

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 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

C00293910 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
X	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	January 31 Quarterly Report(YE)	Election on	Convention (12C)	Special (12S)	in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)	Election on			in the State of

5. Covering Period 07 01 2002 through 09 30 2002

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

Type or Print Name of Treasurer James R. Bowlin
 Signature of Treasurer Electronically Filed by James R. Bowlin Date 10 09 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Association of Orthodontists Political Action Committee

Report Covering the Period: From: ^h07 ^D01 ^v2002 To: ^h09 ^D30 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		91253.83
(b) Cash on Hand at Beginning of Reporting Period	66064.33	
(c) Total Receipts (from Line 19)	77290.00	122600.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143354.33	213854.33
7. Total Disbursements (from Line 30)	84000.00	154500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59354.33	59354.33
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Association of Orthodontists Political Action Committee

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2002 To: ^{MM}09 ^{DD}30 ^{YYYY}2002

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)	13600.00	
(ii) Unitemized	63690.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	77290.00	122600.50
(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 32, page 4)	77290.00	122600.50
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	77290.00	122600.50
20. Total Federal Receipts (subtract Line 18 from Line 19)	77290.00	122600.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84000.00	154500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	84000.00	154500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	84000.00	154500.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	77290.00	122600.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	77290.00	122600.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Albert J. Apicella

Mailing Address
27 S Lewisberry Rd

City State Zip Code
Mechanicsburg PA 17055

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9967

B. Full Name (Last, First, Middle Initial)
Dr. Jack R. Beeble

Mailing Address
5B1 Via Lugano

City State Zip Code
Winter Park FL 32789

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R10287

C. Full Name (Last, First, Middle Initial)
Dr. Kathryn Lynn Bleik

Mailing Address
1430 N LaSalle St E 1

City State Zip Code
Chicago IL 60610

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R10127

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)
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Alfred M. Bongiorno

Mailing Address

7 Hill St

City

Lakeville

State

MA

Zip Code

02347

Date of Receipt

09 / 06 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R10152

Full Name (Last, First, Middle Initial)

B. Dr. Robert James Bray

Mailing Address

1700 Rarere Blvd

City

Brigantine

State

NJ

Zip Code

08203

Date of Receipt

08 / 29 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: R10083

Full Name (Last, First, Middle Initial)

C. Dr. James J. Brennan

Mailing Address

1480 Old Smithfield Rd

City

North Smithfield

State

RI

Zip Code

02895

Date of Receipt

08 / 29 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: R10082

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Christopher M. Brieden

Mailing Address

700 N Riverside

City

State

Zip Code

St Clair

MI

48079

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: R9933

Full Name (Last, First, Middle Initial)

B. Dr. Harry I. Buzza, Jr.

Mailing Address

726 Langwood

City

State

Zip Code

Houston

TX

77079

Date of Receipt

N M / D E / Y Y Y Y
0 9 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: R10168

Full Name (Last, First, Middle Initial)

C. Dr. Albert Phillip Cavalari

Mailing Address

387 High St

City

State

Zip Code

Lockport

NY

14094

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 4 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: R97D6

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)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Steve A. Chapman

Mailing Address

3520 St John's Ave

City

State

Zip Code

Palatka

FL

32177

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: R9932

Full Name (Last, First, Middle Initial)

B. Dr. Ross L. Crist

Mailing Address

1204 N Pikes Peak Cir

City

State

Zip Code

Sioux Falls

SD

57103

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: R10041

Full Name (Last, First, Middle Initial)

C. Dr. Mark L. Dake

Mailing Address

8860 Private Road 8900

City

State

Zip Code

West Plains

MO

65775

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: R9915

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)
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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. John M. Dames

Mailing Address
4 Somel Lane

City State Zip Code
Lemont IL 60439

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9856

B. Full Name (Last, First, Middle Initial)
Dr. Joseph Dames, II

Mailing Address
240 Bay Rd

City State Zip Code
Ocean City NJ 08226

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R10167

C. Full Name (Last, First, Middle Initial)
Dr. S. Kendall Dunn

Mailing Address
3760 Everest Drive

City State Zip Code
Montgomery AL 36106

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: R9786

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Guy A. Favalora

Mailing Address
189 Chateau Latour Dr

City State Zip Code
Kenner LA 70065

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: R9713

B. Full Name (Last, First, Middle Initial)
Dr. Austin W. Feaney

Mailing Address
6D Glenrock

City State Zip Code
Norwalk CT 06850

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9988

C. Full Name (Last, First, Middle Initial)
Dr. David D. Fauer

Mailing Address
941 Lands End Rd

City State Zip Code
Hypoluxo Island FL 33462

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9985

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)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John C. Ford

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
08 / 28 / 2002

221 Winnetka Ave

City

State

Zip Code

Winnetka

IL

60093

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

200.00

Name of Employer
Self-Employed

Occupation

Credit Card

Orthodontist

Receipt For: 2002

Aggregate Year-to-Date ▼

Primary General

350.00

Other (specify) ▼

Transaction ID: R10044

Full Name (Last, First, Middle Initial)

B. Dr. Kenneth F. Freer

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
09 / 08 / 2002

4500 Green Valley Rd

City

State

Zip Code

Suisun

CA

94585

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

150.00

Name of Employer
Self-Employed

Occupation

Check

Orthodontist

Receipt For: 2002

Aggregate Year-to-Date ▼

Primary General

300.00

Other (specify) ▼

Transaction ID: R10162

Full Name (Last, First, Middle Initial)

C. Dr. Robert W. Fry

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
08 / 28 / 2002

12340 Pflumm Road

City

State

Zip Code

Olathe

KS

66062

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

200.00

Name of Employer
Self-Employed

Occupation

Credit Card

Orthodontist

Receipt For: 2002

Aggregate Year-to-Date ▼

Primary General

400.00

Other (specify) ▼

Transaction ID: R9973

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 44	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. Eloisa S. Garcia

Mailing Address
214 Keystone
City State Zip Code
River Forest IL 60305

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R10193

Full Name (Last, First, Middle Initial)
B. Dr. David C. Gehring

Mailing Address
3805 Green Valley Ln
City State Zip Code
Toddville IA 52341

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9781

Full Name (Last, First, Middle Initial)
C. Dr. Hilton Goldsach

Mailing Address
2204 Bradbury Ct
City State Zip Code
Plano TX 75093

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R10107

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

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

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FOR LINE NUMBER:
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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. John M. Grady

Mailing Address
1000 Brooktree Rd #200

City State Zip Code
Waxford PA 15090

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9959

B. Full Name (Last, First, Middle Initial)
Dr. Ronald B. Gross

Mailing Address
11 Crow Creek Ln

City State Zip Code
Radnor PA 19087

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R9888

C. Full Name (Last, First, Middle Initial)
Dr. Don R. Guest

Mailing Address
8201 Camino Colegio #14

City State Zip Code
Rohnert Park CA 94928

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9865

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 44	
	<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. Full Name (Last, First, Middle Initial)
Dr. David C. Hamilton, Jr.

Mailing Address
2163 13th St Ct NE

City State Zip Code
Hickory NC 28601

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9876

B. Full Name (Last, First, Middle Initial)
Dr. R. Dree Hamilton

Mailing Address
1471 Lodgepole Dr

City State Zip Code
Henderson NV 89014

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9705

C. Full Name (Last, First, Middle Initial)
Dr. Todd L. Hamilton

Mailing Address
269 Wester Brewlands

City State Zip Code
Iron Station NC 28080

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 600.00

Transaction ID: R10D40

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 44

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. James I. Heslop

Mailing Address
510 Stonehenge Dr

City State Zip Code
Libitz PA 17543

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: R9760

B. Full Name (Last, First, Middle Initial)
Dr. Mark H. Holt

Mailing Address
2805 Eastern Ave #3

City State Zip Code
Sacramento CA 95821

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9842

C. Full Name (Last, First, Middle Initial)
Dr. Bruce W. Hultgren

Mailing Address
7967 Lilac Ln

City State Zip Code
Victoria MN 55366

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R10141

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James L. Hurst

Mailing Address

16 North Drive

City

State

Zip Code

Middletown

RI

02840

Date of Receipt

N M / D E / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: R9865

Full Name (Last, First, Middle Initial)

B. Dr. Alan W. Irvin

Mailing Address

106 Elmwood Dr

City

State

Zip Code

Greensboro

NC

27408

Date of Receipt

N M / D E / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

400.00

Transaction ID: R9716

Full Name (Last, First, Middle Initial)

C. Dr. Brian B. Jacobus

Mailing Address

7880 Saddlebrook Dr

City

State

Zip Code

Port Saint Lucie

FL

34986

Date of Receipt

N M / D E / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

300.00

Transaction ID: R9866

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 44

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Ernst K. Jensen

Mailing Address
2240 Chestnut Street

City State Zip Code
Northbrook IL 60062

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9733

B. Full Name (Last, First, Middle Initial)
Dr. J. Daan Jensen

Mailing Address
2700 Redding Dr

City State Zip Code
Plano TX 75093

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: R10128

C. Full Name (Last, First, Middle Initial)
Dr. John S. Kacowicz

Mailing Address
225 Narragansett Bay Ave

City State Zip Code
Warwick RI 02889

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R10174

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 44	
	<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. Full Name (Last, First, Middle Initial)
Dr. J. Peter Kierl

Mailing Address
2509 Thunderwind Cir

City State Zip Code
Edmond OK 73034

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R10191

B. Full Name (Last, First, Middle Initial)
Dr. Mary Kay Koen

Mailing Address
101 Hidden Way Ct

City State Zip Code
Hendersonville TN 37075

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9787

C. Full Name (Last, First, Middle Initial)
Dr. James W. Kohl

Mailing Address
2241 Birchwood Lane

City State Zip Code
Northfield IL 60093

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9773

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Valmy P. Kulbersh

Mailing Address

1417 Cedar Bend Dr

City

State

Zip Code

Bloomfield Hills

MI

48302

Date of Receipt

N M / D E / Y Y Y Y
09 / 06 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R10116

Full Name (Last, First, Middle Initial)

B. Dr. Melvin M. Laifert

Mailing Address

14 Rutland Rd

City

State

Zip Code

Great Neck

NY

11020

Date of Receipt

N M / D E / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: R9920

Full Name (Last, First, Middle Initial)

C. Dr. Dwayne B. McCannish

Mailing Address

11 Ballard Bluff

City

State

Zip Code

Signal Mountain

TN

37377

Date of Receipt

N M / D E / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: R9710

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 44

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Paul J. McKenna, Jr.

Mailing Address

16 Pine Glen Road

City

State

Zip Code

Simsbury

CT

06070

Date of Receipt

N M / D E / Y Y Y Y
09 / 06 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: R10172

Full Name (Last, First, Middle Initial)

B. Dr. William J. McLendon

Mailing Address

61 Old Mountain Rd

City

State

Zip Code

Powder Springs

GA

30073

Date of Receipt

N M / D E / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: R9711

Full Name (Last, First, Middle Initial)

C. Dr. Robert M. Merrill

Mailing Address

1026 N Fairview Pl

City

State

Zip Code

East Wenatchee

WA

98802

Date of Receipt

N M / D E / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Transaction ID: R9718

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 44

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Bruce R. Malen

Mailing Address
714 W Hi Crest Dr

City State Zip Code
Auburn WA 99001

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R9631

B. Full Name (Last, First, Middle Initial)
Dr. Robert T. Morrison

Mailing Address
64 Willowbrook

City State Zip Code
Hutchinson KS 67502

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9919

C. Full Name (Last, First, Middle Initial)
Dr. Karl F. Muster

Mailing Address
809 Ayrshire Dr

City State Zip Code
Champaign IL 61820

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R10261

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 44

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. S. Edwin Noffel

Mailing Address

2435 Brookwood

City

State

Zip Code

Capa Girardeau

MO

63701

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: R10001

Full Name (Last, First, Middle Initial)

B. Dr. Perry M. Opin

Mailing Address

520 Sportsmans Road

City

State

Zip Code

Orange

CT

06477

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Credit Card

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: R9855

Full Name (Last, First, Middle Initial)

C. Dr. Donna Lynn Perueel

Mailing Address

3900 Hillpoint Dr

City

State

Zip Code

Charleston

WV

25302

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Orthodontist

Check

Receipt For: 2002

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: R10077

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr. Leon Perahia

Mailing Address
14 Ridge Rd
City State Zip Code
Englewood Cliff NJ 07632

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R9737

Full Name (Last, First, Middle Initial)
B. Dr. Kenneth H. Peterson

Mailing Address
1409 Ambleside Cir
City State Zip Code
Naperville IL 60540

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: R9714

Full Name (Last, First, Middle Initial)
C. Dr. Hugh R. Phillips

Mailing Address
10 Poliquin Dr
City State Zip Code
Nashua NH 03062

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: R10D78

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. A. Wright Pond, Sr.

Mailing Address
1025 Avon Court

City State Zip Code
Colonial Heights VA 23834

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: R9886

B. Full Name (Last, First, Middle Initial)
Dr. J. Anthony Quinn

Mailing Address
PO Box 771

City State Zip Code
Waverly PA 18471

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: R10080

C. Full Name (Last, First, Middle Initial)
Dr. Barry D. Raphael

Mailing Address
13 Moore Rd

City State Zip Code
Montville NJ 07045

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R9863

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Ronald K. Ringer

Mailing Address
3760 Seminole

City State Zip Code
Beaumont TX 77707

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9975

B. Full Name (Last, First, Middle Initial)
Dr. Ronald Rizzo

Mailing Address
49 Pond Valley Rd

City State Zip Code
Middlebury CT 06798

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9978

C. Full Name (Last, First, Middle Initial)
Dr. Stephen C. Roehm

Mailing Address
1315 Featherwood Dr

City State Zip Code
Dunlap IL 61525

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9782

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. John L. Schuler

Mailing Address
4D17 Tangleoaks Ct

City State Zip Code
Peoria IL 61615

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9770

B. Full Name (Last, First, Middle Initial)
Dr. Joseph J. Shadeded

Mailing Address
452 Pleasant Lane

City State Zip Code
Bucyrus OH 44820

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R10169

C. Full Name (Last, First, Middle Initial)
Dr. David Sherwood

Mailing Address
808 Millmada Dr

City State Zip Code
La Canada CA 91011

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R9769

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 44	
	<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. Full Name (Last, First, Middle Initial)
Dr. Paul E. Shak

Mailing Address
Rd #5 Nancy Drive

City State Zip Code
Meadville PA 16335

Date of Receipt
M / D / Y
08 / 28 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R10056

B. Full Name (Last, First, Middle Initial)
Dr. Richard A. Simms

Mailing Address
29854 Highpoint Road

City State Zip Code
Rancho Palos Verde CA 90275

Date of Receipt
M / D / Y
08 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R10000

C. Full Name (Last, First, Middle Initial)
Dr. M. Jay Terze

Mailing Address
57 Broadview Terr

City State Zip Code
Chatham NJ 07928

Date of Receipt
M / D / Y
08 / 08 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R10106

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

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

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William J. Thomas

Mailing Address
1D128 Wendover Dr

City State Zip Code
Vienna VA 22181

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R10187

B. Full Name (Last, First, Middle Initial)
Dr. T. Burrett Trotter

Mailing Address
13 Bristlecone Way

City State Zip Code
Augusta GA 30609

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R9884

C. Full Name (Last, First, Middle Initial)
Dr. James L. Vaden

Mailing Address
308 E. First St

City State Zip Code
Cookeville TN 38501

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Credit Card

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R9879

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 / 44	
	<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. Full Name (Last, First, Middle Initial)
Dr. Lewis C. Walker

Mailing Address
1210 Journeys End Lane

City State Zip Code
Jacksonville FL 32223

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R10262

B. Full Name (Last, First, Middle Initial)
Dr. James L. Weibel, Jr.

Mailing Address
3305 Bella Vista Dr

City State Zip Code
Casper WY 82601

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: R10163

C. Full Name (Last, First, Middle Initial)
Dr. Tommy Neil Whited

Mailing Address
11281 Country Forest Ct

City State Zip Code
Collierville TN 38017

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: R10004

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 44	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. David S. Williams

Mailing Address
2540 Antrim Cir

City State Zip Code
Columbia TN 38401

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Orthodontist

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General 400.00
Other (specify) ▼

Transaction ID: R10003

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	13600.00

**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"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Wally Herger for Congress Committee		Date of Disbursement 07 / 11 / 2002	
Mailing Address PO Box 1500 City: Chico State: CA Zip Code: 95627		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Contribution: Wally Herger (CA-2-R)		Contribution: Wally Herger (CA-2-R)	
Candidate Name Wally Herger (CA-2-R)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D489	
State: CA District: 2			

Full Name (Last, First, Middle Initial) B. Lindsey Graham for Senate		Date of Disbursement 07 / 11 / 2002	
Mailing Address PO Box 1155 City: Seneca State: SC Zip Code: 29679		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution: Lindsey Graham for Senate		Contribution: Lindsey Graham for Senate (SC-??-R)	
Candidate Name Lindsey Graham for Senate (SC-??-R)			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D482	
State: SC District: 0			

Full Name (Last, First, Middle Initial) C. Jim Turner for Congress Committee		Date of Disbursement 07 / 18 / 2002	
Mailing Address 603 East Goliad City: Crockett State: TX Zip Code: 75835		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Jim Turner (TX-2-D)		Contribution: Jim Turner (TX-2-D)	
Candidate Name Jim Turner (TX-2-D)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D483	
State: TX District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Richard E Neal for Congress Committee		Date of Disbursement 07 / 18 / 2002
Mailing Address 76 Magnolia Terrace City: Springfield State: MA Zip Code: 01108		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Richard E. Neal (MA-2-D)		Contribution: Richard E. Neal (MA-2-D)
Candidate Name Richard E. Neal (MA-2-D) Category/Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: D494
State: MA District: 2		

Full Name (Last, First, Middle Initial) B. Cubin for Congress Inc		Date of Disbursement 08 / 08 / 2002
Mailing Address P.O.Box 4657 City: Casper State: WY Zip Code: 82604		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Barbara Cubin (WY-1-R)		Contribution: Barbara Cubin (WY-1-R)
Candidate Name Barbara Cubin (WY-1-R) Category/Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: D496
State: WY District: 1		

Full Name (Last, First, Middle Initial) C. Bishop for Congress		Date of Disbursement 08 / 22 / 2002
Mailing Address PO Box 2002 City: Brigham City State: UT Zip Code: 84302		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution: Rob Bishop (UT-1-R)		Contribution: Rob Bishop (UT-1-R)
Candidate Name Rob Bishop (UT-1-R) Category/Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: D497
State: UT District: 1		

SUBTOTAL of Disbursements This Page (optional)	7000.00
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"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Talent for Senate		Date of Disbursement 08 / 02 / 2002
Mailing Address 507 Capitol Court NE Suite 100 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement Contribution: James M. Talent (MO-R)		Category/ Type Contribution: James M. Talent (MO-R)
Candidate Name James M. Talent (MO-R)		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: D498
State: MO District:		

Full Name (Last, First, Middle Initial) B. Cornyn for Senate, Inc.		Date of Disbursement 09 / 18 / 2002
Mailing Address P.O. Box 13028 City State Zip Code Austin TX 78711		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contribution: John Cornyn (TX-R)		Category/ Type Contribution: John Cornyn (TX-R)
Candidate Name John Cornyn (TX-??-R)		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D499
State: TX District: 0		

Full Name (Last, First, Middle Initial) C. Clayburgh for Congress Committee		Date of Disbursement 09 / 19 / 2002
Mailing Address Box 1255 City State Zip Code Bismark ND 58205		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Rick Clayburgh (ND-1-R)		Category/ Type Contribution: Rick Clayburgh (ND-1-R)
Candidate Name Rick Clayburgh (ND-1-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D500
State: ND District: 1		

SUBTOTAL of Disbursements This Page (optional)	7500.00
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)

PAGE 34 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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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 Connie Morella for Congress Committee			Date of Disbursement 09 / 20 / 2002	
Mailing Address 7101 Wisconsin Ave Suite 102 City: Bethesda State: MD Zip Code: 20814			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution: Constance A. Morella (MD-8)			Contribution: Constance A. Morella (MD-8-R)	
Candidate Name Constance A. Morella (MD-B-R)		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: D503	
State: MD District: 8				

Full Name (Last, First, Middle Initial) B. Mike Bilirakis for Congress			Date of Disbursement 09 / 23 / 2002	
Mailing Address P O Box 1077 City: Tarpon Springs State: FL Zip Code: 34688			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Michael Bilirakis (FL-9-R)			Contribution: Michael Bilirakis (FL-9-R)	
Candidate Name Michael Bilirakis (FL-9-R)		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: D504	
State: FL District: 9				

Full Name (Last, First, Middle Initial) C. Mac Collins for Congress			Date of Disbursement 09 / 23 / 2002	
Mailing Address PO Box 35 City: Jonesboro State: GA Zip Code: 30237			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Mac Collins (GA-3-R)			Contribution: Mac Collins (GA-3-R)	
Candidate Name Mac Collins (GA-3-R)		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: D505	
State: GA District: 3				

SUBTOTAL of Disbursements This Page (optional)	7000.00
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)

PAGE 35 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Chambliss for Senate		Date of Disbursement 09 / 23 / 2002
Mailing Address PO Box 4084		Amount of Each Disbursement this Period 2500.00
City Macon	State GA	
Purpose of Disbursement Contribution: Saxby Chambliss (GA-??-R)		Contribution: Saxby Chambliss (GA-??-R)
Candidate Name Saxby Chambliss (GA-??-R)		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D507
State: GA	District: 0	

Full Name (Last, First, Middle Initial) B. Capito for Congress		Date of Disbursement 09 / 23 / 2002
Mailing Address PO BOX 1151B		Amount of Each Disbursement this Period 500.00
City Charleston	State WV	
Purpose of Disbursement Contribution: Shelley Moore Capito (WV-2)		Contribution: Shelley Moore Capito (WV-2-R)
Candidate Name Shelley Moore Capito (WV-2-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D509
State: WV	District: 2	

Full Name (Last, First, Middle Initial) C. Coleman for Senate		Date of Disbursement 09 / 23 / 2002
Mailing Address 141D Energy Park Plaza		Amount of Each Disbursement this Period 2500.00
City Saint Paul	State MN	
Purpose of Disbursement Contribution: Norm Coleman (MN-??-R)		Contribution: Norm Coleman (MN-??-R)
Candidate Name Norm Coleman (MN-??-R)		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D511
State: MN	District: 0	

SUBTOTAL of Disbursements This Page (optional)	5500.00
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"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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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		Date of Disbursement 09 / 23 / 2002	
Mailing Address PO Box 2775 City State Zip Code Cody WY 82414		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution: Michael B. Enzi (WY-R)		Contribution: Michael B. Enzi (WY-R)	
Candidate Name Michael B. Enzi (WY-R)			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D513	
State: WY District: 0			

Full Name (Last, First, Middle Initial) B. Graves for Congress		Date of Disbursement 09 / 23 / 2002	
Mailing Address P. O. Box 34744 City State Zip Code Kansas City MO 64118		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Sam Graves (MO-6-R)		Contribution: Sam Graves (MO-6-R)	
Candidate Name Sam Graves (MO-6-R)			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D514	
State: MO District: 6			

Full Name (Last, First, Middle Initial) C. Hagel for Nebraska		Date of Disbursement 09 / 23 / 2002	
Mailing Address 507 Capitol Court, NE #100 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Contribution: Chuck Hagel (NE-R)		Contribution: Chuck Hagel (NE-R)	
Candidate Name Chuck Hagel (NE-R)			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D515	
State: NE District: 0			

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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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 Saxton		Date of Disbursement 09 / 23 / 2002
Mailing Address P O Box 795 City: Mt Holly State: NJ Zip Code: 08060		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Jim Saxton (NJ-3-R)		Category/ Type
Candidate Name Jim Saxton (NJ-3-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Contribution: Jim Saxton (NJ-3-R)
State: NJ District: 3		Transaction ID: D522

Full Name (Last, First, Middle Initial) B. Volunteers for Shimkus		Date of Disbursement 09 / 23 / 2002
Mailing Address 412 E Lawrence PO Box 5458 City: Springfield State: IL Zip Code: 62706		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: John M. Shimkus (IL-20-R)		Category/ Type
Candidate Name John M. Shimkus (IL-20-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Contribution: John M. Shimkus (IL-20-R)
State: IL District: 20		Transaction ID: D523

Full Name (Last, First, Middle Initial) C. Rob Simmons for Congress		Date of Disbursement 09 / 23 / 2002
Mailing Address PO Box 268, Drawer 271 City: Stonington State: CT Zip Code: 06378		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Rob Simmons (CT-2-R)		Category/ Type
Candidate Name Rob Simmons (CT-2-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Contribution: Rob Simmons (CT-2-R)
State: CT District: 2		Transaction ID: D524

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Ike Skelton for Congress Committee		Date of Disbursement 09 / 23 / 2002	
Mailing Address P.O. Box A City: Harrisonville State: MO Zip Code: 64701		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution: Ike Skelton (MO-4-D)		Contribution: Ike Skelton (MO-4-D)	
Candidate Name Ike Skelton (MO-4-D)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D525	
State: MO District: 4			

Full Name (Last, First, Middle Initial) B. Talent for Senate		Date of Disbursement 09 / 23 / 2002	
Mailing Address 507 Capital Court NE Suite 100 City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution: James M. Talent (MO-R)		Contribution: James M. Talent (MO-R)	
Candidate Name James M. Talent (MO-R)			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D526	
State: MO District:			

Full Name (Last, First, Middle Initial) C. John Thune for South Dakota		Date of Disbursement 09 / 23 / 2002	
Mailing Address PO Box 518		Amount of Each Disbursement this Period 5000.00	
City: Sioux Falls State: SD Zip Code: 57101		Contribution: John Thune (SD-??-R)	
Purpose of Disbursement Contribution: John Thune (SD-??-R)			
Candidate Name John Thune (SD-??-R)		Transaction ID: D528	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: SD District: 0			

SUBTOTAL of Disbursements This Page (optional)	12500.00
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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Citizens for Harkin		Date of Disbursement 09 / 23 / 2002		
Mailing Address P O Box 811 City State Zip Code Des Moines IA 50304		Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Contribution: Tom Harkin (IA-D)		Contribution: Tom Harkin (IA-D)		
Candidate Name Tom Harkin (IA-D)				Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: IA District: 0	Transaction ID: D532			

Full Name (Last, First, Middle Initial) B. Tom Reynolds for Congress		Date of Disbursement 09 / 23 / 2002		
Mailing Address PO Box 141 City State Zip Code Williamsville NY 14231		Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Contribution: Thomas M. Reynolds (NY-27-		Contribution: Thomas M. Reynolds (NY-27-R)		
Candidate Name Thomas M. Reynolds (NY-27-R)				Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: NY District: 27	Transaction ID: D533			

Full Name (Last, First, Middle Initial) C. Susan Davis for Congress		Date of Disbursement 09 / 23 / 2002		
Mailing Address 1901 First Avenue Suite 180 City State Zip Code San Diego CA 92101		Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Contribution: Susan A. Davis (CA-49-D)		Contribution: Susan A. Davis (CA-49-D)		
Candidate Name Susan A. Davis (CA-49-D)				Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: CA District: 49	Transaction ID: D534			

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial) A. Team Sununu		Date of Disbursement 09 / 24 / 2002
Mailing Address PO Box 500		Amount of Each Disbursement this Period 2000.00
City Rye	State NH	
Purpose of Disbursement Contribution: John Sununu (NH-??-R)		Contribution: John Sununu (NH-??-R)
Candidate Name John Sununu (NH-??-R)		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D535
State: NH	District: 0	

Full Name (Last, First, Middle Initial) B. People with Hart		Date of Disbursement 09 / 24 / 2002
Mailing Address PO Box 435		Amount of Each Disbursement this Period 500.00
City Waxford	State PA	
Purpose of Disbursement Contribution: Melissa A. Hart (PA-4-R)		Contribution: Melissa A. Hart (PA-4-R)
Candidate Name Melissa A. Hart (PA-4-R)		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D536
State: PA	District: 4	

Full Name (Last, First, Middle Initial) C. Nunes for Congress		Date of Disbursement 09 / 24 / 2002
Mailing Address PO Box 891		Amount of Each Disbursement this Period 500.00
City Pixley	State CA	
Purpose of Disbursement Contribution: Devin Nunes (CA-21-R)		Contribution: Devin Nunes (CA-21-R)
Candidate Name Devin Nunes (CA-21-R)		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D537
State: CA	District: 21	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

