

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. **12FE4M5**
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **401 N. Lindbergh Blvd.**
Check if different than previously reported. (ACC) **St. Louis MO 63141**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00293910 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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"/>		280994.08
(b) Cash on Hand at Beginning of Reporting Period.....	245524.87	
(c) Total Receipts (from Line 19)	199763.22	422436.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	445288.09	703430.74
7. Total Disbursements (from Line 31).....	59275.29	317417.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	386012.80	386012.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	188363.94	384602.94
(ii) Unitemized	11399.28	37583.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	199763.22	422186.66
(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)	199763.22	422186.66
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.).....	0.00	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)).....▶	199763.22	422436.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	199763.22	422436.66

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	3500.00	11000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3500.00	11000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	222000.00
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).....	39775.29	84417.94
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)) ..	59275.29	317417.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59275.29	317417.94

DETAILED SUMMARY PAGE
of Disbursements

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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)	199763.22	422186.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	199763.22	422186.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3500.00	11000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3500.00	11000.00

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

Form/Schedule: F3XA
Transaction ID :

The committee reviewed the items identified and corrected the report to ensure compliance with FEC requirements. Certain credit card disbursements were clarified by reporting candidate committees as memo entries and the corresponding payments to U.S. Bank as disbursements, preventing duplication. Because some of these transactions occurred in the Mid-Year period but were corrected after filing, an amended Mid-Year report was submitted. The Year-End report has been updated to reflect the amended beginning cash balance, and all totals, including Line 8 (Cash on Hand), now reconcile between Column A and Column B. Additionally, certain contributors with foreign addresses- Trista Felty and Melissa Sherman- are U.S. citizens residing abroad; these contributions are permissible and the committee has confirmed citizenship.

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 164
	<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 ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2025
Transaction ID : 23937364
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2025
Transaction ID : 23937365
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. 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) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2025
Transaction ID : 23938269
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 164
	<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. Phang, Paul, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27603 Guthrie Ridge Ln
 City Katy State TX Zip Code 77494-3329
 FEC ID number of contributing federal 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 07 / 03 / 2025
Transaction ID : 23938270
 Amount of Each Receipt this Period 30.00
 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 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 ▼ 1200.00

Date of Receipt 07 / 04 / 2025
Transaction ID : 23938837
 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 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 ▼ 1400.00

Date of Receipt 07 / 04 / 2025
Transaction ID : 23938839
 Amount of Each Receipt this Period 200.00
 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 9 OF 164
	<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 ▼ 350.00

Date of Receipt **07 / 05 / 2025**
Transaction ID : 23938844
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 350.00

Date of Receipt **07 / 08 / 2025**
Transaction ID : 23939365
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 260.00

Date of Receipt **07 / 09 / 2025**
Transaction ID : 23939980
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 164
	<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. 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 700.00

Date of Receipt 07 / 09 / 2025
Transaction ID : 23939981
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Jarosz, Jerome, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 W Plum Grove Cir
 City Arlington Heights State IL Zip Code 60004-1373
 FEC ID number of contributing federal 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 07 / 09 / 2025
Transaction ID : 23940458
 Amount of Each Receipt this Period 500.00
 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 1470.00

Date of Receipt 07 / 10 / 2025
Transaction ID : 23944302
 Amount of Each Receipt this Period 210.00
 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 11 OF 164
	<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. 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 ▼ 700.00

Date of Receipt 07 / 11 / 2025
Transaction ID : 23945066
 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 ▼ 625.00

Date of Receipt 07 / 11 / 2025
Transaction ID : 23945067
 Amount of Each Receipt this Period 125.00
 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 ▼ 700.00

Date of Receipt 07 / 12 / 2025
Transaction ID : 23949693
 Amount of Each Receipt this Period 100.00
 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 12 OF 164
	<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: 1050.00

Date of Receipt: 07 / 12 / 2025
Transaction ID : 23949694
 Amount of Each Receipt this Period: 150.00
 Memo Item

B. 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: 375.00

Date of Receipt: 07 / 13 / 2025
Transaction ID : 23949697
 Amount of Each Receipt this Period: 125.00
 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: 700.00

Date of Receipt: 07 / 14 / 2025
Transaction ID : 23949714
 Amount of Each Receipt this Period: 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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 164
<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. 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2025
Transaction ID : 23949715
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2025
Transaction ID : 23949716
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2025
Transaction ID : 23949717
 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 14 OF 164
	<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. 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 ▼ 1470.00

Date of Receipt **07 / 14 / 2025**
Transaction ID : 23949718
 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 ▼ 910.00

Date of Receipt **07 / 15 / 2025**
Transaction ID : 23967666
 Amount of Each Receipt this Period 130.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt **07 / 18 / 2025**
Transaction ID : 23971164
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 15 OF 164
(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. Feinberg, Michael, Adam, Dr.,

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 ▼ 1050.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2025

Transaction ID : 23971781

Amount of Each Receipt this Period
150.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Rickabaugh, Jeff, 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 ▼ 700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2025

Transaction ID : 23971782

Amount of Each Receipt this Period
100.00

Memo Item

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

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 ▼ 3962.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2025

Transaction ID : 23972703

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.00

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 164
	<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 ▼ 700.00

Date of Receipt 07 / 22 / 2025
Transaction ID : 23972704
 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 ▼ 700.00

Date of Receipt 07 / 22 / 2025
Transaction ID : 23972705
 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 ▼ 560.00

Date of Receipt 07 / 22 / 2025
Transaction ID : 23972706
 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 17 OF 164
	<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. 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 ▼ 700.00

Date of Receipt 07 / 23 / 2025
Transaction ID : 23985789
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 07 / 23 / 2025
Transaction ID : 23985790
 Amount of Each Receipt this Period 375.00
 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 ▼ 870.00

Date of Receipt 07 / 24 / 2025
Transaction ID : 23985954
 Amount of Each Receipt this Period 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
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 18 OF 164
<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 ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2025
Transaction ID : 23985955
 Amount of Each Receipt this Period
 125.00
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2025
Transaction ID : 23985956
 Amount of Each Receipt this Period
 50.00
 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 ▼ 735.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2025
Transaction ID : 23985957
 Amount of Each Receipt this Period
 105.00
 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: PAGE 19 OF 164
(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. 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 ▼ 1050.00

Date of Receipt 07 / 26 / 2025
Transaction ID : 23986282
 Amount of Each Receipt this Period 150.00
 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 ▼ 350.00

Date of Receipt 07 / 26 / 2025
Transaction ID : 23986283
 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 ▼ 875.00

Date of Receipt 07 / 26 / 2025
Transaction ID : 23986284
 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 20 OF 164
<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. 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 ▼ 1267.00

Date of Receipt **07 / 28 / 2025**
Transaction ID : 23986295
 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 ▼ 294.00

Date of Receipt **07 / 28 / 2025**
Transaction ID : 23986296
 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 ▼ 700.00

Date of Receipt **07 / 28 / 2025**
Transaction ID : 23986297
 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 21 OF 164
	<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 1020.00

Date of Receipt 07 / 28 / 2025
Transaction ID : 23986298
 Amount of Each Receipt this Period 220.00
 Memo Item

B. Tokede, Bunmi, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4814 Ashland Glen LN
 City Manvel State TX Zip Code 77578-2118
 FEC ID number of contributing federal 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 08 / 01 / 2025
Transaction ID : 23997552
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 08 / 03 / 2025
Transaction ID : 23997837
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
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 164
	<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. Phang, Paul, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27603 Guthrie Ridge Ln
 City Katy State TX Zip Code 77494-3329
 FEC ID number of contributing federal 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 08 / 03 / 2025
Transaction ID : 23997838
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Goldreich, Hilton, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2204 Bradbury Ct
 City Plano State TX Zip Code 75093-4351
 FEC ID number of contributing federal 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 08 / 03 / 2025
Transaction ID : 23997846
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 1300.00

Date of Receipt 08 / 04 / 2025
Transaction ID : 23997847
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 630.00
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 164
	<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. 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 ▼ 1600.00

Date of Receipt **08 / 04 / 2025**
Transaction ID : 23997849
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Nalchajian, Greg, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1080 E Kelso Ave
 City Fresno State CA Zip Code 93720-1849
 FEC ID number of contributing federal 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 **08 / 05 / 2025**
Transaction ID : 23998572
 Amount of Each Receipt this Period 1200.00
 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 ▼ 400.00

Date of Receipt **08 / 05 / 2025**
Transaction ID : 23998573
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
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 24 OF 164
(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. Martin, Boyd, D., Dr.,

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 ▼ **875.00**

Date of Receipt **08 / 07 / 2025**
Transaction ID : 24050198

Amount of Each Receipt this Period **125.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Fogel, Richard, 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 ▼ **500.00**

Date of Receipt **08 / 07 / 2025**
Transaction ID : 24066977

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Chadwell, Joseph, B., Dr.,

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 ▼ **400.00**

Date of Receipt **08 / 08 / 2025**
Transaction ID : 24066986

Amount of Each Receipt this Period **50.00**

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 25 OF 164
	<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 ▼ 280.00

Date of Receipt 08 / 09 / 2025
Transaction ID : 24067805
 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 ▼ 800.00

Date of Receipt 08 / 09 / 2025
Transaction ID : 24067806
 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 ▼ 1680.00

Date of Receipt 08 / 10 / 2025
Transaction ID : 24067810
 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 26 OF 164
	<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. 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 ▼ 800.00

Date of Receipt 08 / 11 / 2025
Transaction ID : 24067813
 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 ▼ 750.00

Date of Receipt 08 / 11 / 2025
Transaction ID : 24067814
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Stephens, Claude, R., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4360 Red Oak Cir
 City Midlothian State TX Zip Code 76065-4860
 FEC ID number of contributing federal 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 08 / 11 / 2025
Transaction ID : 24067817
 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 27 OF 164
	<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. 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 ▼ 800.00

Date of Receipt 08 / 12 / 2025
Transaction ID : 24069364
 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 ▼ 1200.00

Date of Receipt 08 / 12 / 2025
Transaction ID : 24069365
 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 ▼ 800.00

Date of Receipt 08 / 14 / 2025
Transaction ID : 24080879
 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 28 OF 164
	<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. 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 400.00

Date of Receipt 08 / 14 / 2025
Transaction ID : 24080880
 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 800.00

Date of Receipt 08 / 14 / 2025
Transaction ID : 24080881
 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 800.00

Date of Receipt 08 / 14 / 2025
Transaction ID : 24080882
 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 29 OF 164
	<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. 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 1680.00

Date of Receipt 08 / 14 / 2025
Transaction ID : 24080883
 Amount of Each Receipt this Period 210.00
 Memo Item

B. Collier, India, 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 08 / 14 / 2025
Transaction ID : 24080886
 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 1040.00

Date of Receipt 08 / 15 / 2025
Transaction ID : 24081094
 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 30 OF 164
<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. 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 ▼ 400.00

Date of Receipt **08 / 18 / 2025**
Transaction ID : 24081419
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 1450.00

Date of Receipt **08 / 20 / 2025**
Transaction ID : 24082835
 Amount of Each Receipt this Period 950.00
 Memo Item

C. 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 ▼ 1200.00

Date of Receipt **08 / 21 / 2025**
Transaction ID : 24083063
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 164
	<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. 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) Occupation (for Individual)
 Self Employed Orthodontist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2025
Transaction ID : 24083064
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Griffiths, John, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9805 Glenrock Dr
 City State Zip Code
 Las Vegas NV 89134-6714
 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 ▼
 4170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2025
Transaction ID : 24084804
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Lu, H. Quoc, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9504 Claychin Ct
 City State Zip Code
 Burke VA 22015-4187
 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 ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2025
Transaction ID : 24084805
 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: PAGE 32 OF 164
(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. Dougherty Jr, Harry, L., Dr., Jr.

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 ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2025
Transaction ID : 24084806

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Pischke Thomas, Katherine, Alexandra, Dr.,

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 ▼ 640.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2025
Transaction ID : 24084807

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 17610 Curry Branch Rd

City Louisville State KY Zip Code 40245-7446

FEC ID number of contributing federal 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
08 / 22 / 2025
Transaction ID : 24097892

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 430.00

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 164
	<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. 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 ▼ 800.00

Date of Receipt 08 / 23 / 2025
Transaction ID : 24097895
 Amount of Each Receipt this Period 100.00
 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 ▼ 980.00

Date of Receipt 08 / 24 / 2025
Transaction ID : 24097966
 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 ▼ 840.00

Date of Receipt 08 / 24 / 2025
Transaction ID : 24097967
 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 34 OF 164
	<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. Buchart, Michael, P., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 Woodlake Way
 City Lexington State KY Zip Code 40502-2535
 FEC ID number of contributing federal 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 08 / 25 / 2025
Transaction ID : 24098083
 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 ▼ 1200.00

Date of Receipt 08 / 26 / 2025
Transaction ID : 24098341
 Amount of Each Receipt this Period 150.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt 08 / 26 / 2025
Transaction ID : 24098342
 Amount of Each Receipt this Period 50.00
 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: PAGE 35 OF 164
(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. 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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2025

Transaction ID : 24098343

Amount of Each Receipt this Period
125.00

Memo Item

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

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 ▼
1875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2025

Transaction ID : 24100999

Amount of Each Receipt this Period
625.00

Memo Item

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

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 ▼
825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2025

Transaction ID : 24102001

Amount of Each Receipt this Period
275.00

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 36 OF 164
	<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. 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 1448.00

Date of Receipt 08 / 28 / 2025
Transaction ID : 24102003
 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 336.00

Date of Receipt 08 / 28 / 2025
Transaction ID : 24102004
 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 800.00

Date of Receipt 08 / 28 / 2025
Transaction ID : 24102005
 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 37 OF 164
	<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. Hiller, Dennis, C., Dr.,			Date of Receipt		
Mailing Address 9 Greenscapes Ln #6			M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2025		
City Thornton State NH Zip Code 03223			Transaction ID : 24102006		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 220.00		
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 ▼ 1240.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCartha, Douglas, C., Dr.,			Date of Receipt		
Mailing Address			M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2025		
City State Zip Code			Transaction ID : 24102007		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 75.00		
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 ▼ 225.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Poole, Morris, L., Dr.,			Date of Receipt		
Mailing Address			M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2025		
City State Zip Code			Transaction ID : 24103475		
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 ▼ 900.00			

SUBTOTAL of Receipts This Page (optional).....	395.00
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 38 OF 164
(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. Phang, Paul, A., Dr.,

Mailing Address 27603 Guthrie Ridge Ln

City Katy State TX Zip Code 77494-3329

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 03 / 2025**

Transaction ID : 24103476

Amount of Each Receipt this Period **30.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. 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 ▼ **1400.00**

Date of Receipt **09 / 04 / 2025**

Transaction ID : 24105791

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 ▼ **1800.00**

Date of Receipt **09 / 04 / 2025**

Transaction ID : 24105793

Amount of Each Receipt this Period **200.00**

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 39 OF 164
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
luorno, Frank, , Dr., Jr.

Mailing Address 3208 Lockport Way

City Richmond	State VA	Zip Code 23233-7730
------------------	-------------	------------------------

FEC ID number of contributing federal 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
 09 / 04 / 2025

Transaction ID : 24105794

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 17 Blenheim Farm Ln

City Phoenix	State MD	Zip Code 21131-2136
-----------------	-------------	------------------------

FEC ID number of contributing federal 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
 09 / 04 / 2025

Transaction ID : 24119193

Amount of Each Receipt this Period
5000.00

Memo Item

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

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2025

Transaction ID : 24119206

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5550.00
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 40 OF 164
(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. Joseph, Daniel, I., Dr.,

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 ▼
1625.00

Date of Receipt
09 / 08 / 2025
Transaction ID : 24119320

Amount of Each Receipt this Period
125.00

Memo Item

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

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 ▼
450.00

Date of Receipt
09 / 08 / 2025
Transaction ID : 24119321

Amount of Each Receipt this Period
50.00

Memo Item

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

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 ▼
300.00

Date of Receipt
09 / 09 / 2025
Transaction ID : 24119491

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00

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 41 OF 164
(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. Genecov, Jeffrey, S., Dr.,
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2025
Transaction ID : 24119492
 Amount of Each Receipt this Period
 100.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Griffin, David, J., Dr.,
 Mailing Address PO BOX 2162
 City Brookfield State WI Zip Code 53008-2162
 FEC ID number of contributing federal 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
 09 / 09 / 2025
Transaction ID : 24119494
 Amount of Each Receipt this Period
 365.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Wolford, Marian, Schmitt, Dr.,
 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 ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2025
Transaction ID : 24119503
 Amount of Each Receipt this Period
 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1965.00
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 164
	<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 ▼ 1890.00

Date of Receipt 09 / 10 / 2025
Transaction ID : 24119785
 Amount of Each Receipt this Period 210.00
 Memo Item

B. Gehring, David, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3056 OTTER VIEW RD
 City TODDVILLE State IA Zip Code 52341-9732
 FEC ID number of contributing federal 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 09 / 10 / 2025
Transaction ID : 24119789
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lovrovich, Anthony, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3867 50Th Ave Ne
 City Seattle State WA Zip Code 98105-5235
 FEC ID number of contributing federal 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 09 / 10 / 2025
Transaction ID : 24119793
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 43 OF 164
(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. Warren, Fredric, R., Dr.,

Mailing Address 3322 Stage Coach Dr

City Lafayette State CA Zip Code 94549-1822

FEC ID number of contributing federal 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
09 / 10 / 2025
Transaction ID : 24119795

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Narayan, Sakshi, , ,

Mailing Address 876 Cedar River CT SE

City Marietta State GA Zip Code 30067-3937

FEC ID number of contributing federal 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
09 / 10 / 2025
Transaction ID : 24120007

Amount of Each Receipt this Period
250.00

Memo Item

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

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 ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2025
Transaction ID : 24120336

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 164
	<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. 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 ▼ 875.00

Date of Receipt 09 / 11 / 2025
Transaction ID : 24120337
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Castano-Rendon, Maria, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12565 Riverhill Rd
 City Frisco State TX Zip Code 75033-2963
 FEC ID number of contributing federal 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 09 / 11 / 2025
Transaction ID : 24120365
 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 ▼ 900.00

Date of Receipt 09 / 12 / 2025
Transaction ID : 24123662
 Amount of Each Receipt this Period 100.00
 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 45 OF 164		
	<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 1350.00

Date of Receipt 09 / 12 / 2025
Transaction ID : 24123663
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Stafford, Kimberley, Alden, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2229 S 183Rd Cir
 City Omaha State NE Zip Code 68130-2783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1025.00

Date of Receipt 09 / 12 / 2025
Transaction ID : 24123704
 Amount of Each Receipt this Period 1025.00
 Memo Item

C. Horton, Heather, , 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 1350.00

Date of Receipt 09 / 13 / 2025
Transaction ID : 24130159
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2425.00
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 164
	<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 ▼
2500.00

Date of Receipt
09 / 13 / 2025
Transaction ID : 24130161

Amount of Each Receipt this Period
1250.00

Memo Item

B. Graber, Lee, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21350 W Lakeview Pkwy

City State Zip Code
Mundelein IL 60060-9603

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
09 / 13 / 2025
Transaction ID : 24130163

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 496 Grandview Farms DR

City State Zip Code
Union MO 63084-4469

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
09 / 13 / 2025
Transaction ID : 24130165

Amount of Each Receipt this Period
500.00

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 47 OF 164
	<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. 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 900.00

Date of Receipt 09 / 14 / 2025
Transaction ID : 24130184
 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 900.00

Date of Receipt 09 / 14 / 2025
Transaction ID : 24130186
 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 900.00

Date of Receipt 09 / 14 / 2025
Transaction ID : 24130187
 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 48 OF 164
	<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. 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 1890.00

Date of Receipt 09 / 14 / 2025
Transaction ID : 24130188
 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 1170.00

Date of Receipt 09 / 15 / 2025
Transaction ID : 24130215
 Amount of Each Receipt this Period 130.00
 Memo Item

C. Fields, Henry, W., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4071 Westbury LN
 City New Albany State OH Zip Code 43054-8162
 FEC ID number of contributing federal 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 09 / 15 / 2025
Transaction ID : 24130218
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1090.00
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 164
<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. 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 ▼ 2500.00

Date of Receipt **09 / 16 / 2025**
Transaction ID : 24142304
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. 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 ▼ 450.00

Date of Receipt **09 / 18 / 2025**
Transaction ID : 24149966
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cox, Michael, William, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1807 Atlantic Ave
 City Sullivans Island State SC Zip Code 29482-9795
 FEC ID number of contributing federal 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 **09 / 18 / 2025**
Transaction ID : 24149967
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 164
	<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. 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 Beachwood State OH Zip Code 44122-1135
 FEC ID number of contributing federal 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 09 / 18 / 2025
Transaction ID : 24151363
 Amount of Each Receipt this Period 500.00
 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 ▼ 750.00

Date of Receipt 09 / 19 / 2025
Transaction ID : 24151457
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ahmed, Fatima, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29500 7 Mile Rd
 City Livonia State MI Zip Code 48152-1910
 FEC ID number of contributing federal 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 09 / 19 / 2025
Transaction ID : 24151490
 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 51 OF 164
	<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. Charnley, Jason, Lee, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15880 Prospect Point Dr
 City Spring Lake State MI Zip Code 49456-1581
 FEC ID number of contributing federal 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 09 / 19 / 2025
Transaction ID : 24151492
 Amount of Each Receipt this Period 500.00
 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 1250.00

Date of Receipt 09 / 19 / 2025
Transaction ID : 24151497
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Puntillo, Anthony, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Foulis Ct
 City Chesterton State IN Zip Code 46304-8949
 FEC ID number of contributing federal 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 09 / 19 / 2025
Transaction ID : 24151506
 Amount of Each Receipt this Period 1500.00
 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 52 OF 164
	<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. 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 ▼
 1000.00

Date of Receipt
 09 / 20 / 2025
Transaction ID : 24151585
 Amount of Each Receipt this Period
 500.00
 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 State Zip Code
 Saline MI 48176-1616
 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
 09 / 20 / 2025
Transaction ID : 24151610
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Hersh, Nelson (Nick), M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5221 N Bay Dr
 City State Zip Code
 Orchard Lake MI 48324-2389
 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
 09 / 20 / 2025
Transaction ID : 24151612
 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 53 OF 164
	<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 1350.00

Date of Receipt 09 / 21 / 2025
Transaction ID : 24151628
 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 900.00

Date of Receipt 09 / 21 / 2025
Transaction ID : 24151629
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Goldsberry, Bart, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1904 E Longview Dr
 City Salt Lake City State UT Zip Code 84124-2627
 FEC ID number of contributing federal 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 09 / 22 / 2025
Transaction ID : 24151633
 Amount of Each Receipt this Period 750.00
 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: PAGE 54 OF 164
(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. Griffiths, John, C., Dr.,

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 ▼ 4378.00

Date of Receipt
09 / 22 / 2025
Transaction ID : 24151634

Amount of Each Receipt this Period
208.00

Memo Item

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

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 ▼ 900.00

Date of Receipt
09 / 22 / 2025
Transaction ID : 24151635

Amount of Each Receipt this Period
100.00

Memo Item

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

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 ▼ 900.00

Date of Receipt
09 / 22 / 2025
Transaction ID : 24151636

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 55 OF 164
	<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 **720.00**

Date of Receipt **09 / 22 / 2025**
Transaction ID : 24151637
 Amount of Each Receipt this Period **80.00**
 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 **900.00**

Date of Receipt **09 / 23 / 2025**
Transaction ID : 24154643
 Amount of Each Receipt this Period **100.00**
 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 **1090.00**

Date of Receipt **09 / 24 / 2025**
Transaction ID : 24154723
 Amount of Each Receipt this Period **110.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
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 164
<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. 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 ▼ 945.00

Date of Receipt 09 / 24 / 2025
Transaction ID : 24154724
 Amount of Each Receipt this Period 105.00
 Memo Item

B. Harvey, W., Keith, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4201 Wilkinson Way
 City Mobile State AL Zip Code 36608-2609
 FEC ID number of contributing federal 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 09 / 24 / 2025
Transaction ID : 24154755
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Christiansen, Richard, 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 ▼ 250.00

Date of Receipt 09 / 24 / 2025
Transaction ID : 24154757
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	605.00
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 164
	<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. Bielik, Kathryn, Lynn, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5526 S Elm Street
 City HINSDALE State IL Zip Code 60521-5045
 FEC ID number of contributing federal 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
 09 / 24 / 2025
Transaction ID : 24154759
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Safari, Shawheen, Shawn, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 318 E 84Th St Apt 4W
 City New York State NY Zip Code 10028-4482
 FEC ID number of contributing federal 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
 09 / 24 / 2025
Transaction ID : 24161427
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. McNeight, Angela, Marie, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 344 S Lakeside DR
 City Satellite Beach State FL Zip Code 32937-3821
 FEC ID number of contributing federal 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
 09 / 26 / 2025
Transaction ID : 24161638
 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 58 OF 164
	<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 ▼ 1350.00

Date of Receipt
 09 / 26 / 2025
Transaction ID : 24161639
 Amount of Each Receipt this Period 150.00
 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 ▼ 450.00

Date of Receipt
 09 / 26 / 2025
Transaction ID : 24161641
 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 ▼ 1125.00

Date of Receipt
 09 / 26 / 2025
Transaction ID : 24161642
 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 59 OF 164
	<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. Jackson, Christina, , 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
09 / 26 / 2025

Transaction ID : 24161644

Amount of Each Receipt this Period
250.00

Memo Item

B. 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 ▼
1948.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2025

Transaction ID : 24161650

Amount of Each Receipt this Period
500.00

Memo Item

C. 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 State Zip Code
San Juan PR 00926-5356

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
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2025

Transaction ID : 24161656

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 60 OF 164
	<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. Bonebreak, Byron, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6706 Guilford Rd
 City Clarksville State MD Zip Code 21029-1636
 FEC ID number of contributing federal 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
 09 / 26 / 2025
Transaction ID : 24161660
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Ryckman, Michael, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2429 Upper Bellbrook Rd
 City Xenia State OH Zip Code 45385-9325
 FEC ID number of contributing federal 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
 09 / 26 / 2025
Transaction ID : 24161937
 Amount of Each Receipt this Period
 25.00
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2025
Transaction ID : 24161939
 Amount of Each Receipt this Period
 500.00
 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 61 OF 164
	<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. 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 1255.00

Date of Receipt 09 / 26 / 2025
Transaction ID : 24161948
 Amount of Each Receipt this Period 700.00
 Memo Item

B. Saini, Viney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10115 Sycamore Hollow Ln
 City Germantown State MD Zip Code 20876-4403
 FEC ID number of contributing federal 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 09 / 26 / 2025
Transaction ID : 24161950
 Amount of Each Receipt this Period 1250.00
 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 1250.00

Date of Receipt 09 / 27 / 2025
Transaction ID : 24162004
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 164
	<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. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2025
Transaction ID : 24162006
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Flagg, Brienne, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Berry Dr
 City Wilmington State DE Zip Code 19808-3616
 FEC ID number of contributing federal 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
 09 / 27 / 2025
Transaction ID : 24162008
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Harmon, David, E., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13624 Wood Ember Dr
 City Upper Marlboro State MD Zip Code 20774-4200
 FEC ID number of contributing federal 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
 09 / 27 / 2025
Transaction ID : 24162012
 Amount of Each Receipt this Period
 400.00
 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 63 OF 164
	<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. Harte, Douglas, S., Dr.,		Date of Receipt MM / DD / YYYY 09 / 28 / 2025
Mailing Address 13 Boynton Dr		Transaction ID : 24162030
City Livingston	State NJ	Zip Code 07039-4603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 181.00
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 ▼ 2129.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eakes, Elizabeth, , Dr.,		Date of Receipt MM / DD / YYYY 09 / 28 / 2025
Mailing Address 23 Melville Ave		Transaction ID : 24162031
City Greenville	State SC	Zip Code 29605-2935
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
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 ▼ 378.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Maddux, Nicholas, , Dr.,		Date of Receipt MM / DD / YYYY 09 / 28 / 2025
Mailing Address 3828 Old Shell Rd		Transaction ID : 24162033
City Virginia Beach	State VA	Zip Code 23452-4723
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 ▼ 900.00	

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 64 OF 164
	<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 1460.00

Date of Receipt 09 / 28 / 2025
Transaction ID : 24162034
 Amount of Each Receipt this Period 220.00
 Memo Item

B. Godley, Danielle, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12953 Airhart Blvd
 City Carmel State IN Zip Code 46074-8364
 FEC ID number of contributing federal 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 09 / 29 / 2025
Transaction ID : 24162040
 Amount of Each Receipt this Period 300.00
 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 Carmel State IN Zip Code 46074-8364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 581.94

Date of Receipt 09 / 30 / 2025
Transaction ID : 24169917
 Amount of Each Receipt this Period 31.94
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	551.94
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 164
	<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. Beam, William, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 W Melrose St
 City Chicago State IL Zip Code 60657-2118
 FEC ID number of contributing federal 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
 09 / 25 / 2025
Transaction ID : 24169918
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Hechler, Steven, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11533 Canterbury Cir
 City Leawood State KS Zip Code 66211-2918
 FEC ID number of contributing federal 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
 09 / 30 / 2025
Transaction ID : 24169919
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Goshgarian, Ara, Curtis, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1046 Cahill Ln
 City Lake Forest State IL Zip Code 60045-1558
 FEC ID number of contributing federal 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
 09 / 25 / 2025
Transaction ID : 24169920
 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 66 OF 164
	<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. Curtis, Leigh, Bayer, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 W Miracle Strip Pkwy
 City Mary Esther State FL Zip Code 32569-1984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 25 / 2025
Transaction ID : 24169921
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Polivka, John, William, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 S Catherine Ave
 City La Grange State IL Zip Code 60525-2834
 FEC ID number of contributing federal 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 09 / 25 / 2025
Transaction ID : 24169922
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Durbin, Michael, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Cherry Creek Ln
 City Prospect Heights State IL Zip Code 60070-1095
 FEC ID number of contributing federal 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 09 / 25 / 2025
Transaction ID : 24169923
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 164
	<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. Graham, Elizabeth, Marie, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Melrose Ave
 City Kenilworth State IL Zip Code 60043-1154
 FEC ID number of contributing federal 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
 09 / 30 / 2025
Transaction ID : 24169929
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Hayes, K., Michael, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Morningstar Rd
 City Auburn State IN Zip Code 46706-9188
 FEC ID number of contributing federal 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
 09 / 30 / 2025
Transaction ID : 24169930
 Amount of Each Receipt this Period
 365.00
 Memo Item

C. Petty, William, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Village Center Dr Unit 414
 City Burr Ridge State IL Zip Code 60527-4562
 FEC ID number of contributing federal 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
 09 / 30 / 2025
Transaction ID : 24169935
 Amount of Each Receipt this Period
 1250.00
 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 68 OF 164
<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. Dent, Steven, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1505 Chatham CT
 City Saint Augustine State FL Zip Code 32092-5050
 FEC ID number of contributing federal 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 09 / 30 / 2025
Transaction ID : 24169951
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Youel, Ben, , 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 ▼ 1750.00

Date of Receipt 09 / 30 / 2025
Transaction ID : 24170011
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Shue, Jonathan, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 Sarsen Drive
 City Lititz State PA Zip Code 17543-9070
 FEC ID number of contributing federal 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 10 / 01 / 2025
Transaction ID : 24170103
 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: PAGE 69 OF 164
(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. Phillis, Hugh, R., Dr.,

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 ▼ **3000.00**

Date of Receipt **10 / 02 / 2025**

Transaction ID : 24170748

Amount of Each Receipt this Period **750.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Drake, Carl, T., Dr.,

Mailing Address 38 Conway Cir

City Bloomington State IL Zip Code 61704-8285

FEC ID number of contributing federal 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 **09 / 29 / 2025**

Transaction ID : 24176231

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 ▼ **1000.00**

Date of Receipt **10 / 03 / 2025**

Transaction ID : 24176294

Amount of Each Receipt this Period **100.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1350.00**

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 164
	<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. Phang, Paul, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27603 Guthrie Ridge Ln

City Katy	State TX	Zip Code 77494-3329
--------------	-------------	------------------------

FEC ID number of contributing federal 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
10		03		2025

Transaction ID : 24176295

Amount of Each Receipt this Period
30.00

Memo Item

B. Pittman, Joseph, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6133 View Water Dr

City Raleigh	State NC	Zip Code 27606-8808
-----------------	-------------	------------------------

FEC ID number of contributing federal 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
10		03		2025

Transaction ID : 24176357

Amount of Each Receipt this Period
1250.00

Memo Item

C. 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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2025

Transaction ID : 24176383

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1380.00
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 164
	<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. 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 2000.00

Date of Receipt 10 / 04 / 2025
Transaction ID : 24176385
 Amount of Each Receipt this Period 200.00
 Memo Item

B. 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 500.00

Date of Receipt 10 / 05 / 2025
Transaction ID : 24176390
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Helms, Lana, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12494 E 725 S
 City Loogootee State IN Zip Code 47553-5299
 FEC ID number of contributing federal 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 10 / 07 / 2025
Transaction ID : 24192007
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	271.00
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 72 OF 164
	<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. Gemmi, Charles, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 845 Spring House Farm Ln
 City Lower Gwynedd State PA Zip Code 19002-2172
 FEC ID number of contributing federal 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 10 / 07 / 2025
Transaction ID : 24193312
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt 10 / 08 / 2025
Transaction ID : 24193348
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 320.00

Date of Receipt 10 / 09 / 2025
Transaction ID : 24197751
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	570.00
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 164
	<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. 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 1000.00

Date of Receipt 10 / 09 / 2025
Transaction ID : 24197752
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 3500.00

Date of Receipt 10 / 09 / 2025
Transaction ID : 24198159
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Tada, Kendall, R., 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 10 / 10 / 2025
Transaction ID : 24198205
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3100.00
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 164
	<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. Horton, Lili, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 10546
 City Honolulu State HI Zip Code 96816-0546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 205.00

Date of Receipt 10 / 10 / 2025
Transaction ID : 24198210
 Amount of Each Receipt this Period 205.00
 Memo Item

B. Yim, Errol, 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 250.00

Date of Receipt 10 / 10 / 2025
Transaction ID : 24198224
 Amount of Each Receipt this Period 250.00
 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 2100.00

Date of Receipt 10 / 10 / 2025
Transaction ID : 24198229
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	665.00
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 164
	<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. 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 1000.00

Date of Receipt **10 / 11 / 2025**
Transaction ID : 24198939
 Amount of Each Receipt this Period 125.00
 Memo Item

B. 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 1000.00

Date of Receipt **10 / 12 / 2025**
Transaction ID : 24198943
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 1500.00

Date of Receipt **10 / 12 / 2025**
Transaction ID : 24198945
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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 164
<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. 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 ▼ 500.00

Date of Receipt **10 / 13 / 2025**
Transaction ID : 24198951
 Amount of Each Receipt this Period 125.00
 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 ▼ 1000.00

Date of Receipt **10 / 14 / 2025**
Transaction ID : 24200724
 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 ▼ 1000.00

Date of Receipt **10 / 14 / 2025**
Transaction ID : 24200725
 Amount of Each Receipt this Period 100.00
 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 77 OF 164
	<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 1000.00

Date of Receipt 10 / 14 / 2025
Transaction ID : 24200726
 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 2100.00

Date of Receipt 10 / 14 / 2025
Transaction ID : 24200727
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Garcia, Lynette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 140307
 City Arecibo State PR Zip Code 00614-0307
 FEC ID number of contributing federal 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 10 / 14 / 2025
Transaction ID : 24201744
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.00
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 164
	<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. 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 1300.00

Date of Receipt 10 / 15 / 2025
Transaction ID : 24201778
 Amount of Each Receipt this Period 130.00
 Memo Item

B. Murphy, John, E., 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 10 / 16 / 2025
Transaction ID : 24208613
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Vicens, Jose, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 758
 City Humacao State PR Zip Code 00792-0758
 FEC ID number of contributing federal 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 10 / 16 / 2025
Transaction ID : 24208616
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	880.00
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 164
	<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. Ogata, Gregory, Y., Dr.,		Date of Receipt 10 / 16 / 2025 Transaction ID : 24213670
Mailing Address 5594 176th Place SE		Amount of Each Receipt this Period 250.00
City Bellevue	State WA	Zip Code 98006-5926
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	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cooke, Mary, , Dr.,		Date of Receipt 10 / 16 / 2025 Transaction ID : 24221822
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 ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ghafouri, Bahar, Charlotte, Dr.,		Date of Receipt 10 / 16 / 2025 Transaction ID : 24221826
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	

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 80 OF 164
	<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. Trotter, John, H., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2025
Mailing Address 205 Via Colusa		Transaction ID : 24221828
City Palos Verdes Estates	State CA	Zip Code 90274-1041
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 ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ogbevoen, Nehi, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2025
Mailing Address 309 Anderson Ln		Transaction ID : 24221830
City Costa Mesa	State CA	Zip Code 92627-1858
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 C. Castillo, Jose, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2025
Mailing Address		Transaction ID : 24221832
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
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).....▶	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 81 OF 164
	<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. 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 750.00

Date of Receipt 10 / 16 / 2025
Transaction ID : 24221834
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hsiao, Min-Yi, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1272 Panini Dr
 City Henderson State NV Zip Code 89052-3166
 FEC ID number of contributing federal 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 10 / 17 / 2025
Transaction ID : 24222766
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Utter, Megan, 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 10 / 17 / 2025
Transaction ID : 24222770
 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 82 OF 164
	<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. Silvaroli, John, , 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
 10 / 17 / 2025

Transaction ID : 24222773

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 349 Hickory Grove Rd

City State Zip Code
 Leesburg GA 31763-5310

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
 10 / 18 / 2025

Transaction ID : 24223148

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 4107 NE 96th

City State Zip Code
 Seattle WA 98115-2541

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
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2025

Transaction ID : 24223156

Amount of Each Receipt this Period
 1250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 164
	<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. Patil, Sheetal, , 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 ▼
 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2025
Transaction ID : 24223158
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mullen, Russell, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43588 Habitat Cir
 City State Zip Code
 Leesburg VA 20176-8256
 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
 10 / 20 / 2025
Transaction ID : 24223330
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Blanchard, Steven, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 999 Eliason Ave
 City State Zip Code
 Brigham City UT 84302-2756
 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
 10 / 20 / 2025
Transaction ID : 24223765
 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 84 OF 164
	<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. Feinberg, Michael, Adam, Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2025
Mailing Address 11626 N 76Th Way		Transaction ID : 24224374
City Scottsdale	State AZ	Zip Code 85260-5584
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
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 ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rickabaugh, Jeff, L., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2025
Mailing Address		Transaction ID : 24224375
City	State	Zip Code
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 ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Griffiths, John, C., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2025
Mailing Address 9805 Glenrock Dr		Transaction ID : 24225324
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 ▼ 4586.00	

SUBTOTAL of Receipts This Page (optional).....▶	458.00
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 164
	<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 ▼ 1000.00

Date of Receipt 10 / 22 / 2025
Transaction ID : 24225325

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 ▼ 1000.00

Date of Receipt 10 / 22 / 2025
Transaction ID : 24225326

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 ▼ 800.00

Date of Receipt 10 / 22 / 2025
Transaction ID : 24225327

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 86 OF 164
	<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. 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 ▼ 1000.00

Date of Receipt 10 / 23 / 2025
Transaction ID : 24225932
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 23 / 2025
Transaction ID : 24225933
 Amount of Each Receipt this Period 375.00
 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 ▼ 1200.00

Date of Receipt 10 / 24 / 2025
Transaction ID : 24226159
 Amount of Each Receipt this Period 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
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 164
	<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. 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 ▼ 750.00

Date of Receipt 10 / 24 / 2025
Transaction ID : 24226160
 Amount of Each Receipt this Period 125.00
 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 ▼ 700.00

Date of Receipt 10 / 24 / 2025
Transaction ID : 24226161
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lee, Yen-Ping, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3292 Clifton Ct
 City Palo Alto State CA Zip Code 94303-4016
 FEC ID number of contributing federal 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 10 / 24 / 2025
Transaction ID : 24226172
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
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 164
	<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. Fritz, Kristen, Hurley, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1199 Joslyn Ridge Ct
 City Apex State NC Zip Code 27502-4314
 FEC ID number of contributing federal 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 10 / 26 / 2025
Transaction ID : 24228704
 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 1500.00

Date of Receipt 10 / 26 / 2025
Transaction ID : 24228705
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Ryckman, Michael, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2429 Upper Bellbrook Rd
 City Xenia State OH Zip Code 45385-9325
 FEC ID number of contributing federal 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 10 / 26 / 2025
Transaction ID : 24228706
 Amount of Each Receipt this Period 25.00
 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 89 OF 164
	<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. 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) 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
 10 / 26 / 2025
Transaction ID : 24228707
 Amount of Each Receipt this Period
 50.00
 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 State Zip Code
 Indianapolis IN 46202-2622
 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
 10 / 26 / 2025
Transaction ID : 24228708
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. 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) Occupation (for Individual)
 Self Employed 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
 10 / 26 / 2025
Transaction ID : 24228715
 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: PAGE 90 OF 164
(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. Prillaman, William, Norman, Dr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1353 Thompson Ln
 City Forest State VA Zip Code 24551-4283
 FEC ID number of contributing federal 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 10 / 27 / 2025
Transaction ID : 24241110
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 2310.00

Date of Receipt 10 / 28 / 2025
Transaction ID : 24241171
 Amount of Each Receipt this Period 181.00
 Memo Item

C. 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 ▼ 420.00

Date of Receipt 10 / 28 / 2025
Transaction ID : 24241172
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 473.00
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 164
	<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. 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 1000.00

Date of Receipt 10 / 28 / 2025
Transaction ID : 24241174
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 1680.00

Date of Receipt 10 / 28 / 2025
Transaction ID : 24241175
 Amount of Each Receipt this Period 220.00
 Memo Item

C. Milliner, Matthew, Scott, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Point of View Dr
 City Paducah State KY Zip Code 42001-5602
 FEC ID number of contributing federal 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 10 / 28 / 2025
Transaction ID : 24241184
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1520.00
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 164
	<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. Park, Yuna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Riverside Blvd
 APT 4B
 City New York State NY Zip Code 10069-1002
 FEC ID number of contributing federal 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
 10 / 28 / 2025
Transaction ID : 24241424
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Hodge, John, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6540 Newell Rd
 City Meridian State MS Zip Code 39305-2307
 FEC ID number of contributing federal 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
 10 / 30 / 2025
Transaction ID : 24250989
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Milliner, Matthew, Scott, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Point of View Dr
 City Paducah State KY Zip Code 42001-5602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2025
Transaction ID : 24251836
 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 93 OF 164
	<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. Eppright, Matthew, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Hartwell Perry Way
 City Williamsburg State VA Zip Code 23188-7924
 FEC ID number of contributing federal 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 10 / 31 / 2025
Transaction ID : 24253903
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Vondran, Charles, Andy, Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Hickory Creek Cir
 City Little Rock State AR Zip Code 72212-2514
 FEC ID number of contributing federal 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 10 / 31 / 2025
Transaction ID : 24253959
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Tokede, Bunmi, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4814 Ashland Glen LN
 City Manvel State TX Zip Code 77578-2118
 FEC ID number of contributing federal 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 11 / 01 / 2025
Transaction ID : 24257507
 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 94 OF 164
	<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. 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 1000.00

Date of Receipt 11 / 01 / 2025
Transaction ID : 24257737
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Blasius, Jeffrey, Joseph, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 LAKE RD
 City Panton State VT Zip Code 05491-9270
 FEC ID number of contributing federal 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 11 / 02 / 2025
Transaction ID : 24257804
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1100.00

Date of Receipt 11 / 03 / 2025
Transaction ID : 24257981
 Amount of Each Receipt this Period 100.00
 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 95 OF 164
	<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. Phang, Paul, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27603 Guthrie Ridge Ln

City Katy	State TX	Zip Code 77494-3329
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2025

Transaction ID : 24257982

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 1478 Riverplace Blvd Apt 1406

City Jacksonville	State FL	Zip Code 32207-1842
----------------------	-------------	------------------------

FEC ID number of contributing federal 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	/	D D	/	Y Y Y Y
11		03		2025

Transaction ID : 24258110

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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 ▼
1600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2025

Transaction ID : 24259319

Amount of Each Receipt this Period
100.00

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 96 OF 164
	<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. Pfister, Charles, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6505 River Styx Rd
 City Medina State OH Zip Code 44256-9786
 FEC ID number of contributing federal 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 11 / 04 / 2025
Transaction ID : 24270648
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Morales, Ramiro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16727 Stardoard View dr
 City Friendswood State TX Zip Code 77546-2308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 370.00

Date of Receipt 11 / 04 / 2025
Transaction ID : 24270673
 Amount of Each Receipt this Period 370.00
 Memo Item

C. Farnsworth, Amy, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10421 Worthington Ln
 City Prospect State KY Zip Code 40059-9565
 FEC ID number of contributing federal 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 11 / 04 / 2025
Transaction ID : 24270681
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	870.00
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 164
	<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. Baldwin, Thomas, M., Dr.,		Date of Receipt										
Mailing Address 136 Waterside Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>05</td> <td></td> <td>2025</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		05		2025
M M M	/	D D D	/	Y Y Y Y Y Y								
11		05		2025								
City Elizabethtown	State KY	Zip Code 42701-7981										
FEC ID number of contributing federal political committee. C		Transaction ID : 24272031										
Name of Employer (for Individual) Self Employed		Amount of Each Receipt this Period 50.00										
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 ▼ 550.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brewer, Breck, S., Dr.,		Date of Receipt										
Mailing Address 1110 N Lake Sybelia Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>05</td> <td></td> <td>2025</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		05		2025
M M M	/	D D D	/	Y Y Y Y Y Y								
11		05		2025								
City Maitland	State FL	Zip Code 32751-4815										
FEC ID number of contributing federal political committee. C		Transaction ID : 24272035										
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. Maleki, Nahid, , Dr.,		Date of Receipt										
Mailing Address		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>05</td> <td></td> <td>2025</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		05		2025
M M M	/	D D D	/	Y Y Y Y Y Y								
11		05		2025								
City	State	Zip Code										
FEC ID number of contributing federal political committee. C		Transaction ID : 24279621										
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											

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 98 OF 164
<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. Albert, Jeremy, Matthew, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 Lakeside Ct
 City Palm Harbor State FL Zip Code 34684-1718
 FEC ID number of contributing federal 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 **11 / 05 / 2025**
Transaction ID : 24279642
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Meriwether Mauney, Chloe, Rose, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 Murray Guard DR
 City Jackson State TN Zip Code 38305-3609
 FEC ID number of contributing federal 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 **11 / 06 / 2025**
Transaction ID : 24279947
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Trotter, T., Barrett, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3023 Park Avenue
 City Augusta State GA Zip Code 30909-3033
 FEC ID number of contributing federal 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 **11 / 06 / 2025**
Transaction ID : 24279948
 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 99 OF 164
	<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. 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 ▼ 1000.00

Date of Receipt
 11 / 07 / 2025
Transaction ID : 24280091
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Helms, Lana, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12494 E 725 S
 City Loogootee State IN Zip Code 47553-5299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 11 / 07 / 2025
Transaction ID : 24280092
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Beattie, John, Robert, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 South Orlando Avenue Apt B6
 City Maitland State FL Zip Code 32751-6452
 FEC ID number of contributing federal 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
 11 / 07 / 2025
Transaction ID : 24280099
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	396.00
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 164
	<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. Bharucha, Natasha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4652 Hallowed Strm
 City Ellicott City State MD Zip Code 21042-6002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2025
Transaction ID : 24280113
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Davis, Matthew, Brandt, 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
 11 / 07 / 2025
Transaction ID : 24280115
 Amount of Each Receipt this Period
 1250.00
 Memo Item

C. Dusek, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Chatuachee Xing
 City Savannah State GA Zip Code 31411-1602
 FEC ID number of contributing federal 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
 11 / 07 / 2025
Transaction ID : 24280117
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1770.00
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 164
	<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. Bharucha, Natasha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4652 Hallowed Strm
 City Ellicott City State MD Zip Code 21042-6002
 FEC ID number of contributing federal 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
 11 / 07 / 2025
Transaction ID : 24280123
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Langford, Allen, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1037 Stonebury Way
 City Knoxville State TN Zip Code 37922-6696
 FEC ID number of contributing federal 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
 11 / 07 / 2025
Transaction ID : 24280127
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Swearingen, Kyla, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 959 Vicar LN
 City Knoxville State TN Zip Code 37919-7242
 FEC ID number of contributing federal 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
 11 / 07 / 2025
Transaction ID : 24280132
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 164
<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. Ghatari, Ali, Y., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1284 Serenity Woods Ln

City Vienna	State VA	Zip Code 22182-1302
----------------	-------------	------------------------

FEC ID number of contributing federal 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
 11 / 07 / 2025

Transaction ID : 24280134

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal 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
 11 / 07 / 2025

Transaction ID : 24280155

Amount of Each Receipt this Period
1125.00

Memo Item

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

Mailing Address 11708 Summer Springs Dr

City Pearland	State TX	Zip Code 77584-7212
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
251.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2025

Transaction ID : 24280157

Amount of Each Receipt this Period
251.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1676.00
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 164
	<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. Miller, Preston, D., Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Northwood Ave
 City Jackson State TN Zip Code 38301-4450
 FEC ID number of contributing federal 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 11 / 07 / 2025
Transaction ID : 24280159
 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 Dallas State TX Zip Code 75214-3437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1350.00

Date of Receipt 11 / 07 / 2025
Transaction ID : 24280161
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 1100.00

Date of Receipt 11 / 07 / 2025
Transaction ID : 24280173
 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 104 OF 164
	<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. Tremont, Timothy, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 Shutes Folly Dr
 City Charleston State SC Zip Code 29412-4260
 FEC ID number of contributing federal 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 11 / 07 / 2025
Transaction ID : 24280177
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. 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 550.00

Date of Receipt 11 / 08 / 2025
Transaction ID : 24280205
 Amount of Each Receipt this Period 50.00
 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 600.00

Date of Receipt 11 / 08 / 2025
Transaction ID : 24280215
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 164
	<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. Sema, Deborah, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Ridge Road
 City Homewood State AL Zip Code 35209-4033
 FEC ID number of contributing federal 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
 11 / 08 / 2025
Transaction ID : 24280217
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. 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 ▼ 2520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2025
Transaction ID : 24280219
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. 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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2025
Transaction ID : 24280262
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	540.00
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 164
	<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. 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 ▼ 1100.00

Date of Receipt 11 / 09 / 2025
Transaction ID : 24280263
 Amount of Each Receipt this Period 100.00
 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 ▼ 2310.00

Date of Receipt 11 / 10 / 2025
Transaction ID : 24280303
 Amount of Each Receipt this Period 210.00
 Memo Item

C. 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 ▼ 1125.00

Date of Receipt 11 / 11 / 2025
Transaction ID : 24284292
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.00
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 164
	<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. Cassidy, Kevin, Michael, Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2025
Mailing Address 3146 Sw Shadow Ln		Transaction ID : 24284453
City Topeka	State KS	Zip Code 66604-2541
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 ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Faber, Beth, Lynn, Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2025
Mailing Address 10412 Chickahominy Falls Ln		Transaction ID : 24284454
City Glen Allen	State VA	Zip Code 23059-5135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Richards, Anne, Bronwen, Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2025
Mailing Address 2301 Forest Reed Pl		Transaction ID : 24284455
City Leclaire	State IA	Zip Code 52753-9369
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 2250.00	

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 108 OF 164
	<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. Robirds, Stephen, D., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2025 Transaction ID : 24285137
Mailing Address 6708 Menchaca Rd Unit 30		Amount of Each Receipt this Period 5000.00
City Austin	State TX	Memo Item <input type="checkbox"/>
Zip Code 78745-4990		
FEC ID number of contributing federal political committee. C		
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 ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Edwards, Earle, E., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2025 Transaction ID : 24285138
Mailing Address PO BOX 696		Amount of Each Receipt this Period 250.00
City Clewiston	State FL	Memo Item <input type="checkbox"/>
Zip Code 33440-0696		
FEC ID number of contributing federal political committee. C		
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	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Reynolds, Andrew, D, Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2025 Transaction ID : 24285204
Mailing Address 910 Wessington Manor Ln		Amount of Each Receipt this Period 100.00
City Fort Mill	State SC	Memo Item <input type="checkbox"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional).....	5350.00
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 164
	<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. 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2025
Transaction ID : 24285206
 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 ▼ 2310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2025
Transaction ID : 24285207
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. Wiese, Lauren, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1677 Martin Luther King JR Blvd Ap
 City Chapel Hill State NC Zip Code 27514-1604
 FEC ID number of contributing federal 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
 11 / 14 / 2025
Transaction ID : 24285261
 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 110 OF 164
	<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 1430.00

Date of Receipt 11 / 15 / 2025
Transaction ID : 2428556
 Amount of Each Receipt this Period 130.00
 Memo Item

B. Callahan, John, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2425 E Lake Rd
 City Skaneateles State NY Zip Code 13152-8903
 FEC ID number of contributing federal 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 11 / 15 / 2025
Transaction ID : 2428561
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Jespersion, Brian, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2611 Domino Dr
 City Bismarck State ND Zip Code 58503-0828
 FEC ID number of contributing federal 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 11 / 15 / 2025
Transaction ID : 24285695
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	880.00
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 111 OF 164 (check only one)
	<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. 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 ▼ **3000.00**

Date of Receipt **11 / 17 / 2025**

Transaction ID : 24285780

Amount of Each Receipt this Period **2000.00**

Memo Item

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

Mailing Address 349 Hickory Grove Rd

City State Zip Code
Leesburg GA 31763-5310

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 ▼ **550.00**

Date of Receipt **11 / 18 / 2025**

Transaction ID : 24286560

Amount of Each Receipt this Period **50.00**

Memo Item

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

Mailing Address 11626 N 76Th Way

City State Zip Code
Scottsdale AZ 85260-5584

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 ▼ **1650.00**

Date of Receipt **11 / 21 / 2025**

Transaction ID : 24304089

Amount of Each Receipt this Period **150.00**

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 112 OF 164
	<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. Rickabaugh, Jeff, L., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2025
Mailing Address		Transaction ID : 24304090
City	State	Zip Code
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 ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dabney, C., William, Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2025
Mailing Address 3911 Sulgrave Rd		Transaction ID : 24304122
City	State	Zip Code
Richmond	VA	23221-3329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1313.00
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 ▼ 1313.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Baker, J., Newsom, Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2025
Mailing Address		Transaction ID : 24304124
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
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 ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	2113.00
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 164
	<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. Cetta, Christopher, N., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 925 39th Ave N
 City Saint Petersburg State FL Zip Code 33703-4519
 FEC ID number of contributing federal 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
 11 / 21 / 2025
Transaction ID : 24304126
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. 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 ▼ 4794.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2025
Transaction ID : 24311274
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2025
Transaction ID : 24311275
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	808.00
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 164
	<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. 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 1100.00

Date of Receipt
 11 / 22 / 2025
Transaction ID : 24311276
 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 880.00

Date of Receipt
 11 / 22 / 2025
Transaction ID : 24311277
 Amount of Each Receipt this Period
 80.00
 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 1100.00

Date of Receipt
 11 / 23 / 2025
Transaction ID : 24311311
 Amount of Each Receipt this Period
 100.00
 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 115 OF 164
	<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. Collier, India, 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2025
Transaction ID : 24311316
 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 State Zip Code
 Charles Town WV 25414-4128
 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 ▼
 1310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2025
Transaction ID : 24311341
 Amount of Each Receipt this Period
 110.00
 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 State Zip Code
 Conway SC 29527-8620
 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 ▼
 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2025
Transaction ID : 24318775
 Amount of Each Receipt this Period
 150.00
 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 116 OF 164
	<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. Ryckman, Michael, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2429 Upper Bellbrook Rd
 City Xenia State OH Zip Code 45385-9325
 FEC ID number of contributing federal 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
 11 / 26 / 2025
Transaction ID : 24318776
 Amount of Each Receipt this Period
 25.00
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2025
Transaction ID : 24318777
 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 ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2025
Transaction ID : 24318778
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 164
	<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. McMillan, Jeffrey, , Dr.,		Date of Receipt MM / DD / YYYY 11 / 26 / 2025
Mailing Address 9360 W Flamingo Rd # 110-308		Transaction ID : 24319054
City Las Vegas	State NV	Zip Code 89147-6446
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 B. Ibrahim, Manal, , Dr.,		Date of Receipt MM / DD / YYYY 11 / 26 / 2025
Mailing Address 402 Villa Ave		Transaction ID : 24319179
City Naperville	State IL	Zip Code 60540-7439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
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 ▼ 1231.94	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stoker, Jeffrey, Glen, Dr.,		Date of Receipt MM / DD / YYYY 11 / 26 / 2025
Mailing Address 2022 N 2530 W		Transaction ID : 24319181
City Clinton	State UT	Zip Code 84015-8489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

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 118 OF 164
	<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. 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 2500.00

Date of Receipt 11 / 27 / 2025
Transaction ID : 24319287
 Amount of Each Receipt this Period 625.00
 Memo Item

B. 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 5000.00

Date of Receipt 11 / 27 / 2025
Transaction ID : 24319304
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. 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 1100.00

Date of Receipt 11 / 28 / 2025
Transaction ID : 24319513
 Amount of Each Receipt this Period 275.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3400.00
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 119 OF 164
(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. 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 ▼ 2491.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2025
Transaction ID : 24319514
 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 ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2025
Transaction ID : 24319515
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2025
Transaction ID : 24319517
 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 120 OF 164
	<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. 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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2025

Transaction ID : 24319518

Amount of Each Receipt this Period
220.00

Memo Item

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

Mailing Address 5881 Versailles Ave

City Frisco	State TX	Zip Code 75034-5957
----------------	-------------	------------------------

FEC ID number of contributing federal 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
11	/	30	/	2025

Transaction ID : 24319610

Amount of Each Receipt this Period
3000.00

Memo Item

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

Mailing Address 3 Archery Ct

City Reisterstown	State MD	Zip Code 21136-3540
----------------------	-------------	------------------------

FEC ID number of contributing federal 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
12	/	01	/	2025

Transaction ID : 24319774

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5720.00
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 121 OF 164
(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. Seden, Eddy, Juan, Dr., III

Mailing Address 16232 Nw 85Th Ct

City Miami Lakes State FL Zip Code 33016-8503

FEC ID number of contributing federal 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 **12 / 02 / 2025**

Transaction ID : 24329668

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Cramer, Chris, 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 ▼ **3000.00**

Date of Receipt **12 / 02 / 2025**

Transaction ID : 24329758

Amount of Each Receipt this Period **2500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 ▼ **1200.00**

Date of Receipt **12 / 03 / 2025**

Transaction ID : 24329774

Amount of Each Receipt this Period **100.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3100.00**

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 164
	<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. Phang, Paul, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27603 Guthrie Ridge Ln
 City Katy State TX Zip Code 77494-3329
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 360.00

Date of Receipt 12 / 03 / 2025
Transaction ID : 24329775
 Amount of Each Receipt this Period 30.00
 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 3375.00

Date of Receipt 12 / 03 / 2025
Transaction ID : 24329780
 Amount of Each Receipt this Period 2000.00
 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 2110.00

Date of Receipt 12 / 03 / 2025
Transaction ID : 24329798
 Amount of Each Receipt this Period 800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2830.00
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 123 OF 164
	<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. Larkin, Andrew, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 De Noailles Dr
 City Ballwin State MO Zip Code 63011-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2025
Transaction ID : 24329801
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Smith, Amy, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2025
Transaction ID : 24330996
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. 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 ▼ 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2025
Transaction ID : 24331093
 Amount of Each Receipt this Period 100.00
 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: (check only one)	PAGE 124 OF 164
	<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. Beckwith, Phillip, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6739 Cooperstone Dr
 City Dublin State OH Zip Code 43017-5237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2025
Transaction ID : 24331099
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Tinsworth, Steven, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4121 Overture Cir
 City Bradenton State FL Zip Code 34209-5890
 FEC ID number of contributing federal 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
 12 / 04 / 2025
Transaction ID : 24331235
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2025
Transaction ID : 24331279
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 164
	<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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2025
Transaction ID : 24331283
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Danel, Jeremiah, K., 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
 12 / 05 / 2025
Transaction ID : 24331411
 Amount of Each Receipt this Period 500.00
 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 ▼ 2900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2025
Transaction ID : 24331437
 Amount of Each Receipt this Period 1800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2350.00
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 164
	<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. Helms, Lana, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12494 E 725 S
 City Loogootee State IN Zip Code 47553-5299
 FEC ID number of contributing federal 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 **12 / 07 / 2025**
Transaction ID : 24331443
 Amount of Each Receipt this Period 21.00
 Memo Item

B. 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 ▼ 600.00

Date of Receipt **12 / 08 / 2025**
Transaction ID : 24331450
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 2540.00

Date of Receipt **12 / 08 / 2025**
Transaction ID : 24331451
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.00
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

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(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. Scott, Eva, R., Dr.,

Mailing Address 2203 Parkside Dr

City Mitchellville State MD Zip Code 20721-4228

FEC ID number of contributing federal 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
 12 / 08 / 2025
Transaction ID : 24334104

Amount of Each Receipt this Period
 250.00

Memo Item

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

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 ▼ 3125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2025
Transaction ID : 24334221

Amount of Each Receipt this Period
 1500.00

Memo Item

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

Mailing Address 27 Tenney LN

City Scarborough State ME Zip Code 04074-7566

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 ▼ 1032.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2025
Transaction ID : 24334223

Amount of Each Receipt this Period
 32.94

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1782.94

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 164
	<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. 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2025
Transaction ID : 24334225
 Amount of Each Receipt this Period
 268.06
 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2025
Transaction ID : 24334226
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2025
Transaction ID : 24334227
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	388.06
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 129 OF 164
	<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 ▼ 300.00

Date of Receipt 12 / 09 / 2025
Transaction ID : 24334229
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Peavy, Daniel, C., Dr., Jr.
 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 12 / 09 / 2025
Transaction ID : 24334611
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Sherman, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 Woodland Acres Crescent
 City Maple State ZZ Zip Code L6A1G1
 FEC ID number of contributing federal 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 12 / 08 / 2025
Transaction ID : 24334612
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2800.00
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 164
	<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. 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2025
Transaction ID : 24334947
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Brock, Ralph, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25022 Mills Pass Ct
 City Katy State TX Zip Code 77494-2512
 FEC ID number of contributing federal 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
 12 / 09 / 2025
Transaction ID : 24334949
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Nawy, Scott, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11524 Woodland Drive
 City Lutherville State MD Zip Code 21093-1515
 FEC ID number of contributing federal 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
 12 / 09 / 2025
Transaction ID : 24334953
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2865.00
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 164
	<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 ▼ 2520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2025
Transaction ID : 24334954
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. Kirkland-Briscoe, Gail, Alicia, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17006 Federal Hill Ct
 City Bowie State MD Zip Code 20716-3512
 FEC ID number of contributing federal 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2025
Transaction ID : 24334959
 Amount of Each Receipt this Period
 390.00
 Memo Item

C. Dombroski, Meghann, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Acorn Ridge Rd
 City Freeport State ME Zip Code 04032-6673
 FEC ID number of contributing federal 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
 12 / 10 / 2025
Transaction ID : 24336513
 Amount of Each Receipt this Period
 1500.00
 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 132 OF 164
	<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 ▼ 3770.00

Date of Receipt 12 / 10 / 2025
Transaction ID : 24336771
 Amount of Each Receipt this Period 2000.00
 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 ▼ 1250.00

Date of Receipt 12 / 11 / 2025
Transaction ID : 24336805
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Melita, Carolyn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 Florence Ave
 City Arlington State MA Zip Code 02476-7246
 FEC ID number of contributing federal 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 12 / 11 / 2025
Transaction ID : 24337195
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2625.00
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 164
	<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. Kelley, James, Edward, Dr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Sanibel St
 City Mount Pleasant State SC Zip Code 29464-7606
 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 250.00

Date of Receipt 12 / 11 / 2025
Transaction ID : 24337348
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 2500.00

Date of Receipt 12 / 11 / 2025
Transaction ID : 24337500
 Amount of Each Receipt this Period 1250.00
 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 1200.00

Date of Receipt 12 / 12 / 2025
Transaction ID : 24344959
 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 134 OF 164
	<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: 1800.00

Date of Receipt: 12 / 12 / 2025
Transaction ID : 24344960
 Amount of Each Receipt this Period: 150.00
 Memo Item

B. 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: 1000.00

Date of Receipt: 12 / 12 / 2025
Transaction ID : 24356013
 Amount of Each Receipt this Period: 500.00
 Memo Item

C. Loucks-Buren, Jennifer, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 E 8th St N
 City: Newton, State: IA, Zip Code: 50208-8774
 FEC ID number of contributing federal 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: 12 / 12 / 2025
Transaction ID : 24356030
 Amount of Each Receipt this Period: 200.00
 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 135 OF 164
	<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. Hayes, Katherine, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Bellerive Manor DR
 City Saint Louis State MO Zip Code 63141-6084
 FEC ID number of contributing federal 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
 12 / 13 / 2025
Transaction ID : 24356037
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dinesh, Anjali, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Atlantic St Apt. 7E
 City Stamford State CT Zip Code 06901-3561
 FEC ID number of contributing federal 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
 12 / 13 / 2025
Transaction ID : 24356050
 Amount of Each Receipt this Period
 500.00
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2025
Transaction ID : 24356100
 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 136 OF 164
	<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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2025
Transaction ID : 24356101
 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 ▼ 2520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2025
Transaction ID : 24356102
 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 ▼ 1560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2025
Transaction ID : 24356115
 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 137 OF 164
	<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. 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 ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2025

Transaction ID : 24356120

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 1001 Highland Ave

City State Zip Code
McAllen TX 78501-4019

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
12 / 15 / 2025

Transaction ID : 24356149

Amount of Each Receipt this Period
1250.00

Memo Item

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

Mailing Address 12903 Rehl Rd

City State Zip Code
Louisville KY 40299-4711

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
12 / 16 / 2025

Transaction ID : 24359252

Amount of Each Receipt this Period
250.00

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 138 OF 164
	<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. Wachs, Lucy, Lee, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Creek Ridge Dr
 City Nicholasville State KY Zip Code 40356-8674
 FEC ID number of contributing federal 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
 12 / 16 / 2025
Transaction ID : 24359254
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Haughey, Mariana, De Deus, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Hawthorne Dr
 City Southampton State MA Zip Code 01073-9473
 FEC ID number of contributing federal 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
 12 / 16 / 2025
Transaction ID : 24359272
 Amount of Each Receipt this Period
 1000.00
 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2025
Transaction ID : 24359277
 Amount of Each Receipt this Period
 2500.00
 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 139 OF 164
<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. Boucher, Normand, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Woodleave Rd
 City Bryn Mawr State PA Zip Code 19010-2920
 FEC ID number of contributing federal 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 **12 / 17 / 2025**
Transaction ID : 24359412
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 600.00

Date of Receipt **12 / 18 / 2025**
Transaction ID : 24360650
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cox, Michael, William, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1807 Atlantic Ave
 City Sullivans Island State SC Zip Code 29482-9795
 FEC ID number of contributing federal 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 **12 / 18 / 2025**
Transaction ID : 24360651
 Amount of Each Receipt this Period 100.00
 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 140 OF 164
	<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. Barrow, Keri, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4201 S Vista Ln
 City Sioux Falls State SD Zip Code 57105-6835
 FEC ID number of contributing federal 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 **12 / 18 / 2025**
Transaction ID : 24360785
 Amount of Each Receipt this Period 550.00
 Memo Item

B. Datwyler, David, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3088 Travois Circle
 City Rescue State CA Zip Code 95672-9394
 FEC ID number of contributing federal 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 **12 / 18 / 2025**
Transaction ID : 24360788
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Nordstrom, Barrett, Kyle, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Anchorage Way
 City Barrington State RI Zip Code 02806-4437
 FEC ID number of contributing federal 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 **12 / 18 / 2025**
Transaction ID : 24360794
 Amount of Each Receipt this Period 250.00
 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 141 OF 164
	<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. Abari, Robin, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1933 N Onyx Dr
 City Walnut State CA Zip Code 91789-5114
 FEC ID number of contributing federal 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
 12 / 18 / 2025
Transaction ID : 24361297
 Amount of Each Receipt this Period
 750.00
 Memo Item

B. Goodnight, Mark, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5010 W Homer Ave
 City Tampa State FL Zip Code 33629-7521
 FEC ID number of contributing federal 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
 12 / 18 / 2025
Transaction ID : 24361299
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Walton, Mary, H.G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6000 Reedy Creek Rd
 City Raleigh State NC Zip Code 27607-6302
 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 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2025
Transaction ID : 24361302
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1615.00
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 142 OF 164
	<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. DeSoto, B., Melvin, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 Southern Trace Pkwy
 City Shreveport State LA Zip Code 71106-9332
 FEC ID number of contributing federal 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
 12 / 18 / 2025
Transaction ID : 24361305
 Amount of Each Receipt this Period 200.00
 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 Kalispell State MT Zip Code 59901-6784
 FEC ID number of contributing federal 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
 12 / 18 / 2025
Transaction ID : 24361307
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 12 / 18 / 2025
Transaction ID : 24361341
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 143 OF 164
(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. Sabol, George, J., Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1509 Oak Hill Ct
 City Virginia Beach State VA Zip Code 23454-3130
 FEC ID number of contributing federal 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
 12 / 19 / 2025
Transaction ID : 24361345
 Amount of Each Receipt this Period
 1250.00
 Memo Item

B. Jarrell, Kevin, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3158 Emerald Blvd
 City Kokomo State IN Zip Code 46902-4795
 FEC ID number of contributing federal 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
 12 / 19 / 2025
Transaction ID : 24361363
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2025
Transaction ID : 24370141
 Amount of Each Receipt this Period
 150.00
 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: (check only one)	PAGE 144 OF 164
	<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. 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) Occupation (for Individual)
 Self Employed 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
 12 / 21 / 2025
Transaction ID : 24370142
 Amount of Each Receipt this Period
 100.00
 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 State Zip Code
 West Columbia SC 29170-3511
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2025
Transaction ID : 24370240
 Amount of Each Receipt this Period
 2480.00
 Memo Item

C. Lu, H. Quoc, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9504 Claychin Ct
 City State Zip Code
 Burke VA 22015-4187
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2025
Transaction ID : 24370242
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2680.00
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 164
<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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2025
Transaction ID : 24370243
 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 ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2025
Transaction ID : 24370244
 Amount of Each Receipt this Period
 80.00
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2025
Transaction ID : 24370391
 Amount of Each Receipt this Period
 100.00
 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 146 OF 164
	<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. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2025
Transaction ID : 24377325
 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 ▼ 2220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2025
Transaction ID : 24377344
 Amount of Each Receipt this Period
 110.00
 Memo Item

C. Felty, Trista, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3520 Sumas Mountain Rd
 City Abbotsford State ZZ Zip Code V3G 2G5
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 3800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2025
Transaction ID : 24377348
 Amount of Each Receipt this Period
 3800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4410.00
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 147 OF 164
(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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2025
Transaction ID : 24377552
 Amount of Each Receipt this Period 150.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ryckman, Michael, S., Dr.,
 Mailing Address 2429 Upper Bellbrook Rd
 City Xenia State OH Zip Code 45385-9325
 FEC ID number of contributing federal 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
 12 / 26 / 2025
Transaction ID : 24377553
 Amount of Each Receipt this Period 25.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2025
Transaction ID : 24377554
 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: PAGE 148 OF 164
(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. 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 ▼ 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2025
Transaction ID : 24377555
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Defay, David, K., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 W Santa Anita Dr
 City Kaysville State UT Zip Code 84037-6858
 FEC ID number of contributing federal 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
 12 / 26 / 2025
Transaction ID : 24377594
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Holman, Brian, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5815 S Royalton Dr
 City Murray State UT Zip Code 84107-6560
 FEC ID number of contributing federal 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
 12 / 26 / 2025
Transaction ID : 24377598
 Amount of Each Receipt this Period
 250.00
 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 149 OF 164
	<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. Sparkman, John, Kyle, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7901 Continental Pkwy
 City Amarillo State TX Zip Code 79119-6526
 FEC ID number of contributing federal 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
 12 / 26 / 2025
Transaction ID : 24377600
 Amount of Each Receipt this Period
 1250.00
 Memo Item

B. 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 ▼ 2672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2025
Transaction ID : 24377602
 Amount of Each Receipt this Period
 181.00
 Memo Item

C. 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 ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2025
Transaction ID : 24377603
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1473.00
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 150 OF 164
	<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. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2025
Transaction ID : 24377605
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. 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 ▼ 2120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2025
Transaction ID : 24377606
 Amount of Each Receipt this Period
 220.00
 Memo Item

C. Collier, India, 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2025
Transaction ID : 24380489
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	820.00
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 151 OF 164
	<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 5000.00

Date of Receipt 12 / 30 / 2025
Transaction ID : 24380574
 Amount of Each Receipt this Period 206.00
 Memo Item

B. Wade, Andrew, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2645 Lane Rd
 City Columbus State OH Zip Code 43220-2801
 FEC ID number of contributing federal 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 12 / 30 / 2025
Transaction ID : 24380577
 Amount of Each Receipt this Period 365.00
 Memo Item

C. 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 2550.00

Date of Receipt 12 / 31 / 2025
Transaction ID : 24380760
 Amount of Each Receipt this Period 1450.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 2021.00
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 152 OF 164
	<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. Tompkins, R., Sims, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 727 Spring Lake Rd
 City Columbia State SC Zip Code 29206-2110
 FEC ID number of contributing federal 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
 12 / 31 / 2025
Transaction ID : 24380762
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Felty, Trista, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3520 Sumas Mountain Rd
 City Abbotsford State ZZ Zip Code V3G 2G5
 FEC ID number of contributing federal 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
 12 / 31 / 2025
Transaction ID : 24380764
 Amount of Each Receipt this Period
 1200.00
 Memo Item

C. 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 ▼ 2865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2025
Transaction ID : 24380766
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4200.00
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 153 OF 164
(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. Holliday, Sean, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 Puuikena Drive
 City Honolulu State HI Zip Code 96821-2564
 FEC ID number of contributing federal 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 12 / 31 / 2025
Transaction ID : 24380768
 Amount of Each Receipt this Period 950.00
 Memo Item

B. Mayers, Colin, 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 ▼ 500.00

Date of Receipt 12 / 10 / 2025
Transaction ID : 24400429
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Vuchnich, Walter, 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 ▼ 300.00

Date of Receipt 12 / 15 / 2025
Transaction ID : 24400430
 Amount of Each Receipt this Period 300.00
 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: PAGE 154 OF 164
(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. Barone, Nicholas, D., Dr.,

Mailing Address 19 Fair Oaks Dr

City Lincoln State RI Zip Code 02865-4523

FEC ID number of contributing federal 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 **12 / 20 / 2025**

Transaction ID : 24400436

Amount of Each Receipt this Period 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Hamman, Frances, K., Dr.,

Mailing Address PO BOX 417

City Ripon State WI Zip Code 54971-0417

FEC ID number of contributing federal 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 **12 / 22 / 2025**

Transaction ID : 24400437

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 745 Bird Spring Rd Sw

City Hartselle State AL Zip Code 35640-8205

FEC ID number of contributing federal 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 **12 / 23 / 2025**

Transaction ID : 24400440

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: PAGE 155 OF 164
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dale, Mark, M., Dr.,

Mailing Address 3368 Colbert Ave Nw

City Buffalo State MN Zip Code 55313-3505

FEC ID number of contributing federal 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 / D D / Y Y Y Y Y Y
12 / 23 / 2025

Transaction ID : 24400441

Amount of Each Receipt this Period
500.00

Memo Item

B. 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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	188363.94

**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
payment for 23910793 - Jimmy Panetta for Congress

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 : 24454870

Amount of Each Disbursement this Period

Memo Item payment for 23910793 - Jimmy Panetta for Congress

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

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 : 24454881

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

Category/
Type

Candidate Name

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. Brian Babin for Congress

Mailing Address 1203 W. Dogwood

City
Woodville

State
TX

Zip Code
75979

Purpose of Disbursement

011

Candidate Name

Babin, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : 23945014

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Babin for Congress

Mailing Address 1203 W. Dogwood

City
Woodville

State
TX

Zip Code
75979

Purpose of Disbursement

Void - Brian Babin for Congress

011

Candidate Name

Babin, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: TX District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : 23945016

Amount of Each Disbursement this Period

[REDACTED] - 2500.00

Void - Brian Babin for Congress

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian PAC

Mailing Address 107 S West Street, Suite 176

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011

Candidate Name

Babin, Brian, , Rep., D.D.S.

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	5

FEC Identification Number

C C00589994

Transaction ID : 23967849

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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

[REDACTED] 2500.00

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)

<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

Void - Maggie For NH

011

Candidate Name

Hassan, Margaret, , Sen.,

Category/
Type

Office Sought: House Senate President
State: NH District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2025

FEC Identification Number

C C00588772

Transaction ID : 23985979

Amount of Each Disbursement this Period

- 5000.00

Memo Item Void - Maggie For NH

Full Name (Last, First, Middle Initial)

B. Andy Harris For Congress

Mailing Address PO Box 426

City Stevensville State MD Zip Code 21666

Purpose of Disbursement

Candidate Name

Harris, Andrew, , ,

011

Category/
Type

Office Sought: House Senate President
State: MD District: 01

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2025

FEC Identification Number

C C00435974

Transaction ID : 24151358

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Balderson For Congress

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

Balderson, William, , ,

011

Category/
Type

Office Sought: House Senate President
State: OH District: 12

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2025

FEC Identification Number

C C00662650

Transaction ID : 24151361

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)..... ▶

5000.00

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. Adrian Smith For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2025

Mailing Address 1126 Avenue A
Ste 6

City State Zip Code
Scottsbluff NE 69361

FEC Identification Number

C	C00412890
---	-----------

Transaction ID : 24169946

Amount of Each Disbursement this Period

1000.00

Memo Item (Memo Entry)

Purpose of Disbursement

Credit card payment processed by U.S. Bank; ultimate recipient of

011
Category/ Type

Candidate Name

Smith, Adrian, , Rep.,

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Chris Deluzio For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2025

Mailing Address 122 C Street NW
Suite 360

City State Zip Code
Washington DC 20001

FEC Identification Number

C	
---	--

Transaction ID : 24334628

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

Candidate Name

Deluzio, Chris, ,

Office Sought: House
 Senate
 President
State: PA District: 00

Disbursement For: 2026
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial)

C. PFLUGER VICTORY COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2025

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824

FEC Identification Number

C	C00753913
---	-----------

Transaction ID : 24334629

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House
 Senate
 President
State: TX District: 11

Disbursement For: 2026
 Primary General
 Other (specify) ▼

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

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

3500.00

**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. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2025			

FEC Identification Number

C C00226928

Transaction ID : 24334630

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought:

 House
 Senate
 President

Disbursement For: 2026

 Primary General
 Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2025			

FEC Identification Number

C C00226928

Transaction ID : 24334631

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

16000.00

**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). 001
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
08 / 28 / 2025

FEC Identification Number
 C
Transaction ID : 24102388
Amount of Each Disbursement this Period
11588.35

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). 001
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

FEC Identification Number
 C
Transaction ID : 24176225
Amount of Each Disbursement this Period
462.00

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). 001
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

FEC Identification Number
 C
Transaction ID : 24176227
Amount of Each Disbursement this Period
1014.00

Memo Item Fundraising expense/fundraising fees (to a vendor).

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

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

13064.35

**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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2025

Mailing Address 1280 Perimeter Parkway

FEC Identification Number

C

Transaction ID : 24176228

Amount of Each Disbursement this Period

472.00

Memo Item Fundraising expense/fundraising fees (to a vendor).

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Fundraising expense/fundraising fees (to a vendor).

001
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Membership Marketing Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2025

Mailing Address 1280 Perimeter Parkway

FEC Identification Number

C

Transaction ID : 24176229

Amount of Each Disbursement this Period

9604.06

Memo Item

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Fundraising expense/fundraising fees (to a vendor).

001
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. Membership Marketing Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2025

Mailing Address 1280 Perimeter Parkway

FEC Identification Number

C

Transaction ID : 24198075

Amount of Each Disbursement this Period

3563.10

Memo Item Fundraising expense/fundraising fees (to a vendor).

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Fundraising expense/fundraising fees (to a vendor).

001
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

13639.16

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 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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24285111

Amount of Each Disbursement this Period

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).

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24285113

Amount of Each Disbursement this Period

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).

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 24331236

Amount of Each Disbursement this Period

Memo Item Fundraising expense/fundraising fees (to a vendor).

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 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).

003

Category/
Type

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : 24331237

Amount of Each Disbursement this Period

1072.00

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

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

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

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1072.00

39775.29