



401 North Lindbergh Boulevard • St. Louis, Missouri 63141-7816
(314)-993-1700 Fax (314)-997-1745

FEDERAL
ELECTION
COMMISSION

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ **Oct 23 8 31 AM '98** ★ ★ ★

October 22, 1998

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Sir or Madam,

Enclosed please find the 12-Day Pre-Election Report for the November 3, 1998 General Election, from the American Association of Orthodontists Political Action Committee. We have faxed this report to you on October 22, 1998, and sent an original via overnight mail on October 22, 1998 for delivery early on October 23, 1998.

I apologize if we are not in compliance with the reporting requirements, and hope that we have not caused any problems for the Commission. Please let me know if there is anything further that we can do to address this matter. Thank you.

Sincerely,

James M. Drinan
Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN ASSN. OF ORTHODONTISTS

ADDRESS (number and street) Check if different than previously reported
401 N. LINDBERGH BLVD.

CITY, STATE and ZIP CODE
ST. LOUIS, MO. 63141

FEDERAL ELECTION COMMISSION

2. FEC IDENTIFICATION NUMBER
CD02931910

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

4. TYPE OF REPORT

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

Monthly Report Due On:

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

- 12-Day Pre-Election Report for the GENERAL (Type of Election)
election on NOV. 3, 1998 in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>10/1/98</u> through <u>10/14/98</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>98</u>		\$ 123,255.58
(b)	Cash on Hand at Beginning of Reporting Period	\$ 94,115.58	
(c)	Total Receipts (from Line 19)	\$ 5,800	\$ 62,510
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 99,915.58	\$ 185,765.58
7.	Total Disbursements (from Line 30)	\$ 15,500	\$ 101,350
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 84,415.58	\$ 84,415.58
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Type or Print Name of Treasurer
JAMES M. DRINAN

Signature of Treasurer
James M. Drinan

Date
10/22/98

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

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE		FROM	TO	
		10/1/98	10/14/98	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	\$ 300.00	\$ 1,050.	11(a)
ii.	Unitemized	\$ 5,500	\$ 61,400	11(b)
iii.	Total (add i and ii) >	\$ 5,800	\$ 62,500	11(c)
b.	Political Party Committees		0	11(d)
c.	Other Political Committees (such as PACs)		0	12
d.	Total Contributions (add a ii, b and c) >	\$ 5,800	62,510	13
12.	Transfers From Affiliated/Other Party Committees	0	0	14
13.	All Loans Received	0	0	15
14.	Loan Repayments Received	0	0	16
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	17
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	18
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	19
18.	Transfers from Nonfederal Account for Joint Activity	0	0	20
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$ 5,800	62,510	
20.	Total Federal Receipts (subtract line 16 from line 19) >	\$ 5,800	62,510	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0	0	21(a)
ii.	Non-Federal Share	0	0	21(b)
b.	Other Federal Operating Expenditures	0	0	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0	22
22.	Transfers to Affiliated/Other Party Committees	0	0	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	\$ 15,500	101,350	24
24.	Independent Expenditures (use Schedule E)	0	0	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441b(d)) (use Schedule F)	0	0	26
26.	Loan Repayments Made	0	0	27
27.	Loans Made	0	0	28(a)
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0	100	28(b)
b.	Political Party Committees	0	0	28(c)
c.	Other Political Committees (such as PACs)	0	0	28(d)
d.	Total Contribution Refunds (add a, b and c) >	0	100	29
29.	Other Disbursements	0	0	30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$ 15,500	101,450	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$ 15,500	101,450	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	\$ 5,800	62,510	32
33.	Total Contribution Refunds (from line 28d)	-	100	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	\$ 5,800	62,410	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ronald Gross 531 N. Charlotte St. Pottstown, PA 194-64-4100	Self	10/13/98	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthodontist Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$300.00

TOTAL This Period (last page this line number only)

\$300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DC Friends of Bill Clay PO Box 1830 Washington, DC. 20013	U.S. House of Representative Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/98	\$2,500
B. Full Name, Mailing Address and ZIP Code Rep. Bliley PO Box 17095 Richmond, VA 23226	U.S. House of Representatives Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	\$1,500
C. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	U.S. House of Representatives Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	\$1,500
D. Full Name, Mailing Address and ZIP Code A * PAC 1575 I St., NW Washington, DC. 20005	PAC to PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC to PAC	10/7/98	\$5,000
E. Full Name, Mailing Address and ZIP Code ADPAC 111 14th St. NW Suite 1200 Washington, D.C. 20005	PAC to PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC to PAC	10/7/98	\$5,000
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

15,500

TOTAL This Period (last page this line number only)

15,500

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/23/98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>RSB</i> PREPARER	<i>10/23/98</i> DATE PREPARED