

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 **11 / 06 / 2018** in the State of **MO**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **/ / 2018** in the State of **MO**

5. Covering Period **10 / 01 / 2018** through **10 / 17 / 2018**

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 **Murphy, J., , Sean,**

Signature of Treasurer **Murphy, J., , Sean,** [Electronically Filed] Date **10 / 24 / 2018**

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="2018"/> | <input type="text"/> | <input type="text" value="314519.61"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="407219.94"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="42673.34"/> | <input type="text" value="316949.67"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="449893.28"/> | <input type="text" value="631469.28"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="37000.00"/> | <input type="text" value="218576.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="412893.28"/> | <input type="text" value="412893.28"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="3000.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="155500.00"/> | |

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

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

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)..... | 40427.34 | 284241.35 |
| (ii) Unitemized | 2246.00 | 32708.32 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 42673.34 | 316949.67 |
| (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) | 42673.34 | 316949.67 |
| 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 | 0.00 |
| 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)).....▶ | 42673.34 | 316949.67 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 42673.34 | 316949.67 |

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 | 14000.00 | 132000.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 14000.00 | 132000.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 23000.00 | 79000.00 |
| 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 | 7576.00 |
| (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 | 7576.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 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)) .. | 37000.00 | 218576.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 37000.00 | 218576.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 42673.34 | 316949.67 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 7576.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 42673.34 | 309373.67 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 14000.00 | 132000.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 14000.00 | 132000.00 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 67 |
| | <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. 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 10 / 01 / 2018
Transaction ID : 13013024
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Vickers, Susan, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29913 Winchester Ct
 City Salisbury State MD Zip Code 21804-2401
 FEC ID number of contributing federal 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 / 01 / 2018
Transaction ID : 13013026
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Rickabaugh, Jeff, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5001 Marble Arch Rd
 City Winston Salem State NC Zip Code 27104-5026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.02

Date of Receipt 10 / 01 / 2018
Transaction ID : 13013027
 Amount of Each Receipt this Period 416.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 591.67 |
| TOTAL This Period (last page this line 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 7 OF 67 |
| <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. Ball, Jeffrey, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 Hazel Glade Ct

| | | |
|-----------------|-------------|------------------------|
| City Houston | State TX | Zip Code 77059-3717 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal 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 / D D / Y Y Y Y Y Y |
| 10 / 01 / 2018 |

Transaction ID : 13013028

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 1434 Wandering Way

| | | |
|----------------|-------------|------------------------|
| City Okemos | State MI | Zip Code 48864-4083 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal 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 |
| 10 / 01 / 2018 |

Transaction ID : 13013030

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 500 N 6Th St

| | | |
|----------------------|-------------|------------------------|
| City Marshalltown | State IA | Zip Code 50158-5523 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal 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 / D D / Y Y Y Y Y Y |
| 10 / 01 / 2018 |

Transaction ID : 13013037

Amount of Each Receipt this Period
250.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 67 |
| <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. Hermanson, Paul, C., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Innes Blvd
 City Marshalltown State IA Zip Code 50158-5531
 FEC ID number of contributing federal 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 / 01 / 2018
Transaction ID : 13013038
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Lupi, James, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Hermitage Dr
 City Stafford State VA Zip Code 22556-1052
 FEC ID number of contributing federal 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 / 01 / 2018
Transaction ID : 13013051
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Pope, D. Spencer, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 Green Glen Ct
 City New Lenox State IL Zip Code 60451-2583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2018
Transaction ID : 13028432
 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 9 OF 67 |
| <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. 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 ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 02 | / | 2018 |

Transaction ID : 13028433

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 928 Winterset Rd

| | | |
|-------------------|-------------|------------------------|
| City Ebensburg | State PA | Zip Code 15931-5115 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 02 | / | 2018 |

Transaction ID : 13028434

Amount of Each Receipt this Period
120.00

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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 02 | / | 2018 |

Transaction ID : 13028451

Amount of Each Receipt this Period
5000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5220.00 |
| TOTAL This Period (last page this line 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 67 |
| | <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. Harter, C., Tradd, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Hochley Woods Ln
 City Athens State GA Zip Code 30607-3484
 FEC ID number of contributing federal 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2018
Transaction ID : 13040640
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Beattie, John, Robert, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8025 Lake Waunatta Dr
 City Winter Park State FL Zip Code 32792-8939
 FEC ID number of contributing federal 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 / 03 / 2018
Transaction ID : 13040709
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2018
Transaction ID : 13040711
 Amount of Each Receipt this Period
 500.00
 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 11 OF 67 |
| | <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. Jacobus, Brian, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7880 Saddlebrook Dr
 City Port Saint Lucie State FL Zip Code 34986-3110
 FEC ID number of contributing federal 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
 10 / 03 / 2018
Transaction ID : 13040713
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Rathburn, Tyler, Payne, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2596 N Druid Hills Rd Ne
 City Atlanta State GA Zip Code 30329-3244
 FEC ID number of contributing federal 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
 10 / 03 / 2018
Transaction ID : 13040717
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Spillers, J. Don, , Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2859 Hwy 41 N
 City Fort Valley State GA Zip Code 31030-6101
 FEC ID number of contributing federal 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
 10 / 03 / 2018
Transaction ID : 13040719
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 67 |
| | <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. Faber, Beth, Lynn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5087 Old Traveller Ln

| | | |
|------------------------|-------------|------------------------|
| City Mechanicsville | State VA | Zip Code 23111-6429 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 03 | | 2018 |

Transaction ID : 13040721

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 9070 Devlin Rd.
Suite 140

| | | |
|-----------------|-------------|------------------------|
| City Bristow | State VA | Zip Code 20136-1042 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 03 | | 2018 |

Transaction ID : 13040723

Amount of Each Receipt this Period
300.00

Memo Item

C. 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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2018 |

Transaction ID : 13040725

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 13 OF 67 |
| | <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. Patel, Pranav, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 Breckenridge Dr
 City Aurora State IL Zip Code 60504-5260
 FEC ID number of contributing federal 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 / 2018
Transaction ID : 13040793
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Dillehay, James, Kendall, Dr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12611 E Woodspring St
 City Wichita State KS Zip Code 67226-4510
 FEC ID number of contributing federal 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 / 04 / 2018
Transaction ID : 13040794
 Amount of Each Receipt this Period 21.00
 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 500.00

Date of Receipt 10 / 04 / 2018
Transaction ID : 13040795
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 171.00 |
| TOTAL This Period (last page this line 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 67 |
| | <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. Selden, Robert, M., Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16015 Wedmore Ln

| | | |
|----------------------|-------------|------------------------|
| City Huntersville | State NC | Zip Code 28078-2749 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 04 | | 2018 |

Transaction ID : 13041131

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 597 Chippendale Ave

| | | |
|---------------------|-------------|------------------------|
| City Simi Valley | State CA | Zip Code 93065-7023 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal 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 |
| 10 | | 05 | | 2018 |

Transaction ID : 13041170

Amount of Each Receipt this Period
1250.00

Memo Item

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

Mailing Address 103 Mansfield Rd E

| | | |
|------------------|-------------|------------------------|
| City Columbus | State NJ | Zip Code 08022-2108 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2018 |

Transaction ID : 13041171

Amount of Each Receipt this Period
42.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1542.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 67 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 3146 SW Shadow Ln

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 06 | / | 2018 |

Transaction ID : 13047181

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 4585 30Th Ave SE

| | | |
|----------------|-------------|------------------------|
| City Steele | State ND | Zip Code 58482-9413 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 06 | / | 2018 |

Transaction ID : 13047182

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 525 W Washington St

| | | |
|---------------------|-------------|------------------------|
| City Carson City | State NV | Zip Code 89703-3804 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | / | 07 | / | 2018 |

Transaction ID : 13047184

Amount of Each Receipt this Period
150.00

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: PAGE 16 OF 67
(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. Rendon, Juan, F., 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2018
Transaction ID : 13047185
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Maslowski, Michael, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4640 Stonewood Dr
 City Oshkosh State WI Zip Code 54902-7400
 FEC ID number of contributing federal 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 / 07 / 2018
Transaction ID : 13047186
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Colville, Clark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Paseo Del Rio
 City Seguin State TX Zip Code 78155-0160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1359.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2018
Transaction ID : 13047214
 Amount of Each Receipt this Period
 148.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
TOTAL This Period (last page this line 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 67 |
| | <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. Malone, Jacqueline, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1905 Willshire Gln

| | | |
|--------------------|-------------|------------------------|
| City Alpharetta | State GA | Zip Code 30009-1891 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 08 | | 2018 |

Transaction ID : 13047506

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 2509 S 1225 W

| | | |
|------------------|-------------|------------------------|
| City Syracuse | State UT | Zip Code 84075-8628 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 08 | | 2018 |

Transaction ID : 13047508

Amount of Each Receipt this Period
250.00

Memo Item

c. Singer, Jay, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8227 Nw 41St St

| | | |
|-----------------------|-------------|------------------------|
| City Coral Springs | State FL | Zip Code 33065-1302 |
|-----------------------|-------------|------------------------|

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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 09 | | 2018 |

Transaction ID : 13049553

Amount of Each Receipt this Period
500.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 67 |
| | <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. 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 ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 10 | | 2018 |

Transaction ID : 13050342

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 113 Tea Farm Rd

| | | |
|---------------------|-------------|------------------------|
| City Summerville | State SC | Zip Code 29483-4213 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 10 | | 2018 |

Transaction ID : 13050343

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 885 Greenbush Rd

| | | |
|-------------------|-------------|------------------------|
| City Charlotte | State VT | Zip Code 05445-9660 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 10 | | 2018 |

Transaction ID : 13050344

Amount of Each Receipt this Period
250.00

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 19 OF 67 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 200 Kincaid Ct

| | | |
|-------------------|-------------|------------------------|
| City Lafayette | State LA | Zip Code 70508-8034 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal 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 |
| 10 | | 10 | | 2018 |

Transaction ID : 13050346

Amount of Each Receipt this Period
50.00

Memo Item

B. Ogata, Gregory, Y., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8421 SE 63rd ST

| | | |
|-----------------------|-------------|------------------------|
| City Mercer Island | State WA | Zip Code 98040-4924 |
|-----------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Retired | Occupation (for Individual) Orthodontist |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 10 | | 2018 |

Transaction ID : 13050347

Amount of Each Receipt this Period
41.67

Memo Item

C. 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 | / | D D | / | Y Y Y Y |
| 10 | | 10 | | 2018 |

Transaction ID : 13050349

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 591.67 |
| TOTAL This Period (last page this line 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 67 |
| <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. Margeson, Dallas, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1102 N Harding St
 City Albany State GA Zip Code 31701-1753
 FEC ID number of contributing federal 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 / 10 / 2018
Transaction ID : 13050449
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Pfeffer, Joseph, R., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Stonehedge Rd
 City Hollidaysburg State PA Zip Code 16648-9764
 FEC ID number of contributing federal 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
 10 / 10 / 2018
Transaction ID : 13050619
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Crutchfield, William, Ernest, Dr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12609 Tolman Rd
 City Fairfax State VA Zip Code 22033-1733
 FEC ID number of contributing federal 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
 10 / 11 / 2018
Transaction ID : 13050934
 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 21 OF 67 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 17A Tatro Dr Unit 103

| | | |
|-------------------|-------------|------------------------|
| City Goffstown | State NH | Zip Code 03045-2369 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2032.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 11 | / | 2018 |

Transaction ID : 13050936

Amount of Each Receipt this Period
508.00

Memo Item

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

Mailing Address 1003 Deerbourne Ct

| | | |
|-----------------------|-------------|------------------------|
| City Elizabethtown | State KY | Zip Code 42701-2187 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | / | 11 | / | 2018 |

Transaction ID : 13050937

Amount of Each Receipt this Period
50.00

Memo Item

C. St. Louis, Brian, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7712 Haggans Ln

| | | |
|----------------|-------------|------------------------|
| City Austin | State TX | Zip Code 78739-1466 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal 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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 11 | / | 2018 |

Transaction ID : 13050938

Amount of Each Receipt this Period
42.00

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 22 OF 67 |
| <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. Johnson, Vaughn, Andrew, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 478 Suncrest Ln

| | | |
|-----------------|-------------|------------------------|
| City Durango | State CO | Zip Code 81303-8816 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 11 | | 2018 |

Transaction ID : 13050978

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3 Archery Ct

| | | |
|----------------------|-------------|------------------------|
| City 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 ▼
2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 11 | | 2018 |

Transaction ID : 13050980

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 716 Skiview Dr

| | | |
|------------------------|-------------|------------------------|
| City East Wenatchee | State WA | Zip Code 98802-4043 |
|------------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 11 | | 2018 |

Transaction ID : 13051091

Amount of Each Receipt this Period
250.00

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 23 OF 67 |
| | <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. Burgin, Eric, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1724 NW Walmer Dr

| | | |
|------------------|-------------|------------------------|
| City Portland | State OR | Zip Code 97229-4218 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 11 | | 2018 |

Transaction ID : 13051097

Amount of Each Receipt this Period
500.00

Memo Item

B. 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 ▼
1075.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 11 | | 2018 |

Transaction ID : 13051101

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 6640 Oak Pine Ln

| | | |
|----------------|-------------|-------------------|
| City Loomis | State CA | Zip Code 95650 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal 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 | | 11 | | 2018 |

Transaction ID : 13051105

Amount of Each Receipt this Period
500.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 24 OF 67 |
| <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. Dillehay, J., Kendall, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 E 143Rd St E
 City Wichita State KS Zip Code 67230
 FEC ID number of contributing federal 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 10 / 12 / 2018
Transaction ID : 13051245
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Alexander, Scott, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3167 S Bown Way
 City Boise State ID Zip Code 83706-5400
 FEC ID number of contributing federal 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 10 / 12 / 2018
Transaction ID : 13051246
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Bales, Kathleen, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 Club Dr
 City Novato State CA Zip Code 94945-3477
 FEC ID number of contributing federal 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 / 12 / 2018
Transaction ID : 13053069
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 550.00 |
| TOTAL This Period (last page this line 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 67 |
| | <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. Roncone, Christopher, Erik, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32140 Temecula Pkwy Ste 201
 City Temecula State CA Zip Code 92592-3896
 FEC ID number of contributing federal 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 / 12 / 2018
Transaction ID : 13053072
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dougherty, Harry, L., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3930 Davana Rd
 City Sherman Oaks State CA Zip Code 91423-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthodontist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 12 / 2018
Transaction ID : 13053073
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Trotter, John, H., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Via Colusa
 City Palos Verdes Estates State CA Zip Code 90274-1041
 FEC ID number of contributing federal 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 / 12 / 2018
Transaction ID : 13055717
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 26 OF 67 |
| <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. Claro, Wanda, Irene, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7862 Harbor Oak Cv

| | | |
|-----------------|-------------|------------------------|
| City Cordova | State TN | Zip Code 38016-5007 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal 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 | / | 13 | / | 2018 |

Transaction ID : 13055721

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2833 Banks Knoll Dr

| | | |
|--------------|-------------|------------------------|
| City Cary | State NC | Zip Code 27519-7727 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal 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 |
| 10 | / | 13 | / | 2018 |

Transaction ID : 13055722

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 106 Lanneau Dr

| | | |
|--------------------|-------------|------------------------|
| City Greenville | State SC | Zip Code 29605-1710 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
440.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 13 | / | 2018 |

Transaction ID : 13055723

Amount of Each Receipt this Period
42.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 192.00 |
| TOTAL This Period (last page this line 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 67 |
| | <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. Coombs, John, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3865 Boulder Patch

| | | |
|--------------|-------------|------------------------|
| City Reno | State NV | Zip Code 89511-3261 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 13 | | 2018 |

Transaction ID : 13055726

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 3865 Boulder Patch

| | | |
|--------------|-------------|------------------------|
| City Reno | State NV | Zip Code 89511-3261 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal 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 |
| 10 | | 13 | | 2018 |

Transaction ID : 13055728

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 2315 N 56th ST

| | | |
|-----------------|-------------|------------------------|
| City Seattle | State WA | Zip Code 98103-6211 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 13 | | 2018 |

Transaction ID : 13055734

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 650.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 67 |
| | <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. Sheller, Barbara, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Sand Point Way Ne

| | | |
|-----------------|-------------|------------------------|
| City Seattle | State WA | Zip Code 98105-3901 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 13 | | 2018 |

Transaction ID : 13055736

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 432 Erika Lane

| | | |
|-------------------|-------------|------------------------|
| City Wenatchee | State WA | Zip Code 98801-5500 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | | 13 | | 2018 |

Transaction ID : 13055741

Amount of Each Receipt this Period
500.00

Memo Item

C. Winkler, Reid, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 Nw 54Th St

| | | |
|-----------------|-------------|------------------------|
| City Seattle | State WA | Zip Code 98107-3500 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 13 | | 2018 |

Transaction ID : 13055745

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 29 OF 67 |
| <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. Inman, Gary, O., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 338 Briarwood Cir

| | | |
|-----------------------|-------------|------------------------|
| City Elizabethtown | State KY | Zip Code 42701-6914 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 13 | / | 2018 |

Transaction ID : 13055747

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 1026 N Fairview Pl

| | | |
|------------------------|-------------|------------------------|
| City East Wenatchee | State WA | Zip Code 98802-4494 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal 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 | / | 13 | / | 2018 |

Transaction ID : 13055752

Amount of Each Receipt this Period
250.00

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 ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 14 | / | 2018 |

Transaction ID : 13055753

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|---------|
| 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 30 OF 67 |
| <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. Wilcoxon, Donald, B., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13901 Fontana St

| | | |
|-----------------|-------------|------------------------|
| City Leawood | State KS | Zip Code 66224-3648 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal 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 | / | 14 | / | 2018 |

Transaction ID : 13055754

Amount of Each Receipt this Period
50.00

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 ▼
2080.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 14 | / | 2018 |

Transaction ID : 13055755

Amount of Each Receipt this Period
208.00

Memo Item

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

Mailing Address 1321 Seacrest Dr

| | | |
|------------------------|-------------|------------------------|
| 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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 14 | / | 2018 |

Transaction ID : 13055756

Amount of Each Receipt this Period
125.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 383.00 |
| TOTAL This Period (last page this line 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 67 |
| <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 ▼
1332.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 15 | | 2018 |

Transaction ID : 13055758

Amount of Each Receipt this Period
148.00

Memo Item

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

Mailing Address 6739 Cooperstone Dr

| | | |
|----------------|-------------|------------------------|
| City 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 ▼
1480.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 15 | | 2018 |

Transaction ID : 13055759

Amount of Each Receipt this Period
148.00

Memo Item

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

Mailing Address 1600 W Lane Ave Unit 501

| | | |
|-------------------------|-------------|------------------------|
| City Upper Arlington | State OH | Zip Code 43221-3969 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal 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 |
| 10 | | 15 | | 2018 |

Transaction ID : 13055760

Amount of Each Receipt this Period
100.00

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 32 OF 67 |
| <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. Price, Grady, L., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1661 Paulk Rd
 City Ramer State AL Zip Code 36069-6345
 FEC ID number of contributing federal 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 / 15 / 2018**
Transaction ID : 13056189
 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 ▼ 250.00

Date of Receipt **10 / 16 / 2018**
Transaction ID : 13056349
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Montoya, Robert, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 Pearl Dr
 City Southlake State TX Zip Code 76092-6206
 FEC ID number of contributing federal 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 / 16 / 2018**
Transaction ID : 13056350
 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 33 OF 67 |
| <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. Gardner, Wm., Graham, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9712 Cherokee Rd

| | | |
|------------------|-------------|------------------------|
| City Richmond | State VA | Zip Code 23235-1329 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal 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 |
| 10 | / | 16 | / | 2018 |

Transaction ID : 13056421

Amount of Each Receipt this Period
1200.00

Memo Item

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

Mailing Address 730 Bayshore Dr

| | | |
|-----------------------|-------------|------------------------|
| City Miramar Beach | State FL | Zip Code 32550-4072 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 16 | / | 2018 |

Transaction ID : 13056452

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 2161 Golf Course Rd

| | | |
|-----------------|-------------|------------------------|
| City Bayside | State CA | Zip Code 95524-9024 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal 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 |
| 10 | / | 17 | / | 2018 |

Transaction ID : 13056491

Amount of Each Receipt this Period
150.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6350.00 |
| TOTAL This Period (last page this line 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 67 |
| <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. Mullins, Larry, Sean, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Trammell Rd

| | | |
|-----------------|-------------|------------------------|
| City Bristol | State TN | Zip Code 37620-5308 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal 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 | / | 17 | / | 2018 |

Transaction ID : 13056744

Amount of Each Receipt this Period
250.00

Memo Item

B. 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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 17 | / | 2018 |

Transaction ID : 13056835

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

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

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| TOTAL This Period (last page this line number only)..... | 40427.34 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 35 OF 67 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Elizabeth For Ma Inc
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 290568
 City Boston State MA Zip Code 02129
 FEC ID number of contributing federal political committee. **C** C00500843
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2018
 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
 10 / 15 / 2018
Transaction ID : 13074122
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Refund of contribution made via credit card (13074122)

B. Friends Of Maria
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 12740
 City Seattle State WA Zip Code 98111
 FEC ID number of contributing federal political committee. **C** C00349506
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2018
 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
 10 / 15 / 2018
Transaction ID : 13074125
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Refund of contribution made via credit card (13074125)

C. Romney For Utah Inc
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 7000
 City Orem State UT Zip Code 84059
 FEC ID number of contributing federal political committee. **C** C00670695
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2018
 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
 10 / 17 / 2018
Transaction ID : 13074127
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Refund of contribution made via credit card (13074127)

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 0.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address P.O. Box 6343

City
 Fargo

State
 ND

Zip Code
 58125

Purpose of Disbursement
 Payment for 13005993, 13040478, 13040667, 13040673 (See SB23)

011

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 |
| 10 | | | 15 | | | 2018 | | | |

FEC Identification Number

C []

Transaction ID : 13056440

Amount of Each Disbursement this Period

14000.00

Memo Item Payment for 13005993, 13040478, 13040667, 13040673 (See SB23)

Full Name (Last, First, Middle Initial)

B.

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

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).....▶

14000.00

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

14000.00

**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. Democratic Congressional Campaign Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 01 | | 2018 |

Mailing Address 430 South Capitol Street SE
2nd Floor

FEC Identification Number

| | |
|---|-----------|
| C | C00347864 |
|---|-----------|

City Washington State DC Zip Code 20003

Transaction ID : 13013035

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Ron Estes For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 03 | | 2018 |

Mailing Address 12224 E Bracken Ct

FEC Identification Number

| | |
|---|-----------|
| C | C00632067 |
|---|-----------|

City Wichita State KS Zip Code 67206

Transaction ID : 13040641

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Candidate Name

Estes, Ron, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: KS District: 04

Full Name (Last, First, Middle Initial)

C. Sinema For Arizona

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 03 | | 2018 |

Mailing Address PO Box 7586

FEC Identification Number

| | |
|---|-----------|
| C | C00508804 |
|---|-----------|

City Phoenix State AZ Zip Code 85011

Transaction ID : 13040645

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Name

Sinema, Kyrsten, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: AZ District: 09

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

| |
|----------|
| 23000.00 |
|----------|

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin For Senate

Mailing Address Pobox 696

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
Contribution made via credit card (13056740)

011

Candidate Name

Baldwin, Tammy, , Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00326801

Transaction ID : 13056740

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution made via credit card (13056741)

011

Candidate Name

Brown, Sherrod, , Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OH District: 01

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00264697

Transaction ID : 13056741

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Ben Cardin for Congress

Mailing Address 100 East Pratt Street 27th Floor

City
Baltimore

State
MD

Zip Code
21202

Purpose of Disbursement
Contribution made via credit card (13056742)

011

Candidate Name

Cardin, Benjamin, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00199836

Transaction ID : 13056742

Amount of Each Disbursement this Period

2700.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ben Cardin for Congress

Mailing Address 100 East Pratt Street 27th Floor

City Baltimore State MD Zip Code 21202

Purpose of Disbursement
Contribution made via credit card (13056745)

011

Category/
Type

Candidate Name

Cardin, Benjamin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2018 | | | |

FEC Identification Number

C C00199836

Transaction ID : 13056745

Amount of Each Disbursement this Period

300.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Bob Casey For Senate Inc

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution made via credit card (13056746)

011

Category/
Type

Candidate Name

Casey, Bob, , Sen., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2018 | | | |

FEC Identification Number

C C00431056

Transaction ID : 13056746

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Feinstein for Senate

Mailing Address 601 S. Glenoaks Blvd., Suite 208

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Contribution made via credit card (13056747)

011

Category/
Type

Candidate Name

Feinstein, Dianne, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2018 | | | |

FEC Identification Number

C C00315176

Transaction ID : 13056747

Amount of Each Disbursement this Period

2700.00

(Memo Entry)

Memo Item

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

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

0.00

**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. Feinstein for Senate

Mailing Address 601 S. Glenoaks Blvd., Suite 208

City Burbank State CA Zip Code 91502

Purpose of Disbursement Contribution made via credit card (13056748)

011

Candidate Name Feinstein, Dianne, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00315176

Transaction ID : 13056748

Amount of Each Disbursement this Period

300.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution made via credit card (13056749)

011

Candidate Name Kaine, Tim, , Sen.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00495358

Transaction ID : 13056749

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement Contribution made via credit card (13056750)

011

Candidate Name Manchin, Joe, , Sen., III

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00486563

Transaction ID : 13056750

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

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

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

0.00

**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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. People For Patty Murray

Mailing Address PO Box 3662

City
Seattle

State
WA

Zip Code
98124

Purpose of Disbursement
Contribution made via credit card (13056752)

011

Category/
Type

Candidate Name

Murray, Patty, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2018 | | | |

FEC Identification Number

C C00257642

Transaction ID : 13056752

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
Contribution made via credit card (13056753)

011

Category/
Type

Candidate Name

Stabenow, Debbie, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MI District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2018 | | | |

FEC Identification Number

C C00344473

Transaction ID : 13056753

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Beatty For Congress

Mailing Address 222 East Town Street
Suite 2w

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution made via credit card (13056754)

011

Category/
Type

Candidate Name

Beatty, Joyce, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2018 | | | |

FEC Identification Number

C C00507368

Transaction ID : 13056754

Amount of Each Disbursement this Period

1500.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution made via credit card (13056755)

011

Category/Type

Candidate Name

Clyburn, James, E., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C C00255562

Transaction ID : 13056755

Amount of Each Disbursement this Period

1500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement Contribution made via credit card (13056756)

011

Category/Type

Candidate Name

Cummings, Elijah, E., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 07

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C C00310318

Transaction ID : 13056756

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement Contribution made via credit card (13056757)

011

Category/Type

Candidate Name

Davis, Danny, K., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 07

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C C00172619

Transaction ID : 13056757

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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. Diana Degette For Congress

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement
Contribution made via credit card (13056759)

011

Candidate Name
DeGette, Diana, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C C00311639

Transaction ID : 13056759

Amount of Each Disbursement this Period

1500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution made via credit card (13056760)

011

Candidate Name
Eshoo, Anna, G., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C C00258475

Transaction ID : 13056760

Amount of Each Disbursement this Period

1500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Feehan

Mailing Address PO Box 1844

City North Mankato State MN Zip Code 56002

Purpose of Disbursement
Contribution made via credit card (13056762)

011

Candidate Name
Feehan, Daniel, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C C00649327

Transaction ID : 13056762

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

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

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

0.00

**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. Vicente Gonzalez For Congress

Mailing Address 121 North 10th Street

City Mcallen State TX Zip Code 78501

Purpose of Disbursement
Contribution made via credit card (13056763)

011

Candidate Name
Gonzalez, Vicente, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: TX District: 15

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00592659

Transaction ID : 13056763

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Huffman For Congress 2014

Mailing Address P.O. Box 151563

City San Rafael State CA Zip Code 94915

Purpose of Disbursement
Contribution made via credit card (13056771)

011

Candidate Name
Huffman, Jared, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00536680

Transaction ID : 13056771

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Kuster For Congress, Inc

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement
Contribution made via credit card (13056772)

011

Candidate Name
Kuster, Ann, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00462861

Transaction ID : 13056772

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
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| <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. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
Contribution made via credit card (13056773)

011
Category/
Type

Candidate Name
Matsui, Doris, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: CA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00409219

Transaction ID : 13056773

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

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
Contribution made via credit card (13056774)

011
Category/
Type

Candidate Name
Pallone, Frank, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00226928

Transaction ID : 13056774

Amount of Each Disbursement this Period

2700.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contribution made via credit card (13056777)

011
Category/
Type

Candidate Name
Pallone, Frank, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00226928

Transaction ID : 13056777

Amount of Each Disbursement this Period

300.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mikie Sherrill For Congress

Mailing Address P.O. Box 43032

City Montclair State NJ Zip Code 07043

Purpose of Disbursement Contribution made via credit card (13056778)

011

Candidate Name

Sherrill, Rebecca, ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 11

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00640003

Transaction ID : 13056778

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement Contribution made via credit card (13056780)

011

Candidate Name

Neal, Richard, E., Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00226522

Transaction ID : 13056780

Amount of Each Disbursement this Period

1500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Marsha For Senate

Mailing Address 4916 Thoroughbred Ln

City Brentwood State TN Zip Code 37027

Purpose of Disbursement Contribution made via credit card (13056781)

011

Candidate Name

Blackburn, Marsha, , Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00376939

Transaction ID : 13056781

Amount of Each Disbursement this Period

3000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement
Contribution made via credit card (13056784)

011

Category/
Type

Candidate Name
Blunt, Roy, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00304758

Transaction ID : 13056784

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Cassidy For Us Senate

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Contribution made via credit card (13056785)

011

Category/
Type

Candidate Name
Cassidy, Bill, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00543983

Transaction ID : 13056785

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Ted Cruz Victory Committee

Mailing Address 815 A Brazos
PMB 550

City Austin State TX Zip Code 78701

Purpose of Disbursement
Contribution made via credit card (13056786)

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00542423

Transaction ID : 13056786

Amount of Each Disbursement this Period

5000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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. Enzi For Us Senate

Mailing Address PO Box 2775

City: Cody State: WY Zip Code: 82414

Purpose of Disbursement: Contribution made via credit card (13056787)

011
Category/Type

Candidate Name: Enzi, Mike, B., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00317503

Transaction ID : 13056787

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Cory Gardner For Senate

Mailing Address 9227 E Lincoln Ave #200-234

City: Lone Tree State: CO Zip Code: 80124

Purpose of Disbursement: Contribution made via credit card (13056788)

011
Category/Type

Candidate Name: Gardner, Cory, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CO District: 02

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00492454

Transaction ID : 13056788

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Josh Hawley For Senate

Mailing Address 150 Long Road Suite 50

City: Chesterfield State: MO Zip Code: 63005

Purpose of Disbursement: Contribution made via credit card (13056789)

011
Category/Type

Candidate Name: Hawley, Joshua, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00652727

Transaction ID : 13056789

Amount of Each Disbursement this Period

5000.00

(Memo Entry)

Memo Item

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

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

0.00

**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. Dr. Brian Babin For Congress

Mailing Address PO Box 159

City
Woodville

State
TX

Zip Code
75979

Purpose of Disbursement
Contribution made via credit card (13056791)

011

Category/
Type

Candidate Name
Babin, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2018 | | | |

FEC Identification Number

C C00553859

Transaction ID : 13056791

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Brian Babin For Congress

Mailing Address PO Box 159

City
Woodville

State
TX

Zip Code
75979

Purpose of Disbursement
Contribution made via credit card (13056792)

011

Category/
Type

Candidate Name
Babin, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 36

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | |

FEC Identification Number

C C00553859

Transaction ID : 13056792

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Young For Iowa, Inc.

Mailing Address PO Box 162

City
Van Meter

State
IA

Zip Code
50261

Purpose of Disbursement
Contribution made via credit card (13056794)

011

Category/
Type

Candidate Name
Young, David, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | |

FEC Identification Number

C C00545616

Transaction ID : 13056794

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
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(Memo Entry)

Memo Item

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

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| 0.00 |
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TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Walker 4 Nc

Mailing Address PO Box 99247

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contribution made via credit card (13056795)

011

Category/
Type

Candidate Name

Walker, Mark, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NC District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00543231

Transaction ID : 13056795

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Walters For Congress

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement
Contribution made via credit card (13056796)

011

Category/
Type

Candidate Name

Walters, Mimi, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00546853

Transaction ID : 13056796

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Contribution made via credit card (13056797)

011

Category/
Type

Candidate Name

Walden, Greg, P., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00333427

Transaction ID : 13056797

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

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

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

0.00

**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. Upton For All Of Us

Mailing Address PO Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
Contribution made via credit card (13056798)

011

Category/
Type

Candidate Name

Upton, Frederick, Stephen, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

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| 1 | 0 | | 1 | 6 | | 2 | 0 | 1 | 8 | | |

FEC Identification Number

C00200584

Transaction ID : 13056798

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Tenney For Congress

Mailing Address 28 Robinson Road
PO Box 128

City
Clinton

State
NY

Zip Code
13323

Purpose of Disbursement
Contribution made via credit card (13056799)

011

Category/
Type

Candidate Name

Tenney, Claudia, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 22

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | 1 | 6 | | 2 | 0 | 1 | 8 | | |

FEC Identification Number

C00561183

Transaction ID : 13056799

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Taylor For Congress

Mailing Address PO Box 71596

City
Richmond

State
VA

Zip Code
23255

Purpose of Disbursement
Contribution made via credit card (13056802)

011

Category/
Type

Candidate Name

Taylor, Scott, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | 1 | 6 | | 2 | 0 | 1 | 8 | | |

FEC Identification Number

C00608703

Transaction ID : 13056802

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. Elise For Congress

Mailing Address PO Box 500

City
Glens Falls

State
NY

Zip Code
12801

Purpose of Disbursement
Contribution made via credit card (13056803)

011

Candidate Name

Stefanik, Elise, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00547893

Transaction ID : 13056803

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 661

City
Collinsville

State
IL

Zip Code
62234

Purpose of Disbursement
Contribution made via credit card (13056804)

011

Candidate Name

Shimkus, John, M., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 15

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00258855

Transaction ID : 13056804

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress

Mailing Address PO Box 823047

City
Dallas

State
TX

Zip Code
75382

Purpose of Disbursement
Contribution made via credit card (13056806)

011

Candidate Name

Sessions, Pete, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00303305

Transaction ID : 13056806

Amount of Each Disbursement this Period

5000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. Tom Macarthur For Congress Inc.

Mailing Address PO Box 999

City
Edison

State
NJ

Zip Code
08818

Purpose of Disbursement
Contribution made via credit card (13056807)

011

Candidate Name

MacArthur, Tom, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | | | |

FEC Identification Number

C C00557520

Transaction ID : 13056807

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Lance For Congress

Mailing Address PO Box 999

City
Edison

State
NJ

Zip Code
08818

Purpose of Disbursement
Contribution made via credit card (13056808)

011

Candidate Name

Lance, Leonard, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 07

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | | | |

FEC Identification Number

C C00444224

Transaction ID : 13056808

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Knight For Congress

Mailing Address PO Box 730

City
Hilmar

State
CA

Zip Code
95324

Purpose of Disbursement
Contribution made via credit card (13056809)

011

Candidate Name

Knight, Steve, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | | | |

FEC Identification Number

C C00554014

Transaction ID : 13056809

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

(Memo Entry)

Memo Item

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

| |
|------|
| 0.00 |
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TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Van Taylor for Congress

Mailing Address 530 N. New Road

City
Waco

State
TX

Zip Code
76703

Purpose of Disbursement
Contribution made via credit card (13056810)

011

Category/
Type

Candidate Name

Taylor, Van, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

| | | | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 13056810

Amount of Each Disbursement this Period

[REDACTED] 1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Katko For Congress

Mailing Address 228 S Washington St
Ste 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution made via credit card (13056811)

011

Category/
Type

Candidate Name

Katko, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | | | |

FEC Identification Number

C C00556365

Transaction ID : 13056811

Amount of Each Disbursement this Period

[REDACTED] 1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Scalise For Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183

Purpose of Disbursement
Contribution made via credit card (13056812)

011

Category/
Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

| | | | | | | | | | | | |
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| 10 | | | 16 | | | 2018 | | | | | |

FEC Identification Number

C C00394957

Transaction ID : 13056812

Amount of Each Disbursement this Period

[REDACTED] 5000.00

(Memo Entry)

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Contribution made via credit card (13056813)

011

Candidate Name
Hudson, Richard, L., Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00504522

Transaction ID : 13056813

Amount of Each Disbursement this Period

1500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Hagedorn

Mailing Address 11 Civic Center Plz Ste 007

City Mankato State MN Zip Code 56001

Purpose of Disbursement
Contribution made via credit card (13056814)

011

Candidate Name
Hagedorn, James, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify)

State: MN District: 01

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00550707

Transaction ID : 13056814

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Glenn Grothman For Congress

Mailing Address PO Box 1215

City Fond Du Lac State WI Zip Code 54964

Purpose of Disbursement
Contribution made via credit card (13056815)

011

Candidate Name
Grothman, Glenn, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: WI District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00561597

Transaction ID : 13056815

Amount of Each Disbursement this Period

5000.00

(Memo Entry)

Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contribution made via credit card (13056816)

011

Category/
Type

Candidate Name
McCarthy, Kevin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00420935

Transaction ID : 13056816

Amount of Each Disbursement this Period

5000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contribution made via credit card (13056817)

011

Category/
Type

Candidate Name
Paulsen, Erik, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify)

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00439661

Transaction ID : 13056817

Amount of Each Disbursement this Period

5000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
Contribution made via credit card (13056818)

011

Category/
Type

Candidate Name
Kelly, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00474189

Transaction ID : 13056818

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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| <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. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement
Contribution made via credit card (13056819)

011

Category/Type

Candidate Name
Zeldin, Lee, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: NY District: 01

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | |

FEC Identification Number

C C00552547

Transaction ID : 13056819

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Rohrabacher For Congress

Mailing Address 9070 Irvine Center Drive #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement
Contribution made via credit card (13056820)

011

Category/Type

Candidate Name
Rohrabacher, Dana, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 48

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | |

FEC Identification Number

C C00224691

Transaction ID : 13056820

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Roskam for Congress

Mailing Address 423 W. Wesley

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contribution made via credit card (13056821)

011

Category/Type

Candidate Name
Roskam, Peter, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: IL District: 40

Date of Disbursement

| | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 16 | | | 2018 | | | |

FEC Identification Number

C

Transaction ID : 13056821

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
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(Memo Entry)

Memo Item

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

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| 0.00 |
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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)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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. Valadao For Congress

Mailing Address 5132 North Palm Avenue
#227

City Fresno State CA Zip Code 93704

Purpose of Disbursement
Contribution made via credit card (13056822)

011
Category/
Type

Candidate Name
Valadao, David, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: CA District: 21

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00499392

Transaction ID : 13056822

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contribution made via credit card (13056825)

011
Category/
Type

Candidate Name
Holding, George, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NC District: 02

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00499236

Transaction ID : 13056825

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Collins For Congress

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Contribution made via credit card (13056826)

011
Category/
Type

Candidate Name
Collins, Doug, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: GA District: 09

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00502039

Transaction ID : 13056826

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. Culberson For Congress

Mailing Address P.O. Box 41964

City
Houston

State
TX

Zip Code
77241

Purpose of Disbursement
Contribution made via credit card (13056827)

011
Category/
Type

Candidate Name
Culberson, John, , Rep.,

Office Sought: House
 Senate
 President
State: TX District: 07

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00343236

Transaction ID : 13056827

Amount of Each Disbursement this Period

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Chabot For Congress

Mailing Address 3030 Harrison Ave.

City
Cincinnati

State
OH

Zip Code
45211

Purpose of Disbursement
Contribution made via credit card (13056828)

011
Category/
Type

Candidate Name
Chabot, Steve, , Rep.,

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

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

C C00301838

Transaction ID : 13056828

Amount of Each Disbursement this Period

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Coffman For Congress 2018

Mailing Address 4950 S Yosemite Street F2 #511

City
Greenwood Village

State
CO

Zip Code
80111

Purpose of Disbursement
Contribution made via credit card (13056829)

011
Category/
Type

Candidate Name
Coffman, Mike, , Rep.,

Office Sought: House
 Senate
 President
State: CO District: 06

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C C00629287

Transaction ID : 13056829

Amount of Each Disbursement this Period

(Memo Entry)

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. Carlos Curbelo Congress

Mailing Address 8724 Sunset Dr
#355

City Miami State FL Zip Code 33173

Purpose of Disbursement
Contribution made via credit card (13056868)

011

Candidate Name
Curbelo, Carlos, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00546846

Transaction ID : 13056868

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Contribution made via credit card (13056869)

011

Candidate Name
Burgess, Michael, C., Rep., M.D.

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00372532

Transaction ID : 13056869

Amount of Each Disbursement this Period

5000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Blum For Congress

Mailing Address 2728 Asbury Road Suite 400

City Dubuque State IA Zip Code 52001

Purpose of Disbursement
Contribution made via credit card (13056870)

011

Candidate Name
Blum, Rod, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: IA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00543926

Transaction ID : 13056870

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. Byrne For Congress

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement
Contribution made via credit card (13056871)

011
Category/
Type

Candidate Name
Byrne, Bradley, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: AL District: 01

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00545673

Transaction ID : 13056871

Amount of Each Disbursement this Period

5000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Edwards For New Hampshire

Mailing Address PO Box 251

City Dover State NH Zip Code 03821

Purpose of Disbursement
Contribution made via credit card (13056872)

011
Category/
Type

Candidate Name
Edwards, Eddie, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NH District: 01

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00637397

Transaction ID : 13056872

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Billy Long For Congress

Mailing Address 3246 E Ridgeview St

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Contribution made via credit card (13056873)

011
Category/
Type

Candidate Name
Long, Billy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: MO District: 07

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00460063

Transaction ID : 13056873

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Susan Brooks

Mailing Address 9425 N Meridian St
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Contributions made via credit card (13056878)

011

Candidate Name
Brooks, Susan, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00500207

Transaction ID : 13056878

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Susan Brooks

Mailing Address 9425 N Meridian St
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Contribution made via credit card (13056879)

011

Candidate Name
Brooks, Susan, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C00500207

Transaction ID : 13056879

Amount of Each Disbursement this Period

2500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Josh Gottheimer For Congress

Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement
Contribution made via credit card (13056880)

011

Candidate Name
Gottheimer, Joshua, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C00573949

Transaction ID : 13056880

Amount of Each Disbursement this Period

1000.00

(Memo Entry)

Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Comstock For Congress

Mailing Address PO Box 831

City: Mc Lean State: VA Zip Code: 22101

Purpose of Disbursement: Contribution made via credit card (13056881)

011
Category/Type

Candidate Name: **Comstock, Barbara, , Rep.,**

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General Other (specify) ▼
 State: VA District: 10

Date of Disbursement: 10 / 16 / 2018

FEC Identification Number: C00554261
Transaction ID : 13056881
 Amount of Each Disbursement this Period: 1000.00
 (Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth For Ma Inc

Mailing Address PO Box 290568

City: Boston State: MA Zip Code: 02129

Purpose of Disbursement: Contribution made via credit card (13074121)

011
Category/Type

Candidate Name: **Warren, Elizabeth, , Sen.,**

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General Other (specify) ▼
 State: MA District:

Date of Disbursement: 10 / 15 / 2018

FEC Identification Number: C00500843
Transaction ID : 13074121
 Amount of Each Disbursement this Period: 1000.00
 (Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Maria

Mailing Address PO Box 12740

City: Seattle State: WA Zip Code: 98111

Purpose of Disbursement: Contribution made via credit card (13074124)

011
Category/Type

Candidate Name: **Cantwell, Maria, , Sen.,**

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General Other (specify) ▼
 State: WA District:

Date of Disbursement: 10 / 15 / 2018

FEC Identification Number: C00349506
Transaction ID : 13074124
 Amount of Each Disbursement this Period: 1000.00
 (Memo Entry)

Memo Item

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

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

0.00

**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

A. Romney For Utah Inc

Full Name (Last, First, Middle Initial)
Romney For Utah Inc

Mailing Address PO Box 7000

City Orem State UT Zip Code 84059

Purpose of Disbursement
Contribution made via credit card (13074126)

Candidate Name
Romney, Mitt, , ,

Office Sought: House Senate President
State: UT District:

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement
10 / 16 / 2018

FEC Identification Number
C 00670695
Transaction ID : 13074126

Amount of Each Disbursement this Period
1000.00
(Memo Entry)

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify)

Date of Disbursement

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 23000.00 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 66 OF 67 |
| | FOR LINE NUMBER: (check only one) |
| <input checked="" type="checkbox"/> | 9 |
| <input type="checkbox"/> | 10 |

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

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank | | | Nature of Debt (Purpose): See memo entries on Line 23 |
| Mailing Address P.O. Box 6343 | | | |
| City Fargo | State ND | Zip Code 58125 | |

| | | | |
|---|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 0.00 | | Transaction ID : 13074903 | |
| Amount Incurred This Period 3000.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 | |

| | | | |
|--|-------|----------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |

| | | | |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 3000.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 3000.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 3000.00 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 67 OF 67 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

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

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank | | | Nature of Debt (Purpose): See memo entries on Line 23 |
| Mailing Address P.O. Box 6343 | | | |
| City Fargo | State ND | Zip Code 58125 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : 13074902 | |
| 14000.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 155500.00 | 14000.00 | 155500.00 | |

| | | | |
|--|-------|----------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| | | | |

| | | | |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| | | | |

| | |
|--|-----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 155500.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 155500.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 155500.00 |