2025
Transaction ID : 23556239
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1600.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Webb, Kenneth, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Rivers End Rd
 City Teaticket State MA Zip Code 02536-5827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2025
Transaction ID : 23556296
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Davis, Edward, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 Blakely Ct
 City West Columbia State SC Zip Code 29170-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2025
Transaction ID : 23557376
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. Davis, Edward, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 Blakely Ct
 City West Columbia State SC Zip Code 29170-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2025
Transaction ID : 23557378
 Amount of Each Receipt this Period
 420.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3130.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Donnell, Adam, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2025

Transaction ID : 23557382

Amount of Each Receipt this Period
1000.00

Memo Item

B. Williams, Richard, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2025

Transaction ID : 23557464

Amount of Each Receipt this Period
1000.00

Memo Item

C. Schulte, Amy, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1030 E. Brookside Dr.

City State Zip Code
Springfield MO 65807-1828

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2025

Transaction ID : 23557623

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2100.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Griffiths, John, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9805 Glenrock Dr

| | | |
|-------------------|-------------|------------------------|
| City Las Vegas | State NV | Zip Code 89134-6714 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2922.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 11 | / | 2025 |

Transaction ID : 23557674

Amount of Each Receipt this Period
2506.00

Memo Item

B. Bocklet, R., Cary, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4940 Hideaway Pointe

| | | |
|-------------------|-------------|------------------------|
| City Hollywood | State SC | Zip Code 29449-5876 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 11 | / | 2025 |

Transaction ID : 23560739

Amount of Each Receipt this Period
300.00

Memo Item

C. Cassidy, Kevin, Michael, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3146 Sw Shadow Ln

| | | |
|----------------|-------------|------------------------|
| City Topeka | State KS | Zip Code 66604-2541 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 12 | / | 2025 |

Transaction ID : 23560743

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2906.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 173 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Faber, Beth, Lynn, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10412 Chickahominy Falls Ln
 City: Glen Allen, State: VA, Zip Code: 23059-5135
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Self Employed, Occupation (for Individual): Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 03 / 12 / 2025
Transaction ID : 23560744
 Amount of Each Receipt this Period: 150.00
 Memo Item

B. Hazey, Michael, A., Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1395 Briarwood Rd
 City: Bridgeport, State: WV, Zip Code: 26330-9449
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Self Employed, Occupation (for Individual): Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2025
Transaction ID : 23561033
 Amount of Each Receipt this Period: 250.00
 Memo Item

C. Kochenour, William, L., Dr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 248 Shore Dr
 City: Palm Harbor, State: FL, Zip Code: 34683-5441
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Self Employed, Occupation (for Individual): Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 13 / 2025
Transaction ID : 23561453
 Amount of Each Receipt this Period: 250.00
 Memo Item

| | |
|--|--------|
| 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) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 53 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Reynolds, Andrew, D, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Wessington Manor Ln
 City Fort Mill State SC Zip Code 29715-7837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 14 / 2025
Transaction ID : 23561491
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Harter, C., Tradd, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Braxton Ln
 City Athens State GA Zip Code 30607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 14 / 2025
Transaction ID : 23561493
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Edmonds, Ruth, E. Ross, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 Trace Creek Dr
 City Nashville State TN Zip Code 37221-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 14 / 2025
Transaction ID : 23561495
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Woller, Jessica, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3298 Riverview Dr
 City Fairbanks State AK Zip Code 99709-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 630.00

Date of Receipt 03 / 14 / 2025
Transaction ID : 23561496
 Amount of Each Receipt this Period 210.00
 Memo Item

B. Munn, Michael, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 Suggs St
 City Loris State SC Zip Code 29569-3164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 14 / 2025
Transaction ID : 23561667
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Meister, Robert, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Center Ct
 City Laguna Niguel State CA Zip Code 92677-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 390.00

Date of Receipt 03 / 15 / 2025
Transaction ID : 23561677
 Amount of Each Receipt this Period 130.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 840.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Balhoff, David, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
03 / 17 / 2025
Transaction ID : 23562144

Amount of Each Receipt this Period
1250.00

Memo Item

B. Manley, Christian, P., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5044 112th AVE NE

City State Zip Code
Kirkland WA 98033-7717

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
03 / 18 / 2025
Transaction ID : 23563653

Amount of Each Receipt this Period
750.00

Memo Item

C. Godley, Danielle, N., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12953 Airhart Blvd

City State Zip Code
Carmel IN 46074-8364

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 20 / 2025
Transaction ID : 23570705

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2250.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Feinberg, Michael, Adam, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11626 N 76Th Way
 City Scottsdale State AZ Zip Code 85260-5584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 03 / 21 / 2025
Transaction ID : 23570708
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Rickabaugh, Jeff, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 21 / 2025
Transaction ID : 23570709
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Nease, Eric, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 617 Weymouth Dr
 City Spartanburg State SC Zip Code 29302-2813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 22 / 2025
Transaction ID : 23570980
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 350.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Griffiths, John, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9805 Glenrock Dr

| | | |
|-------------------|-------------|------------------------|
| City Las Vegas | State NV | Zip Code 89134-6714 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3130.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 22 | | 2025 |

Transaction ID : 23570981

Amount of Each Receipt this Period
208.00

Memo Item

B. Lu, H. Quoc, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9504 Claychin Ct

| | | |
|---------------|-------------|------------------------|
| City Burke | State VA | Zip Code 22015-4187 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 22 | | 2025 |

Transaction ID : 23570982

Amount of Each Receipt this Period
100.00

Memo Item

C. Dougherty Jr, Harry, L., Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 Davana Rd

| | | |
|----------------------|-------------|------------------------|
| City Sherman Oaks | State CA | Zip Code 91423-4634 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 22 | | 2025 |

Transaction ID : 23570983

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 408.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Pischke Thomas, Katherine, Alexandra, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Peachtree Dr
 City Greer State SC Zip Code 29651-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2025
Transaction ID : 23570984
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Pittman, Lance, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Stephen Ln
 City Charles Town State WV Zip Code 25414-4128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2025
Transaction ID : 23571116
 Amount of Each Receipt this Period
 110.00
 Memo Item

C. Miller, Dakota, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Pearl Pkwy Apt 4701
 City San Antonio State TX Zip Code 78215-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2025
Transaction ID : 23571117
 Amount of Each Receipt this Period
 105.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 295.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Butler, Jennifer, Edwards, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Brooklane Ct
 City Conway State SC Zip Code 29527-8620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2025
Transaction ID : 23572347
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Hall, Tasha, Eileen, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1338 N New Jersey St
 City Indianapolis State IN Zip Code 46202-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2025
Transaction ID : 23572349
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Craig, Dana, Elizabeth, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2025
Transaction ID : 23572975
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 525.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Bailey, L'Tanya, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2025

Transaction ID : 23575667

Amount of Each Receipt this Period
 250.00

Memo Item

B. Lehman-Grimes, Shawn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4309 A Sneed Road

City State Zip Code
 Nashville TN 37215-3215

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2025

Transaction ID : 23575670

Amount of Each Receipt this Period
 250.00

Memo Item

C. Harte, Douglas, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 Boynton Dr

City State Zip Code
 Livingston NJ 07039-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 543.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2025

Transaction ID : 23575750

Amount of Each Receipt this Period
 181.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 681.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Maddux, Nicholas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3828 Old Shell Rd
 City Virginia Beach State VA Zip Code 23452-4723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 28 / 2025**
Transaction ID : 23575752
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bernhardt, Melissa, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31193 Napa Valley Crest Dr
 City Waukee State IA Zip Code 50263-7049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 01 / 2025**
Transaction ID : 23632096
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Nida, Suzanna, Ellzey, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Avery Knls
 City Hattiesburg State MS Zip Code 39402-8096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 01 / 2025**
Transaction ID : 23632098
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1100.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Reagin, K., Britt, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2025

Transaction ID : 23632764

Amount of Each Receipt this Period
500.00

Memo Item

B. Ellis, Christine, Porter, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6406 Westlake Ave

City State Zip Code
Dallas TX 75214-3437

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2025

Transaction ID : 23632767

Amount of Each Receipt this Period
1250.00

Memo Item

C. Martone, Valerie, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 College Ave

City State Zip Code
Beaver PA 15009-2742

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1660.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : 23632777

Amount of Each Receipt this Period
110.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1860.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Phillis, Hugh, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Poliquin Dr
 City Nashua State NH Zip Code 03062-2264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2025
Transaction ID : 23632778
 Amount of Each Receipt this Period
 750.00
 Memo Item

B. Roncone, Christopher, Erik, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2025
Transaction ID : 23632779
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Wright, William, Duke, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 916 N 3315 W
 City Vernal State UT Zip Code 84078-9722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2025
Transaction ID : 23634583
 Amount of Each Receipt this Period
 375.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1225.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 OF 173
(check only one)
 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Dennis, Suzanne, M., Dr.,

Mailing Address 425 Mallard Lake Dr

City Earlysville State VA Zip Code 22936-9789

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 02 / 2025**
Transaction ID : 23634883

Amount of Each Receipt this Period 500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Poole, Morris, L., Dr.,

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 03 / 2025**
Transaction ID : 23635630

Amount of Each Receipt this Period 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Green, Bryan, E., Dr.,

Mailing Address 411 Greylogs Ln

City Spartanburg State SC Zip Code 29302-3472

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 04 / 2025**
Transaction ID : 23636187

Amount of Each Receipt this Period 100.00

Memo Item

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Fulcher, Roland, K., Dr., | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 04 / 2025 Transaction ID : 23636188 |
| Mailing Address 113 Tea Farm Rd | | Amount of Each Receipt this Period 200.00 |
| City Summerville | State SC | Zip Code 29483-4213 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Patil, Sheetal, , Dr., | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2025 Transaction ID : 23636565 |
| Mailing Address | | Amount of Each Receipt this Period 1250.00 |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Buchner, Eric, , Dr., | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2025 Transaction ID : 23640018 |
| Mailing Address 36 Lingleaf Drive | | Amount of Each Receipt this Period 500.00 |
| City Jackson | State TN | Zip Code 38305-7372 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1950.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Sproul, Paul, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 182 Intracoastal Dr
 City Madison State AL Zip Code 35758-9424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2025
Transaction ID : 23640055
 Amount of Each Receipt this Period
 1250.00
 Memo Item

B. Schiano, Frank, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 E 6Th St Unit 1
 City Boston State MA Zip Code 02127-6569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2025
Transaction ID : 23651276
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. Sierk, Alexander, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4819 Coventry Ct
 City Davenport State IA Zip Code 52807-3874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2025
Transaction ID : 23651278
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1865.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Abay, Emeline, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8915 E Woodcrest Cir
 City Wichita State KS Zip Code 67206-4038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 08 / 2025
Transaction ID : 23651280
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Park, Jae, Hyun, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12008 S Montezuma Ct
 City Phoenix State AZ Zip Code 85044-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 08 / 2025
Transaction ID : 23651292
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hao, Jianjun, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1159 W Vernon Park Pl
 City CHICAGO State IL Zip Code 60607-3423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 08 / 2025
Transaction ID : 23651294
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 68 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Genecov, Jeffrey, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5211 Pebblebrook Dr
 City Dallas State TX Zip Code 75229-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2025
Transaction ID : 23654424
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Palomo, Juan, Martin, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31999 Chestnut Ln
 City Pepper Pike State OH Zip Code 44124-4333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2025
Transaction ID : 23655121
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Sommers, Dennis, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 Cook Dr
 City Minot State ND Zip Code 58701-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2025
Transaction ID : 23655138
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1100.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Davis, Edward, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 Blakely Ct
 City West Columbia State SC Zip Code 29170-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **840.00**

Date of Receipt **04 / 10 / 2025**
Transaction ID : 23655145
 Amount of Each Receipt this Period **210.00**
 Memo Item

B. Power, P. Justin, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21657 Villagio Dr
 City Edmond State OK Zip Code 73012-0914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 10 / 2025**
Transaction ID : 23655164
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Rothstein, Ira, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6736 Via Regina
 City Boca Raton State FL Zip Code 33433-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt **04 / 10 / 2025**
Transaction ID : 23655300
 Amount of Each Receipt this Period **365.00**
 Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1075.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Horner, Kevin, , Dr., | | Date of Receipt MM / DD / YYYY 04 / 10 / 2025 |
| Mailing Address | | Transaction ID : 23655311 |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Merrill, Thomas, E., Dr., | | Date of Receipt MM / DD / YYYY 04 / 11 / 2025 |
| Mailing Address 716 Skiview Dr | | Transaction ID : 23655357 |
| City | State | Zip Code |
| East Wenatchee | WA | 98802-4043 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Schulte, Amy, N., Dr., | | Date of Receipt MM / DD / YYYY 04 / 11 / 2025 |
| Mailing Address 1030 E. Brookside Dr. | | Transaction ID : 23655360 |
| City | State | Zip Code |
| Springfield | MO | 65807-1828 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 400.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McInnis, Mark, Langley, Dr., | | | Date of Receipt |
| Mailing Address 304 Shorewinds Ct | | | <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2025"/> |
| City Seneca | State SC | Zip Code 29672-0447 | Transaction ID : 23655361 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="125.00"/> |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | | |

| | | | |
|---|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stewart, Kelton, , Dr., | | | Date of Receipt |
| Mailing Address | | | <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2025"/> |
| City | State | Zip Code | Transaction ID : 23655629 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="250.00"/> |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | | |

| | | | |
|---|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wise, John, B., Dr., | | | Date of Receipt |
| Mailing Address 1815 W Forest Grove Rd | | | <input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2025"/> |
| City Lucas | State TX | Zip Code 75002-8467 | Transaction ID : 23655631 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="875.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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. Green, Bryan, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Greylogs Ln
 City Spartanburg State SC Zip Code 29302-3472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 11 / 2025
Transaction ID : 23655636
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Martin, Boyd, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1321 Seacrest Drive
 City Corona Del Mar State CA Zip Code 92625-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt 04 / 11 / 2025
Transaction ID : 23655648
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Batastini, Paul, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 591 Warwick Rd
 City Haddonfield State NJ Zip Code 08033-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 11 / 2025
Transaction ID : 23655786
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|---------|
| 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) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 73 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Cassidy, Kevin, Michael, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3146 Sw Shadow Ln
 City Topeka State KS Zip Code 66604-2541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2025
Transaction ID : 23655789
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Faber, Beth, Lynn, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10412 Chickahominy Falls Ln
 City Glen Allen State VA Zip Code 23059-5135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2025
Transaction ID : 23655790
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Manente, Salvatore, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 Forest Creek Ct
 City Grand Island State NY Zip Code 14072-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2025
Transaction ID : 23655798
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|--|--------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Snyder, Edward, Philip, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 960 Deep Run Rd

| | | |
|----------------------|-------------|------------------------|
| City Martinsville | State VA | Zip Code 24112-6679 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2025 |

Transaction ID : 23655800

Amount of Each Receipt this Period
2500.00

Memo Item

B. Pope, D. Spencer, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1115 Green Glen Ct

| | | |
|-------------------|-------------|------------------------|
| City New Lenox | State IL | Zip Code 60451-2583 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2025 |

Transaction ID : 23655802

Amount of Each Receipt this Period
500.00

Memo Item

C. Week, Kiersten, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12801 Spring St

| | | |
|---------------------|-------------|------------------------|
| City Leavenworth | State WA | Zip Code 98826-9189 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 13 | | 2025 |

Transaction ID : 23655806

Amount of Each Receipt this Period
125.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3125.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. King, Lisa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12110 San Francisco Rd Ne
 City Albuquerque State NM Zip Code 87122-2348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 13 / 2025**
Transaction ID : 23655812
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Reynolds, Andrew, D, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Wessington Manor Ln
 City Fort Mill State SC Zip Code 29715-7837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 14 / 2025**
Transaction ID : 23655813
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Harter, C., Tradd, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Braxton Ln
 City Athens State GA Zip Code 30607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 14 / 2025**
Transaction ID : 23655815
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|--|--------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Edmonds, Ruth, E. Ross, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 Trace Creek Dr
 City Nashville State TN Zip Code 37221-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2025
Transaction ID : 23655816
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Woller, Jessica, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3298 Riverview Dr
 City Fairbanks State AK Zip Code 99709-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2025
Transaction ID : 23655817
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. Ng, Matthew, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Autumn Cres
 City The Woodlands State TX Zip Code 77381-5158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2025
Transaction ID : 23655932
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 810.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Monticello, John, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 764 Eastridge Dr. NE
 City Grand Rapids State MI Zip Code 49525-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2025
Transaction ID : 23656773
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Welmerink, Adam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 Eli Dr
 City Reno State NV Zip Code 89511-5481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2025
Transaction ID : 23657226
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Meister, Robert, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Center Ct
 City Laguna Niguel State CA Zip Code 92677-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2025
Transaction ID : 23657286
 Amount of Each Receipt this Period
 130.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1130.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Kim-Weroha, Nellie, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2025
Transaction ID : 23659682
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Heller, Alan, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7827 Pearson Knoll Pl
 City State Zip Code
 Potomac MD 20854-2997
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2025
Transaction ID : 23659813
 Amount of Each Receipt this Period
 225.00
 Memo Item

C. Anderson, Amy, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 80Th St N
 City State Zip Code
 Saint Petersburg FL 33710-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2025
Transaction ID : 23659815
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1225.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Fenell, Charles, P., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 15 / 2025
Transaction ID : 23659818

Amount of Each Receipt this Period
250.00

Memo Item

B. Bray, Kurtis, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3504 Longwood Dr

City State Zip Code
Kalispell MT 59901-6784

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 15 / 2025
Transaction ID : 23659819

Amount of Each Receipt this Period
500.00

Memo Item

C. Dormanen, Bruce, K.A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 15 / 2025
Transaction ID : 23659821

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Merwin, Daniel, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Tanger Lake Cv
 City Jackson State TN Zip Code 38305-7375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 15 / 2025
Transaction ID : 23659830
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rowe, Todd, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Leominster Rd
 City Lunenburg State MA Zip Code 01462-2016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 04 / 15 / 2025
Transaction ID : 23659832
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Stang, Christine, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9222 Hidden Creek Dr
 City Great Falls State VA Zip Code 22066-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 15 / 2025
Transaction ID : 23659834
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1115.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Walburn, Jenna, Behrents, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1014 W 70Th Ter
 City Kansas City State MO Zip Code 64113-2047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 17 / 2025
Transaction ID : 23700374
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Inman, Gregory, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Briarwood Circle
 City Elizabethtown State KY Zip Code 42701-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 17 / 2025
Transaction ID : 23700392
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Shuman, Jerome, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Waites Landing Rd
 City Falmouth State ME Zip Code 04105-1937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 17 / 2025
Transaction ID : 23700617
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Razzaghi, Setareh, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Waites Landing Rd
 City Falmouth State ME Zip Code 04105-1937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 17 / 2025**
Transaction ID : 23700619
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lipkin, Ilya, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Holland Ave
 City Demarest State NJ Zip Code 07627-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **04 / 18 / 2025**
Transaction ID : 23700786
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Isaacson, Richard, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Pal Dr
 City Ocean State NJ Zip Code 07712-2528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 555.00

Date of Receipt **04 / 19 / 2025**
Transaction ID : 23700794
 Amount of Each Receipt this Period 555.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2305.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 83 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Banh, Dan, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20647 E Rancho Los Cerritos Rd
 City Covina State CA Zip Code 91724-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2025
Transaction ID : 23700800
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Feinberg, Michael, Adam, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11626 N 76Th Way
 City Scottsdale State AZ Zip Code 85260-5584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 21 / 2025
Transaction ID : 23700834
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Rickabaugh, Jeff, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2025
Transaction ID : 23700835
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Glenn, Gayle, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10625 Stone Canyon Rd
 City Dallas State TX Zip Code 75230-4462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **04 / 21 / 2025**
Transaction ID : 23700837
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Alhussain, Ibrahim, Y., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 22 / 2025**
Transaction ID : 23701613
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Nease, Eric, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 617 Weymouth Dr
 City Spartanburg State SC Zip Code 29302-2813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 22 / 2025**
Transaction ID : 23701614
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1850.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Griffiths, John, C., Dr., | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2025 |
| Mailing Address 9805 Glenrock Dr | | Transaction ID : 23701615 |
| City Las Vegas | State NV | Zip Code 89134-6714 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 208.00 |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3338.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wachtel, John, M., Dr., | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2025 |
| Mailing Address 10952 E Acoma DR | | Transaction ID : 23701617 |
| City Scottsdale | State AZ | Zip Code 85255-1860 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lu, H. Quoc, , Dr., | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2025 |
| Mailing Address 9504 Claychin Ct | | Transaction ID : 23701618 |
| City Burke | State VA | Zip Code 22015-4187 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 400.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 433.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 86 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Dougherty Jr, Harry, L., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 Davana Rd
 City Sherman Oaks State CA Zip Code 91423-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 22 / 2025**
Transaction ID : 23701619
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Pischke Thomas, Katherine, Alexandra, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Peachtree Dr
 City Greer State SC Zip Code 29651-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt **04 / 22 / 2025**
Transaction ID : 23701620
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Parisi, Natalie, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 Reading Blvd
 City Wyomissing State PA Zip Code 19610-2441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 22 / 2025**
Transaction ID : 23701773
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1180.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 87 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Mansour, Philip, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2025

Transaction ID : 23701803

Amount of Each Receipt this Period
375.00

Memo Item

B. Siegel, Steven, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Archery Ct

City State Zip Code
Reisterstown MD 21136-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2025

Transaction ID : 23701993

Amount of Each Receipt this Period
2500.00

Memo Item

C. Pickard, Michael, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 Panorama Dr

City State Zip Code
Moscow ID 83843-5051

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2025

Transaction ID : 23701995

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7875.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Pittman, Lance, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Stephen Ln
 City Charles Town State WV Zip Code 25414-4128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2025
Transaction ID : 23702000
 Amount of Each Receipt this Period
 110.00
 Memo Item

B. Nease, Eric, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 617 Weymouth Dr
 City Spartanburg State SC Zip Code 29302-2813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2025
Transaction ID : 23702001
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Miller, Dakota, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Pearl Pkwy Apt 4701
 City San Antonio State TX Zip Code 78215-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2025
Transaction ID : 23702003
 Amount of Each Receipt this Period
 105.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 315.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Sheller, Barbara, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4107 NE 96th

| | | |
|-----------------|-------------|------------------------|
| City Seattle | State WA | Zip Code 98115-2541 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 24 | | 2025 |

Transaction ID : 23702089

Amount of Each Receipt this Period
1250.00

Memo Item

B. Schulz, Scott, O., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1241 Lake Ridge Cir

| | | |
|-----------------------|-------------|------------------------|
| City Traverse City | State MI | Zip Code 49684-6626 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 24 | | 2025 |

Transaction ID : 23702091

Amount of Each Receipt this Period
250.00

Memo Item

C. Cooke, Mary, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 24 | | 2025 |

Transaction ID : 23702093

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 90 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Parker, Melanie, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3586 3Rd Ave
 City San Diego State CA Zip Code 92103-4909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2025
Transaction ID : 23702095
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Bedi, Jashleen, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2368 Highland Dr
 City Ann Arbor State MI Zip Code 48105-1088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2025
Transaction ID : 23702097
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Asmar, Jean, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8302 NW 36th CT
 City Coral Springs State FL Zip Code 33065-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2025
Transaction ID : 23702100
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 875.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Levin, Alyssa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 E Kierland Blvd Apt 513
 City Scottsdale State AZ Zip Code 85254-3089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **04 / 25 / 2025**
Transaction ID : 23702149
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wachtel, John, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10952 E Acoma DR
 City Scottsdale State AZ Zip Code 85255-1860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **04 / 25 / 2025**
Transaction ID : 23702161
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Kramer, Kaitrin, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4480 Middle Aspinwall
 City New Albany State OH Zip Code 43054-9663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt **04 / 25 / 2025**
Transaction ID : 23702165
 Amount of Each Receipt this Period 1250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 92 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Toro, Luis, A., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Carr 177 Apt 1402
 City San Juan State PR Zip Code 00926-5356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2025
Transaction ID : 23702167
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Batastini, Nick, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2025
Transaction ID : 23702171
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Frost, Ryan, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 Coyote Crest VW
 City Colorado Springs State CO Zip Code 80921-7202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2025
Transaction ID : 23702173
 Amount of Each Receipt this Period
 1250.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Castillo, Jose, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2025

Transaction ID : 23702175

Amount of Each Receipt this Period
 500.00

Memo Item

B. Cruz, Enrique, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 Raging River Rd

City State Zip Code
 Cedar Park TX 78613-3170

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2025

Transaction ID : 23702183

Amount of Each Receipt this Period
 500.00

Memo Item

C. Farnia, Mahya, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 Raging River Rd

City State Zip Code
 Cedar Park TX 78613-3170

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2025

Transaction ID : 23702189

Amount of Each Receipt this Period
 250.00

Memo Item

| | |
|---|---------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 173 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Fiss, Mark, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Augustine Rd
 City Wilmington State DE Zip Code 19803-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **04 / 25 / 2025**
Transaction ID : 23702195
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Cook, Brian, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 Middle St
 City Hallowell State ME Zip Code 04347-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **04 / 25 / 2025**
Transaction ID : 23702207
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Andrews, Kevin, Michael, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7920 Captain Cooley Dr
 City Shreveport State LA Zip Code 71115-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **04 / 25 / 2025**
Transaction ID : 23702219
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|---------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Rao, Jahnavi, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2828 Woodmere Ct
 City Northbrook State IL Zip Code 60062-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 25 / 2025
Transaction ID : 23702221
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Butler, Jennifer, Edwards, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Brooklane Ct
 City Conway State SC Zip Code 29527-8620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 26 / 2025
Transaction ID : 23702228
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Hall, Tasha, Eileen, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1338 N New Jersey St
 City Indianapolis State IN Zip Code 46202-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2025
Transaction ID : 23702230
 Amount of Each Receipt this Period 125.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 775.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 96 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Parker, Melanie, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3586 3Rd Ave
 City San Diego State CA Zip Code 92103-4909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2025
Transaction ID : 23702232
 Amount of Each Receipt this Period
 275.00
 Memo Item

B. Kittleson, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10509 N Fairway Ln
 City Mequon State WI Zip Code 53092-5152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2025
Transaction ID : 23702234
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Weeden, Josephine, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1479 Maplewood Dr
 City Saline State MI Zip Code 48176-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2025
Transaction ID : 23702239
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1025.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Dutta, Richa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Keil Manor Ct
 City White Hall State MD Zip Code 21161-9104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2025
Transaction ID : 23702243
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Akyalcin, Sercan, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Cobleigh St
 City Westwood State MA Zip Code 02090-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2025
Transaction ID : 23702246
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Kadioglu, Onur, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2737 Guilford Lane
 City Oklahoma City State OK Zip Code 73120-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2025
Transaction ID : 23702248
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Saini, Tarun, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11556 Manorstone Ln
 City Columbia State MD Zip Code 21044-5413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 04 / 26 / 2025
Transaction ID : 23702252
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lakshmana, Shruithi, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8222 Ludington Cir
 City Orlando State FL Zip Code 32836-5908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 04 / 26 / 2025
Transaction ID : 23702258
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cramer, Chris, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 04 / 26 / 2025
Transaction ID : 23702260
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| 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) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 99 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Goforth, Rebekah, Lee, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 N Hillway Dr
 City Boise State ID Zip Code 83702-0939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 26 / 2025**
Transaction ID : 23702262
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lathrop, Marie, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9712 SE Cambridge Lane
 City Portland State OR Zip Code 97222-7401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 26 / 2025**
Transaction ID : 23702266
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Khoo, Edmund, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E 22nd St Apartment 9M
 City New York State NY Zip Code 10010-4821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 27 / 2025**
Transaction ID : 23702269
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 100 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Holman, John, Kevin, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2740 Saint Andrews Dr
 City Belden State MS Zip Code 38826-9537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 27 / 2025**
Transaction ID : 23702273
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Moon, Joe, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16424 Lucille St
 City Overland Park State KS Zip Code 66221-7032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 27 / 2025**
Transaction ID : 23702279
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Harte, Douglas, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Boynton Dr
 City Livingston State NJ Zip Code 07039-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 724.00

Date of Receipt **04 / 28 / 2025**
Transaction ID : 23702290
 Amount of Each Receipt this Period 181.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1181.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Maddux, Nicholas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3828 Old Shell Rd
 City Virginia Beach State VA Zip Code 23452-4723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2025
Transaction ID : 23702292
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Moopen, Anzir, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10369 Hart Branch Circle
 City Orlando State FL Zip Code 32832-5915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2025
Transaction ID : 23702302
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Merrill, Thomas, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 Skiview Dr
 City East Wenatchee State WA Zip Code 98802-4043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2025
Transaction ID : 23705265
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Martone, Valerie, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 College Ave
 City Beaver State PA Zip Code 15009-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2025
Transaction ID : 23706702
 Amount of Each Receipt this Period
 110.00
 Memo Item

B. Roncone, Christopher, Erik, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2025
Transaction ID : 23706703
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Nelson, Paul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16508 9Th PI Nw
 City Shoreline State WA Zip Code 98177-3724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2025
Transaction ID : 23706720
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 710.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 103 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Murphy, Christopher, A., Dr., | | Date of Receipt |
| Mailing Address 27 Tenney LN | | <input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2025"/> |
| City Scarborough | State ME | Zip Code 04074-7566 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 23706730 |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthodontist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="1000.00"/> |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chamberlain, Brian, , Dr., | | Date of Receipt |
| Mailing Address | | <input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2025"/> |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 23706739 |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthodontist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Poole, Morris, L., Dr., | | Date of Receipt |
| Mailing Address | | <input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2025"/> |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 23733451 |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthodontist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="100.00"/> |
| | | <input type="checkbox"/> Memo Item |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1600.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Green, Bryan, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Greylogs Ln
 City Spartanburg State SC Zip Code 29302-3472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2025
Transaction ID : 23733464
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Fulcher, Roland, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Tea Farm Rd
 City Summerville State SC Zip Code 29483-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2025
Transaction ID : 23733465
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Baldwin, Thomas, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Waterside Dr
 City Elizabethtown State KY Zip Code 42701-7981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2025
Transaction ID : 23733473
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 350.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 105 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Struble, Blair, Hanson, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60988 Creekstone Loop
 City Bend State OR Zip Code 97702-2797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735785
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. McKenna, Gregory, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Lyndenwood Dr
 City Brookfield State CT Zip Code 06804-3141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735787
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Fallgatter, Alison, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4585 30Th Ave Se
 City Steele State ND Zip Code 58482-9413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735789
 Amount of Each Receipt this Period
 2500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3250.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Kabot, G., Michael, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2626 W Long Lake Rd
 City West Bloomfield State MI Zip Code 48323-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735791
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Battistoni, Richard, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 S Spring Ave
 City La Grange State IL Zip Code 60525-2757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735793
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Trimmell, Justin, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 788
 City Andover State KS Zip Code 67002-0788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735795
 Amount of Each Receipt this Period
 2500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 107 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Weinberg, Mark, Jeffrey, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Jay Ct
 City Sayville State NY Zip Code 11782-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735797
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Bernard, Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735798
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Johnson, Gregory, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4792 Parkstone Dr
 City Avon State IN Zip Code 46123-7094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735799
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Gen, Felix, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 Lochspur Ln

| | | |
|------------------------|-------------|------------------------|
| City Moreland Hills | State OH | Zip Code 44022-2309 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 06 | | 2025 |

Transaction ID : 23735800

Amount of Each Receipt this Period
365.00

Memo Item

B. Pendell, Brad, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 Saint Andrews Blvd

| | | |
|---------------------|-------------|------------------------|
| City Chillicothe | State OH | Zip Code 45601-1166 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 06 | | 2025 |

Transaction ID : 23735801

Amount of Each Receipt this Period
365.00

Memo Item

C. Stubbs, Casi, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 730 Bayshore Dr

| | | |
|-----------------------|-------------|------------------------|
| City Miramar Beach | State FL | Zip Code 32550-4072 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 06 | | 2025 |

Transaction ID : 23735818

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5730.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 109 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Peck, Sheldon, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 471 Oakwood Pl
 City Farmington State UT Zip Code 84025-3964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735819
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. de Jesus, Joseph, Y., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735821
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Kittleson, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10509 N Fairway Ln
 City Mequon State WI Zip Code 53092-5152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2025
Transaction ID : 23735828
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Martin, Boyd, D., Dr., | | Date of Receipt MM / DD / YYYY 05 / 07 / 2025 Transaction ID : 23735849 |
| Mailing Address 1321 Seacrest Drive | | Amount of Each Receipt this Period 125.00 |
| City Corona Del Mar | State CA | Zip Code 92625-1227 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mooso, Bret, E., Dr., | | Date of Receipt MM / DD / YYYY 05 / 07 / 2025 Transaction ID : 23748823 |
| Mailing Address 3684 Hampshire Ct | | Amount of Each Receipt this Period 500.00 |
| City Idaho Falls | State ID | Zip Code 83404-7973 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. De Arment, Damon, , Dr., | | Date of Receipt MM / DD / YYYY 05 / 07 / 2025 Transaction ID : 23751943 |
| Mailing Address 804 Armistead St | | Amount of Each Receipt this Period 500.00 |
| City Winchester | State VA | Zip Code 22601-6703 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1125.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 111 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Chadwell, Joseph, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 835 Bailey Mill Rd
 City Travelers Rest State SC Zip Code 29690-9183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2025
Transaction ID : 23753345
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Yih, Jonathan, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3947 Se Hager Ln
 City Milwaukie State OR Zip Code 97267-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 09 / 2025
Transaction ID : 23753541
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Genecov, Jeffrey, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5211 Pebblebrook Dr
 City Dallas State TX Zip Code 75229-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2025
Transaction ID : 23753542
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 170.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 112 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Eppright, Matthew, , Dr., | | Date of Receipt |
| Mailing Address 139 Hartwell Perry Way | | M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2025 |
| City Williamsburg | State VA | Zip Code 23188-7924 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : 23753726 |
| Name of Employer (for Individual) Self Employed | | Amount of Each Receipt this Period 300.00 |
| Occupation (for Individual) Orthodontist | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Davis, Edward, C., Dr., | | Date of Receipt |
| Mailing Address 1120 Blakely Ct | | M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2025 |
| City West Columbia | State SC | Zip Code 29170-3511 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : 23753730 |
| Name of Employer (for Individual) Self Employed | | Amount of Each Receipt this Period 210.00 |
| Occupation (for Individual) Orthodontist | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1050.00 | |

| | | |
|---|------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Schulte, Amy, N., Dr., | | Date of Receipt |
| Mailing Address 1030 E. Brookside Dr. | | M M M / D D D / Y Y Y Y Y Y 05 / 11 / 2025 |
| City Springfield | State MO | Zip Code 65807-1828 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : 23753733 |
| Name of Employer (for Individual) Self Employed | | Amount of Each Receipt this Period 100.00 |
| Occupation (for Individual) Orthodontist | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 610.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 113 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McInnis, Mark, Langley, Dr., | | Date of Receipt MM / DD / YYYY 05 / 11 / 2025 Transaction ID : 23753734 |
| Mailing Address 304 Shorewinds Ct | | Amount of Each Receipt this Period 125.00 |
| City Seneca | State SC | Zip Code 29672-0447 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Youel, Ben, , Dr., | | Date of Receipt MM / DD / YYYY 05 / 11 / 2025 Transaction ID : 23753737 |
| Mailing Address | | Amount of Each Receipt this Period 500.00 |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cassidy, Kevin, Michael, Dr., | | Date of Receipt MM / DD / YYYY 05 / 12 / 2025 Transaction ID : 23753738 |
| Mailing Address 3146 Sw Shadow Ln | | Amount of Each Receipt this Period 100.00 |
| City Topeka | State KS | Zip Code 66604-2541 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 725.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Faber, Beth, Lynn, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10412 Chickahominy Falls Ln
 City: Glen Allen, State: VA, Zip Code: 23059-5135
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): Self Employed, Occupation (for Individual): Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 05 / 12 / 2025
Transaction ID : 23753739
 Amount of Each Receipt this Period: 150.00
 Memo Item

B. Turley, Patrick, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3104 The Strand
 City: Manhattan Beach, State: CA, Zip Code: 90266-3953
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): Self Employed, Occupation (for Individual): Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 05 / 12 / 2025
Transaction ID : 23753970
 Amount of Each Receipt this Period: 250.00
 Memo Item

C. Kaplin, Kenneth, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1375 Rfd
 City: Long Grove, State: IL, Zip Code: 60047-7606
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): Self Employed, Occupation (for Individual): Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 05 / 13 / 2025
Transaction ID : 23753983
 Amount of Each Receipt this Period: 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 OF 173
(check only one)
 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Reynolds, Andrew, D, Dr.,

Mailing Address 910 Wessington Manor Ln

City Fort Mill State SC Zip Code 29715-7837

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 14 / 2025**

Transaction ID : 23754680

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Balhoff, Donald, B., Dr.,

Mailing Address 103 Sedgefield Cir

City Lafayette State LA Zip Code 70503-8404

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 14 / 2025**

Transaction ID : 23754681

Amount of Each Receipt this Period **50.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Harter, C., Tradd, Dr.,

Mailing Address 113 Braxton Ln

City Athens State GA Zip Code 30607

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 14 / 2025**

Transaction ID : 23754682

Amount of Each Receipt this Period **100.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 116 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Edmonds, Ruth, E. Ross, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 Trace Creek Dr
 City Nashville State TN Zip Code 37221-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 14 / 2025
Transaction ID : 23754683
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Woller, Jessica, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3298 Riverview Dr
 City Fairbanks State AK Zip Code 99709-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1050.00

Date of Receipt 05 / 14 / 2025
Transaction ID : 23754684
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Meister, Robert, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Center Ct
 City Laguna Niguel State CA Zip Code 92677-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 650.00

Date of Receipt 05 / 15 / 2025
Transaction ID : 23754730
 Amount of Each Receipt this Period 130.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. McKenna, Paul, J., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Pine Glen Rd
 City Simsbury State CT Zip Code 06070-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2025
Transaction ID : 23756610
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Chamberlain, Brian, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2025
Transaction ID : 23756611
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. Savage, Anthony, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 Little Neck Rd
 City Virginia Beach State VA Zip Code 23452-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2025
Transaction ID : 23756618
 Amount of Each Receipt this Period
 2500.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3115.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Moss, Robert, B., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 349 Hickory Grove Rd
 City Leesburg State GA Zip Code 31763-5310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2025
Transaction ID : 23756623
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ellis, Paul, Clifford, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7925 Knapp Rd
 City Indianapolis State IN Zip Code 46259-9654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2025
Transaction ID : 23756658
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Mellion, Joseph, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2820 Roundhill Rd
 City Akron State OH Zip Code 44333-2272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2025
Transaction ID : 23756830
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 800.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Dellinger, Aron, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 Country Club Ln
 City Warsaw State IN Zip Code 46580-5022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2025
Transaction ID : 23759111
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Feinberg, Michael, Adam, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11626 N 76Th Way
 City Scottsdale State AZ Zip Code 85260-5584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 21 / 2025
Transaction ID : 23759301
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Rickabaugh, Jeff, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2025
Transaction ID : 23759302
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 120 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Perih, Joyce, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Parkview Rd
 City Moscow State PA Zip Code 18444-8634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2025
Transaction ID : 23759309
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Fisher, Anthony, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14042 49Th St Nw
 City Williston State ND Zip Code 58801-8623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2025
Transaction ID : 23759311
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Griffiths, John, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9805 Glenrock Dr
 City Las Vegas State NV Zip Code 89134-6714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2025
Transaction ID : 23773137
 Amount of Each Receipt this Period
 208.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2958.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 121 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Lu, H. Quoc, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9504 Claychin Ct
 City Burke State VA Zip Code 22015-4187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2025
Transaction ID : 23773138
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Dougherty Jr, Harry, L., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 Davana Rd
 City Sherman Oaks State CA Zip Code 91423-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2025
Transaction ID : 23773139
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Pischke Thomas, Katherine, Alexandra, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Peachtree Dr
 City Greer State SC Zip Code 29651-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2025
Transaction ID : 23773140
 Amount of Each Receipt this Period
 80.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 280.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Bergsrud, Michelle, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9004 E Jack Neville Dr
 City Scottsdale State AZ Zip Code 85262-5035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2025
Transaction ID : 23773809
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Pittman, Lance, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Stephen Ln
 City Charles Town State WV Zip Code 25414-4128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2025
Transaction ID : 23773901
 Amount of Each Receipt this Period
 110.00
 Memo Item

C. Miller, Dakota, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Pearl Pkwy Apt 4701
 City San Antonio State TX Zip Code 78215-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2025
Transaction ID : 23773902
 Amount of Each Receipt this Period
 105.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 715.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 123 OF 173
(check only one)
 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Butler, Jennifer, Edwards, Dr.,

Mailing Address 131 Brooklane Ct

City Conway State SC Zip Code 29527-8620

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **05 / 26 / 2025**

Transaction ID : 23773987

Amount of Each Receipt this Period **150.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Libby, Warren, D., Dr.,

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 26 / 2025**

Transaction ID : 23773988

Amount of Each Receipt this Period **50.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Hall, Tasha, Eileen, Dr.,

Mailing Address 1338 N New Jersey St

City Indianapolis State IN Zip Code 46202-2622

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **05 / 26 / 2025**

Transaction ID : 23773989

Amount of Each Receipt this Period **125.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **325.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 124 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Kasrovi, Paul, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Selborne Dr
 City Piedmont State CA Zip Code 94611-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2025
Transaction ID : 23773992
 Amount of Each Receipt this Period
 625.00
 Memo Item

B. Foley, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Azalea View Way
 City Holly Springs State NC Zip Code 27540-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2025
Transaction ID : 23773995
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Bonafield, Cynthia, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Club Crest Rd
 City Fairmont State WV Zip Code 26554-1261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2025
Transaction ID : 23774873
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1375.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 125 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Mojdehi-Barnes, Maryam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2704 Prestonwood Dr
 City Plano State TX Zip Code 75093-8894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2025
Transaction ID : 23774904
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Giannetti, Kelly, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 B St
 City Davis State CA Zip Code 95616-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2025
Transaction ID : 23774909
 Amount of Each Receipt this Period
 275.00
 Memo Item

C. Harte, Douglas, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Boynton Dr
 City Livingston State NJ Zip Code 07039-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 905.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2025
Transaction ID : 23774911
 Amount of Each Receipt this Period
 181.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 706.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 126 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Eakes, Elizabeth, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Melville Ave
 City Greenville State SC Zip Code 29605-2935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2025
Transaction ID : 23774912
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Maddux, Nicholas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3828 Old Shell Rd
 City Virginia Beach State VA Zip Code 23452-4723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2025
Transaction ID : 23774913
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. O'Day, Anne, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Woodcrest Ln
 City Doylestown State PA Zip Code 18901-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2025
Transaction ID : 23775006
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 642.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 127 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Lien, Deborah, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4409 Rossi Ct Nw
 City Rochester State MN Zip Code 55901-8653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 29 / 2025
Transaction ID : 23775394
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lien, Deborah, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4409 Rossi Ct Nw
 City Rochester State MN Zip Code 55901-8653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 05 / 29 / 2025
Transaction ID : 23775399
 Amount of Each Receipt this Period 4500.00
 Memo Item

C. Sommers, Dennis, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 Cook Dr
 City Minot State ND Zip Code 58701-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 29 / 2025
Transaction ID : 23775704
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 128 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Panucci, Donna, Lynn, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 Hillpoint Dr
 City Charleston State WV Zip Code 25302-4553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2025
Transaction ID : 23775722
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Vibeto, Bryan, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3509 21St St Se
 City Minot State ND Zip Code 58701-7566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2025
Transaction ID : 23775724
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Sparks, Ronnie, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 Plantation Dr
 City Hurricane State WV Zip Code 25526-9060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2025
Transaction ID : 23775726
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 OF 173
(check only one)
 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Hiller, Dennis, C., Dr.,

Mailing Address 9 Greenscapes Ln #6

City Thornton State NH Zip Code 03223

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 580.00

Date of Receipt **05 / 30 / 2025**

Transaction ID : 23775738

Amount of Each Receipt this Period 330.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Raber, Andrew, , Dr.,

Mailing Address 6583 Pennan Ct

City Noblesville State IN Zip Code 46062-8458

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 30 / 2025**

Transaction ID : 23775740

Amount of Each Receipt this Period 500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Pass, Lauren, , Dr.,

Mailing Address 1802 S State St Unit 208

City Chicago State IL Zip Code 60616-1633

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 30 / 2025**

Transaction ID : 23775785

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1330.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 130 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Haney, Eric, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2025
Transaction ID : 23775793
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Beckwith, Phillip, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6739 Cooperstone Dr
 City State Zip Code
 Dublin OH 43017-5237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2025
Transaction ID : 23775799
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Gregg, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 495 Arbor Falls Dr
 City State Zip Code
 Wadsworth OH 44281-8076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 501.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2025
Transaction ID : 23775817
 Amount of Each Receipt this Period
 501.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1501.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 131 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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. Teng, Jesse, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Calle Del Oro
 City El Paso State TX Zip Code 79912-7543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 30 / 2025
Transaction ID : 23778992
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Feeney, Austin, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Bonnie Brook Rd
 City Westport State CT Zip Code 06880-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 06 / 01 / 2025
Transaction ID : 23779005
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Roncone, Christopher, Erik, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 06 / 02 / 2025
Transaction ID : 23779132
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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. Poole, Morris, L., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 03 / 2025

Transaction ID : 23780005

Amount of Each Receipt this Period
100.00

Memo Item

B. Green, Bryan, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Greylogs Ln

City State Zip Code
Spartanburg SC 29302-3472

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
06 / 04 / 2025

Transaction ID : 23794034

Amount of Each Receipt this Period
100.00

Memo Item

C. Fulcher, Roland, K., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Tea Farm Rd

City State Zip Code
Summerville SC 29483-4213

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Self Employed Orthodontist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
06 / 04 / 2025

Transaction ID : 23794036

Amount of Each Receipt this Period
200.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 133 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Baldwin, Thomas, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Waterside Dr
 City Elizabethtown State KY Zip Code 42701-7981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 05 / 2025
Transaction ID : 23800853
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Joseph, Daniel, I., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Hawthorne Ct
 City Wheeling State WV Zip Code 26003-6635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 08 / 2025
Transaction ID : 23801439
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Chadwell, Joseph, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 835 Bailey Mill Rd
 City Travelers Rest State SC Zip Code 29690-9183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2025
Transaction ID : 23801440
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 225.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Yih, Jonathan, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3947 Se Hager Ln
 City Milwaukee State OR Zip Code 97267-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 06 / 09 / 2025
Transaction ID : 23801464
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Genecov, Jeffrey, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5211 Pebblebrook Dr
 City Dallas State TX Zip Code 75229-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 06 / 09 / 2025
Transaction ID : 23801465
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Davis, Edward, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 Blakely Ct
 City West Columbia State SC Zip Code 29170-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1260.00

Date of Receipt 06 / 10 / 2025
Transaction ID : 23802536
 Amount of Each Receipt this Period 210.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 330.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 135 OF 173 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Schulte, Amy, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 E. Brookside Dr.
 City Springfield State MO Zip Code 65807-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 11 / 2025
Transaction ID : 23814600
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McInnis, Mark, Langley, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 Shorewinds Ct
 City Seneca State SC Zip Code 29672-0447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2025
Transaction ID : 23814601
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Ibrahim, Manal, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 Villa Ave
 City Naperville State IL Zip Code 60540-7439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 531.94

Date of Receipt 06 / 11 / 2025
Transaction ID : 23817683
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 725.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 136 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Cassidy, Kevin, Michael, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3146 Sw Shadow Ln
 City Topeka State KS Zip Code 66604-2541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2025
Transaction ID : 23817711
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Faber, Beth, Lynn, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10412 Chickahominy Falls Ln
 City Glen Allen State VA Zip Code 23059-5135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2025
Transaction ID : 23817712
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Reynolds, Andrew, D, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Wessington Manor Ln
 City Fort Mill State SC Zip Code 29715-7837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2025
Transaction ID : 23833806
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 350.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 137 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Balhoff, Donald, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Sedgefield Cir
 City Lafayette State LA Zip Code 70503-8404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2025
Transaction ID : 23833807
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Harter, C., Tradd, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Braxton Ln
 City Athens State GA Zip Code 30607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2025
Transaction ID : 23833808
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Edmonds, Ruth, E. Ross, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 Trace Creek Dr
 City Nashville State TN Zip Code 37221-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2025
Transaction ID : 23833810
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 250.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 138 OF 173
(check only one)
 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. Woller, Jessica, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3298 Riverview Dr
 City Fairbanks State AK Zip Code 99709-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 06 / 14 / 2025
Transaction ID : 23833811
 Amount of Each Receipt this Period 210.00
 Memo Item

B. Meister, Robert, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Center Ct
 City Laguna Niguel State CA Zip Code 92677-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 15 / 2025
Transaction ID : 23833830
 Amount of Each Receipt this Period 130.00
 Memo Item

C. Rizkallah, Mouhab, Zakhari, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Arlington St
 City Winchester State MA Zip Code 01890-3702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 17 / 2025
Transaction ID : 23834547
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5340.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 139 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Moss, Robert, B., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 349 Hickory Grove Rd
 City Leesburg State GA Zip Code 31763-5310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 06 / 18 / 2025
Transaction ID : 23835695
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Feinberg, Michael, Adam, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11626 N 76Th Way
 City Scottsdale State AZ Zip Code 85260-5584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 900.00

Date of Receipt 06 / 21 / 2025
Transaction ID : 23907029
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Rickabaugh, Jeff, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 06 / 21 / 2025
Transaction ID : 23907030
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 140 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Griffiths, John, C., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9805 Glenrock Dr

| | | |
|-------------------|-------------|------------------------|
| City Las Vegas | State NV | Zip Code 89134-6714 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3754.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 22 | | 2025 |

Transaction ID : 23907032

Amount of Each Receipt this Period
208.00

Memo Item

B. Lu, H. Quoc, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9504 Claychin Ct

| | | |
|---------------|-------------|------------------------|
| City Burke | State VA | Zip Code 22015-4187 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 22 | | 2025 |

Transaction ID : 23907033

Amount of Each Receipt this Period
100.00

Memo Item

C. Dougherty Jr, Harry, L., Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 Davana Rd

| | | |
|----------------------|-------------|------------------------|
| City Sherman Oaks | State CA | Zip Code 91423-4634 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 22 | | 2025 |

Transaction ID : 23907034

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 408.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 141 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Pischke Thomas, Katherine, Alexandra, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Peachtree Dr
 City Greer State SC Zip Code 29651-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2025
Transaction ID : 23907035
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Barkley, Mary, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2890 Burlington St
 City Ann Arbor State MI Zip Code 48105-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2025
Transaction ID : 23907040
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Nease, Eric, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 617 Weymouth Dr
 City Spartanburg State SC Zip Code 29302-2813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2025
Transaction ID : 23907041
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 480.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 142 OF 173
(check only one)
 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. Pittman, Lance, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Stephen Ln
 City Charles Town State WV Zip Code 25414-4128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2025
Transaction ID : 23908469
 Amount of Each Receipt this Period
 110.00
 Memo Item

B. Miller, Dakota, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Pearl Pkwy Apt 4701
 City San Antonio State TX Zip Code 78215-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2025
Transaction ID : 23908470
 Amount of Each Receipt this Period
 105.00
 Memo Item

C. Butler, Jennifer, Edwards, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Brooklane Ct
 City Conway State SC Zip Code 29527-8620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2025
Transaction ID : 23908852
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 365.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 143 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Merrill, Thomas, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 Skiview Dr
 City East Wenatchee State WA Zip Code 98802-4043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2025
Transaction ID : 23908853
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Libby, Warren, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2025
Transaction ID : 23908854
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Hall, Tasha, Eileen, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1338 N New Jersey St
 City Indianapolis State IN Zip Code 46202-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2025
Transaction ID : 23908855
 Amount of Each Receipt this Period
 125.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 144 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Small, David, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2743 Trent Dr Ne
 City Conover State NC Zip Code 28613-9415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2025
Transaction ID : 23911167
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Daniel, Kay, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15100 Dendinger Dr
 City Covington State LA Zip Code 70433-6866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2025
Transaction ID : 23911169
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Wise, John, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 W Forest Grove Rd
 City Lucas State TX Zip Code 75002-8467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2025
Transaction ID : 23911190
 Amount of Each Receipt this Period
 2500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 145 OF 173 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Harte, Douglas, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Boynton Dr
 City Livingston State NJ Zip Code 07039-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1086.00

Date of Receipt
 06 / 28 / 2025
Transaction ID : 23919838
 Amount of Each Receipt this Period 181.00
 Memo Item

B. Eakes, Elizabeth, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Melville Ave
 City Greenville State SC Zip Code 29605-2935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt
 06 / 28 / 2025
Transaction ID : 23919839
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Maddux, Nicholas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3828 Old Shell Rd
 City Virginia Beach State VA Zip Code 23452-4723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt
 06 / 28 / 2025
Transaction ID : 23919840
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 323.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 146 OF 173 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Hiller, Dennis, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Greenscapes Ln #6
 City Thornton State NH Zip Code 03223
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 06 / 30 / 2025
Transaction ID : 23919846
 Amount of Each Receipt this Period 220.00
 Memo Item

B. Buck, Tyson, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7205 Hidden Valley Rd
 City Klamath Falls State OR Zip Code 97603-9679
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 21 / 2025
Transaction ID : 23930479
 Amount of Each Receipt this Period 500.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | 720.00 |
| TOTAL This Period (last page this line number only)..... | 196239.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 OF 173
(check only one)

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Jarvis, Jeffrey, Bruce, Dr.,

Mailing Address 3124 Lakewood Manor Dr

| | | |
|-------------------|-------------|------------------------|
| City Finksburg | State MD | Zip Code 21048-1651 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 23453089

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| TOTAL This Period (last page this line number only).....▶ | 250.00 |

**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)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address P.O. Box 1800

City
St. Paul

State
MN

Zip Code
55101-0800

Purpose of Disbursement

Credit card payment to U.S. Bank for contributions to federal candidates (see

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23985812

Amount of Each Disbursement this Period

Memo Item Credit card payment to U.S. Bank for contributions to federal candidates (see memo entries)

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address P.O. Box 1800

City
St. Paul

State
MN

Zip Code
55101-0800

Purpose of Disbursement

Credit card payment to U.S. Bank for contributions to federal candidates (see

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23985815

Amount of Each Disbursement this Period

Memo Item Credit card payment to U.S. Bank for contributions to federal candidates (see memo entries)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 9 | | 2 | 0 | 2 | 5 |

Mailing Address 425 2nd Street NE

FEC Identification Number

| | |
|---|-----------|
| C | C00027466 |
|---|-----------|

Transaction ID : 23263334

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

City Washington State DC Zip Code 20002

Purpose of Disbursement

| | |
|---------------|---|
| 0 | 1 |
| Category/Type | |

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 9 | | 2 | 0 | 2 | 5 |

Mailing Address 120 Maryland Avenue NE

FEC Identification Number

| | |
|---|--|
| C | |
|---|--|

Transaction ID : 23263335

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

City Washington State DC Zip Code 20002

Purpose of Disbursement

| | |
|---------------|---|
| 0 | 1 |
| Category/Type | |

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 9 | | 2 | 0 | 2 | 5 |

Mailing Address 320 First Street, SE

FEC Identification Number

| | |
|---|--|
| C | |
|---|--|

Transaction ID : 23263336

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement

| | |
|---------------|---|
| 0 | 1 |
| Category/Type | |

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

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

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

| | | | | | |
|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

**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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 09 | | 2025 |

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

FEC Identification Number

| | |
|---|-----------|
| C | C00347864 |
|---|-----------|

Transaction ID : 23263338

Amount of Each Disbursement this Period

| |
|----------|
| 30000.00 |
|----------|

Memo Item

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Brian Babin for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 06 | | 2025 |

Mailing Address 1203 W. Dogwood

City Woodville State TX Zip Code 75979

FEC Identification Number

| | |
|---|--|
| C | |
|---|--|

Transaction ID : 23544208

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: TX District: 02

Full Name (Last, First, Middle Initial)

C. Aaron Bean For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 06 | | 2025 |

Mailing Address 2640a Mitcham Drive

City Tallahassee State FL Zip Code 32308

FEC Identification Number

| | |
|---|-----------|
| C | C00816983 |
|---|-----------|

Transaction ID : 23544209

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: FL District: 04

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

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

| |
|----------|
| 37500.00 |
| |

**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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Troy Carter For Congress

Mailing Address PO Box 50730

City
New Orleans

State
LA

Zip Code
70150

Purpose of Disbursement

011

Candidate Name

Carter, Troy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00763649

Transaction ID : 23544210

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. Dan Crenshaw for Congress

Mailing Address 12645 MEMORIAL DRIVE STE. F-1
Box 211

City
Houston

State
TX

Zip Code
77079

Purpose of Disbursement

011

Candidate Name

Crenshaw, Dan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: TX District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Transaction ID : 23544211

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Rosa Delauro

Mailing Address 129 Church St
Ste 818

City
New Haven

State
CT

Zip Code
06510

Purpose of Disbursement

011

Candidate Name

DeLauro, Rosa, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00238865

Transaction ID : 23544212

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 5 | 0 | 0 | 0 |
|---|---|---|---|---|---|

| | | | | | |
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| | | | | | |
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**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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Chris Deluzio For Congress

Mailing Address 122 C Street NW
Suite 360

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

011

Candidate Name

Deluzio, Chris, . .

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : 23544213

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Van Drew For Congress

Mailing Address PO Box 671

City
Cape May Court Hou

State
NJ

Zip Code
08210

Purpose of Disbursement

011

Candidate Name

Van Drew, Jeff, . .

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2025

FEC Identification Number

C C00661868

Transaction ID : 23544215

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Fitzpatrick For All Of Us

Mailing Address PO Box 939

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement

011

Candidate Name

Fitzpatrick, Brian, K., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: PA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2025

FEC Identification Number

C C00607416

Transaction ID : 23544216

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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

[REDACTED] 7500.00

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

[REDACTED]

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Vicente Gonzalez For Congress

Date of Disbursement

Date selection: MM/DD/YYYY. 03/06/2025

Mailing Address PO Box 6270

City Brownsville State TX Zip Code 78523

FEC Identification Number

FEC ID: C00592659

Transaction ID : 23544217

Amount of Each Disbursement this Period

Amount: 2500.00

Memo Item

Purpose of Disbursement

Category/Type: 011

Candidate Name

Gonzalez, Vicente, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2026 [X] Primary [] General [] Other (specify)

State: TX District: 15

Full Name (Last, First, Middle Initial)

B. Maggie for Congress

Date of Disbursement

Date selection: MM/DD/YYYY. 03/06/2025

Mailing Address 600 Pennsylvania Ave SE # 15180

City Washington State DC Zip Code 20003

FEC Identification Number

FEC ID: C

Transaction ID : 23544218

Amount of Each Disbursement this Period

Amount: 2500.00

Memo Item

Purpose of Disbursement

Category/Type: 011

Candidate Name

Goodlander, Maggie, , ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2026 [X] Primary [] General [] Other (specify)

State: NH District: 00

Full Name (Last, First, Middle Initial)

C. Maggie For NH

Date of Disbursement

Date selection: MM/DD/YYYY. 03/06/2025

Mailing Address PO Box 298

City Concord State NH Zip Code 03302

FEC Identification Number

FEC ID: C00588772

Transaction ID : 23544219

Amount of Each Disbursement this Period

Amount: 5000.00

Double entry made by mistake Memo Item

Purpose of Disbursement Double entry made by mistake

Category/Type: 011

Candidate Name

Hassan, Margaret, , Sen.,

Office Sought: [] House [X] Senate [] President

Disbursement For: 2026 [] Primary [X] General [] Other (specify)

State: NH District:

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

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

Summary amounts: 10000.00

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Hickenlooper for Colorado

Mailing Address P.O. Box 300007

City
Denver

State
CO

Zip Code
80203

Purpose of Disbursement

011

Candidate Name

Hickenlooper, John, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: CO

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 0 | 6 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C

Transaction ID : 23544220

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10605 Concord Street
Suite 202

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement

011

Candidate Name

Van Hollen, Chris, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2028

 Primary General
 Other (specify) ▼

State: MD

District: 08

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 0 | 6 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C C00366096

Transaction ID : 23544221

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cindy Hyde-Smith For Us Senate

Mailing Address PO Box 2930

City
Jackson

State
MS

Zip Code
39207

Purpose of Disbursement

011

Candidate Name

Hyde-Smith, Cindy, , Sen.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: MS

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 0 | 6 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C C00675348

Transaction ID : 23544222

Amount of Each Disbursement this Period

5000.00

Memo Item

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brian Jack For Congress

Mailing Address 439 New Jersey Ave SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Candidate Name

Jack, Brian, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: GA

District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C [REDACTED]

Transaction ID : 23544223

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 25371

City
Albuquerque

State
NM

Zip Code
87125

Purpose of Disbursement

011

Candidate Name

Lujan, Ben, Ray, Sen.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: NM

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00443689

Transaction ID : 23544225

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People For Ben

Mailing Address PO Box 25371

City
Albuquerque

State
NM

Zip Code
87125

Purpose of Disbursement

011

Candidate Name

Lujan, Ben, Ray, Sen.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: NM

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00443689

Transaction ID : 23544226

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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

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

[REDACTED] 10000.00

[REDACTED]

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lummis For Wyoming Inc.

Mailing Address 111 S Durbin St
Ste 300

City Casper State WY Zip Code 82601

Purpose of Disbursement

Category/
Type

Candidate Name

Lummis, Cynthia, , ,

Office Sought: House
 Senate
 President
State: WY District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2025

FEC Identification Number

Transaction ID : 23544227

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kansans For Marshall

Mailing Address PO Box 1588

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

Category/
Type

Candidate Name

Marshall, Roger, Wayne, Sen.,

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2025

FEC Identification Number

Transaction ID : 23544228

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Dan Newhouse For Congress

Mailing Address PO Box 10949

City Yakima State WA Zip Code 98909

Purpose of Disbursement

Category/
Type

Candidate Name

Newhouse, Dan, , Rep.,

Office Sought: House
 Senate
 President
State: WA District: 04

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2025

FEC Identification Number

Transaction ID : 23544229

Amount of Each Disbursement this Period

Memo Item

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

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO Box 327

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement

011

Candidate Name

Pocan, Mark, . .

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: WI District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C [REDACTED]

Transaction ID : 23544230

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Ricketts For Senate

Mailing Address 1327 H Street
Ste 101

City
Lincoln

State
NE

Zip Code
68508

Purpose of Disbursement

011

Candidate Name

Ricketts, Pete, , Sen.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00832436

Transaction ID : 23544231

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jim Risch For U.S. Senate Committee

Mailing Address 407 W Jefferson Street

City
Boise

State
ID

Zip Code
83702

Purpose of Disbursement

011

Candidate Name

Risch, James, E., Sen.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00440362

Transaction ID : 23544232

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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

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

[REDACTED] 10000.00

[REDACTED]

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City
Evanston

State
IL

Zip Code
60204

Purpose of Disbursement

011

Candidate Name

Schakowsky, Jan, D., Rep.,

Office Sought: House
 Senate
 President

State: IL District: 09

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00327023

Transaction ID : 23544233

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr Kim Schrier For Congress

Mailing Address PO Box 2728

City
Issaquah

State
WA

Zip Code
98027

Purpose of Disbursement

011

Candidate Name

Schrier, Kim, , Rep., MD

Office Sought: House
 Senate
 President

State: WA District: 08

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00652628

Transaction ID : 23544234

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Scott For Congress

Mailing Address P. O. Box 251

City
Newport News

State
VA

Zip Code
23607

Purpose of Disbursement

011

Candidate Name

Scott, Robert, C., Rep.,

Office Sought: House
 Senate
 President

State: VA District: 03

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00256925

Transaction ID : 23544235

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Simpson, Mike, K., Rep.,

Office Sought: House
 Senate
 President
State: ID District: 02

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 06 | | 2025 |

FEC Identification Number

| |
|-------------|
| C C00331397 |
|-------------|

Transaction ID : 23544236

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. Adrian Smith For Congress

Mailing Address 1126 Avenue A
Ste 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Smith, Adrian, , Rep.,

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 06 | | 2025 |

FEC Identification Number

| |
|-------------|
| C C00412890 |
|-------------|

Transaction ID : 23544237

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. Haley Stevens For Congress

Mailing Address 33717 Woodward Ave
#539

City Birmingham State MI Zip Code 48009

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Stevens, Haley, , Rep.,

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 06 | | 2025 |

FEC Identification Number

| |
|-------------|
| C C00638650 |
|-------------|

Transaction ID : 23544238

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item

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

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

| |
|----------|
| 12500.00 |
|----------|

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**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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Alaskans For Dan Sullivan

Mailing Address 3705 Arctic Blvd #447

City Anchorage

State AK

Zip Code 99503

Purpose of Disbursement

011

Candidate Name

Sullivan, Daniel, S., Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: AK

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2025

FEC Identification Number

C C00570994

Transaction ID : 23544239

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lauren Underwood For Congress

Mailing Address 13400 S Route 59
Ste 116 Box 248

City Plainfield

State IL

Zip Code 60585

Purpose of Disbursement

011

Candidate Name

Underwood, Lauren, A., Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2025

FEC Identification Number

C C00652719

Transaction ID : 23544240

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Valadao For Congress

Mailing Address 5132 North Palm Avenue
#227

City Fresno

State CA

Zip Code 93704

Purpose of Disbursement

011

Candidate Name

Valadao, David, Goncalves, Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: CA

District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2025

FEC Identification Number

C C00499392

Transaction ID : 23544241

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Beth Van Duyne For Congress

Mailing Address PO Box 630167

City
Irving

State
TX

Zip Code
75063

Purpose of Disbursement

011

Candidate Name

Van Duyne, Beth, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00714865

Transaction ID : 23544242

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. Roger Williams for US Congress Committee

Mailing Address 5827 Colfax Ave

City
Alexandria

State
VA

Zip Code
22311

Purpose of Disbursement

011

Candidate Name

Williams, Roger, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: TX District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Transaction ID : 23544243

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Rosa Delauro

Mailing Address 129 Church St
Ste 818

City
New Haven

State
CT

Zip Code
06510

Purpose of Disbursement

011

Candidate Name

DeLauro, Rosa, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00238865

Transaction ID : 23572136

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Memo Item

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

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|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

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

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**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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Maggie For NH

Mailing Address PO Box 298

City Concord State NH Zip Code 03302

Purpose of Disbursement

Category/Type

Candidate Name Hassan, Margaret, , Sen.,

Office Sought: House Senate President
State: NH District:

Disbursement For: 2028
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23572137

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd Ste 114 #237

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Category/Type

Candidate Name Joyce, John, , Rep., MD

Office Sought: House Senate President
State: PA District: 13

Disbursement For: 2026
 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23572138

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Haley Stevens For Congress

Mailing Address 33717 Woodward Ave #539

City Birmingham State MI Zip Code 48009

Purpose of Disbursement Void - Haley Stevens For Congress

Category/Type

Candidate Name Stevens, Haley, , Rep.,

Office Sought: House Senate President
State: MI District: 11

Disbursement For: 2026
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23575601

Amount of Each Disbursement this Period

Memo Item Void - Haley Stevens For Congress

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

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Maggie for Congress

Mailing Address 600 Pennsylvania Ave SE # 15180

City Washington State DC Zip Code 20003

Purpose of Disbursement

Void - Maggie for Congress

Category/Type: 011

Candidate Name

Goodlander, Maggie, . .

Office Sought: [X] House, [] Senate, [] President. State: NH District: 00

Disbursement For: 2026. [X] Primary, [] General, [] Other (specify)

Date of Disbursement

Date: 03 / 27 / 2025

FEC Identification Number

C []

Transaction ID : 23575602

Amount of Each Disbursement this Period

[] - 2500.00

[] Memo Item Void - Maggie for Congress

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

Void - Schakowsky For Congress

Category/Type: 011

Candidate Name

Schakowsky, Jan, D., Rep.,

Office Sought: [X] House, [] Senate, [] President. State: IL District: 09

Disbursement For: 2026. [X] Primary, [] General, [] Other (specify)

Date of Disbursement

Date: 03 / 27 / 2025

FEC Identification Number

C C00327023

Transaction ID : 23575603

Amount of Each Disbursement this Period

[] - 2500.00

[] Memo Item Void - Schakowsky For Congress

Full Name (Last, First, Middle Initial)

C. Dan Newhouse For Congress

Mailing Address PO Box 10949

City Yakima State WA Zip Code 98909

Purpose of Disbursement

Void - Dan Newhouse For Congress

Category/Type: 011

Candidate Name

Newhouse, Dan, , Rep.,

Office Sought: [X] House, [] Senate, [] President. State: WA District: 04

Disbursement For: 2026. [X] Primary, [] General, [] Other (specify)

Date of Disbursement

Date: 03 / 27 / 2025

FEC Identification Number

C C00559393

Transaction ID : 23575604

Amount of Each Disbursement this Period

[] - 2500.00

[] Memo Item Void - Dan Newhouse For Congress

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

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

[] - 7500.00

[]

**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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lummis For Wyoming Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 27 | | 2025 |

Mailing Address 111 S Durbin St
Ste 300

City Casper State WY Zip Code 82601

FEC Identification Number

| | |
|---|-----------|
| C | C00443580 |
|---|-----------|

Transaction ID : 23575605

Amount of Each Disbursement this Period

| |
|-----------|
| - 2500.00 |
|-----------|

Purpose of Disbursement
Void - Lummis For Wyoming Inc.

| |
|-----|
| 011 |
|-----|

Category/
Type

Candidate Name

Lummis, Cynthia, , ,

Office Sought: House
 Senate
 President
State: WY District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Memo Item Void - Lummis For Wyoming Inc.

Full Name (Last, First, Middle Initial)

B. Scott For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 27 | | 2025 |

Mailing Address P. O. Box 251

City Newport News State VA Zip Code 23607

FEC Identification Number

| | |
|---|-----------|
| C | C00256925 |
|---|-----------|

Transaction ID : 23575606

Amount of Each Disbursement this Period

| |
|-----------|
| - 2500.00 |
|-----------|

Purpose of Disbursement
Void - Scott For Congress

| |
|-----|
| 011 |
|-----|

Category/
Type

Candidate Name

Scott, Robert, C., Rep.,

Office Sought: House
 Senate
 President
State: VA District: 03

Disbursement For: 2026
 Primary General
 Other (specify)

Memo Item Void - Scott For Congress

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 27 | | 2025 |

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

FEC Identification Number

| | |
|---|--|
| C | |
|---|--|

Transaction ID : 23575607

Amount of Each Disbursement this Period

| |
|-----------|
| - 2500.00 |
|-----------|

Purpose of Disbursement
Void - Mark Pocan For Congress

| |
|-----|
| 011 |
|-----|

Category/
Type

Candidate Name

Pocan, Mark, , ,

Office Sought: House
 Senate
 President
State: WI District: 00

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Memo Item Void - Mark Pocan For Congress

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

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

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| - 7500.00 |
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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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Form A: Troy Carter For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Friends Of Rosa Delauro. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Van Drew For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only) summary rows.

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Vicente Gonzalez For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 27 | / | 2025 |

Mailing Address PO Box 6270

FEC Identification Number

| | |
|---|-----------|
| C | C00592659 |
|---|-----------|

Transaction ID : 23575611

Amount of Each Disbursement this Period

| |
|-----------|
| - 2500.00 |
|-----------|

Memo Item Void - Vicente Gonzalez For Congress

City Brownsville State TX Zip Code 78523

Purpose of Disbursement
Void - Vicente Gonzalez For Congress

| |
|-----|
| 011 |
|-----|

Category/
Type

Candidate Name
Gonzalez, Vicente, , Rep.,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: TX District: 15

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 27 | / | 2025 |

Mailing Address 10605 Concord Street Suite 202

FEC Identification Number

| | |
|---|-----------|
| C | C00366096 |
|---|-----------|

Transaction ID : 23575612

Amount of Each Disbursement this Period

| |
|-----------|
| - 5000.00 |
|-----------|

Memo Item Void - Van Hollen For Congress

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Void - Van Hollen For Congress

| |
|-----|
| 011 |
|-----|

Category/
Type

Candidate Name
Van Hollen, Chris, , Rep.,

Office Sought: House Senate President
Disbursement For: 2028 Primary General Other (specify) ▼
State: MD District: 08

Full Name (Last, First, Middle Initial)

C. Texans For Senator John Cornyn Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | / | 22 | / | 2025 |

Mailing Address PO Box 13026

FEC Identification Number

| | |
|---|-----------|
| C | C00369033 |
|---|-----------|

Transaction ID : 23773672

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item

City Austin State TX Zip Code 78711

Purpose of Disbursement

| |
|-----|
| 011 |
|-----|

Category/
Type

Candidate Name
Cornyn, John, , Sen.,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: TX District:

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

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

| |
|-----------|
| - 5000.00 |
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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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Joni For Iowa

Mailing Address PO Box 93441

City
Des Moines

State
IA

Zip Code
50393

Purpose of Disbursement

011

Candidate Name

Ernst, Joni, , Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: IA

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2025

FEC Identification Number

C C00546788

Transaction ID : 23773673

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Team Graham, Inc.

Mailing Address PO Box 1801

City
Columbia

State
SC

Zip Code
29202

Purpose of Disbursement

011

Candidate Name

Graham, Lindsey, O., Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify)

State: SC

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2025

FEC Identification Number

C C00458828

Transaction ID : 23773674

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hoeven For Senate

Mailing Address PO Box 861

City
Bismarck

State
ND

Zip Code
58502

Purpose of Disbursement

011

Candidate Name

Hoeven, John, , ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2028

Primary General
 Other (specify) ▼

State: ND

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2025

FEC Identification Number

C C00473371

Transaction ID : 23773675

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lummis For Wyoming Inc.

Date of Disbursement

Date selection grid: MM/DD/YYYY. 05/22/2025

Mailing Address 111 S Durbin St Ste 300

City Casper State WY Zip Code 82601

FEC Identification Number

FEC ID grid: C00443580

Transaction ID : 23773676

Amount of Each Disbursement this Period

Amount grid: 2500.00

Memo Item

Purpose of Disbursement

Category/Type grid: 011

Candidate Name

Lummis, Cynthia, , ,

Office Sought: House, Senate (checked), President

Disbursement For: 2026 Primary, General (checked), Other

State: WY District:

Full Name (Last, First, Middle Initial)

B. Mullin For America

Date of Disbursement

Date selection grid: MM/DD/YYYY. 05/22/2025

Mailing Address PO Box 1632

City Oklahoma City State OK Zip Code 73101

FEC Identification Number

FEC ID grid: C00498345

Transaction ID : 23773677

Amount of Each Disbursement this Period

Amount grid: 2500.00

Memo Item

Purpose of Disbursement

Category/Type grid: 011

Candidate Name

Mullin, Markwayne, , Sen.,

Office Sought: House, Senate (checked), President

Disbursement For: 2028 Primary, General (checked), Other

State: OK District:

Full Name (Last, First, Middle Initial)

C. Pete Ricketts For Senate

Date of Disbursement

Date selection grid: MM/DD/YYYY. 05/22/2025

Mailing Address 1327 H Street Ste 101

City Lincoln State NE Zip Code 68508

FEC Identification Number

FEC ID grid: C00832436

Transaction ID : 23773678

Amount of Each Disbursement this Period

Amount grid: 2500.00

Memo Item

Purpose of Disbursement

Category/Type grid: 011

Candidate Name

Ricketts, Pete, , Sen.,

Office Sought: House, Senate (checked), President

Disbursement For: 2026 Primary, General (checked), Other

State: NE District:

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

Subtotal grid: 7500.00

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

Total grid: (empty)

**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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Alaskans For Dan Sullivan

Mailing Address 3705 Arctic Blvd #447

City Anchorage State AK Zip Code 99503

Purpose of Disbursement

Category/
Type

Candidate Name
Sullivan, Daniel, S., Sen.,

Office Sought: House Senate President
State: AK District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23773679

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Thom Tillis Committee

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

Category/
Type

Candidate Name
Tillis, Thom, , Sen.,

Office Sought: House Senate President
State: NC District:

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23775710

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Jimmy Panetta For Congress

Mailing Address PO Box 103

City Carmel Valley State CA Zip Code 93924

Purpose of Disbursement
Credit card payment processed by U.S. Bank; ultimate recipient of

Category/
Type

Candidate Name
Panetta, Jimmy, , Rep.,

Office Sought: House Senate President
State: CA District: 19

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23910793

Amount of Each Disbursement this Period

Memo Item (Memo Entry)

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

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CORNYN VICTORY COMMITTEE

Mailing Address P.O. BOX 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement Credit card payment processed by U.S. Bank; ultimate recipient of

Candidate Name

Office Sought: House, Senate, President. Disbursement For: Primary, General, Other. State: District:

Date of Disbursement

Date: 05 / 17 / 2025

FEC Identification Number

C [Redacted]

Transaction ID : 23967690

Amount of Each Disbursement this Period

2500.00

[X] Memo Item (Memo Entry)

Full Name (Last, First, Middle Initial)

B. Haley Stevens For Congress

Mailing Address 33717 Woodward Ave #539

City Birmingham State MI Zip Code 48009

Purpose of Disbursement Credit card payment processed by U.S. Bank; ultimate recipient of

Candidate Name Stevens, Haley, , Rep.,

Office Sought: House, Senate, President. Disbursement For: Primary, General, Other. State: MI District: 11

Date of Disbursement

Date: 03 / 27 / 2025

FEC Identification Number

C C00638650

Transaction ID : 23986230

Amount of Each Disbursement this Period

5000.00

[X] Memo Item (Memo Entry)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President. Disbursement For: Primary, General, Other. State: District:

Date of Disbursement

[Redacted]

FEC Identification Number

C [Redacted]

Amount of Each Disbursement this Period

[Redacted]

[] Memo Item

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

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

0.00

206000.00

**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)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Membership Marketing Services

Mailing Address 1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Fundraising expense/fundraising fees (to a vendor).

004
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C
Transaction ID : 23263339
Amount of Each Disbursement this Period
 1138.00

Memo Item Fundraising expense/fundraising fees (to a vendor).

Full Name (Last, First, Middle Initial)

B. Membership Marketing Services

Mailing Address 1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Fundraising expense/fundraising fees (to a vendor).

004
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2025

FEC Identification Number

C
Transaction ID : 23420689
Amount of Each Disbursement this Period
 16121.50

Memo Item Fundraising expense/fundraising fees (to a vendor).

Full Name (Last, First, Middle Initial)

C. Membership Marketing Services

Mailing Address 1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Fundraising expense/fundraising fees (to a vendor).

004
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

FEC Identification Number

C
Transaction ID : 23439512
Amount of Each Disbursement this Period
 1754.00

Memo Item Fundraising expense/fundraising fees (to a vendor).

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

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

19013.50

**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)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Membership Marketing Services

Mailing Address 1280 Perimeter Parkway

City
Virginia Beach

State
VA

Zip Code
23454

Purpose of Disbursement

Fundraising expense/fundraising fees (to a vendor).

| |
|-------------------|
| 004 |
| Category/ Type |

Candidate Name

Office Sought:

| |
|------------------------------------|
| <input type="checkbox"/> House |
| <input type="checkbox"/> Senate |
| <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 25 | | 2025 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 23572122

Amount of Each Disbursement this Period

| |
|----------|
| 11553.18 |
|----------|

Memo Item Fundraising expense/fundraising fees (to a vendor).

Full Name (Last, First, Middle Initial)

B. Membership Marketing Services

Mailing Address 1280 Perimeter Parkway

City
Virginia Beach

State
VA

Zip Code
23454

Purpose of Disbursement

Fundraising expense/fundraising fees (to a vendor).

| |
|-------------------|
| 004 |
| Category/ Type |

Candidate Name

Office Sought:

| |
|------------------------------------|
| <input type="checkbox"/> House |
| <input type="checkbox"/> Senate |
| <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 25 | | 2025 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 23572123

Amount of Each Disbursement this Period

| |
|---------|
| 2034.00 |
|---------|

Memo Item Fundraising expense/fundraising fees (to a vendor).

Full Name (Last, First, Middle Initial)

C. Membership Marketing Services

Mailing Address 1280 Perimeter Parkway

City
Virginia Beach

State
VA

Zip Code
23454

Purpose of Disbursement

Fundraising expense/fundraising fees (to a vendor).

| |
|-------------------|
| 004 |
| Category/ Type |

Candidate Name

Office Sought:

| |
|------------------------------------|
| <input type="checkbox"/> House |
| <input type="checkbox"/> Senate |
| <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 15 | | 2025 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 23755719

Amount of Each Disbursement this Period

| |
|--------|
| 676.00 |
|--------|

Memo Item Fundraising expense/fundraising fees (to a vendor).

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

| |
|----------|
| 14263.18 |
|----------|

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)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Membership Marketing Services

Mailing Address 1280 Perimeter Parkway

City
Virginia Beach

State
VA

Zip Code
23454

Purpose of Disbursement

Fundraising expense/fundraising fees (to a vendor).

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 23755720

Amount of Each Disbursement this Period

Memo Item Fundraising expense/fundraising fees (to a vendor).

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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