

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2010"/>		<input type="text" value="240612.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="160137.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6245.00"/>	<input type="text" value="13270.00"/>
(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="166382.24"/>	<input type="text" value="253882.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="101500.00"/>	<input type="text" value="189000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="64882.24"/>	<input type="text" value="64882.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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).....	5375.00	10625.00
(ii) Unitemized	870.00	1645.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6245.00	12270.00
(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)	6245.00	12270.00
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	1000.00
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))..... ▶	6245.00	13270.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6245.00	13270.00

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	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.....	101500.00	189000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(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)) ..	101500.00	189000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101500.00	189000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	6245.00	12270.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6245.00	12270.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

Form/Schedule: F3XA
Transaction ID :

Per your request, we have clarified a clerical error on Pat Roberts disbursement. It is now designated for the 2014 Primary Election; it had previously been allocated to 2014 General Election

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)
 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. Dr. Erik K. TinHan
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Kapaia St
 City Honolulu State HI Zip Code 96825-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2010
Transaction ID : 5900344
 Amount of Each Receipt this Period
 250.00

B. Dr. Hugh R. Phillis
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Poliquin Dr
 City Nashua State NH Zip Code 03062-2264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2010
Transaction ID : 5900717
 Amount of Each Receipt this Period
 250.00

C. Dr. Norman J. Nagel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1539 Via Aracena
 City Camarillo State CA Zip Code 93010-7444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Orthodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2010
Transaction ID : 5900719
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line 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 8 OF 23
(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. Jennifer Edwards Butler

Mailing Address 131 Brooklane Ct

City Conway State SC Zip Code 29527-8620

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2010

Transaction ID : 5935680

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2010

Transaction ID : 5938420

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Jacqueline M. Miller

Mailing Address 958 Prairie View Ct

City Washington State MO Zip Code 63090-5771

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2010

Transaction ID : 5975692

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 9 OF 23
(check only one)

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

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

A. Dr. John D. Callahan
Full Name (Last, First, Middle Initial)
Mailing Address 2425 E Lake Rd
City Skaneateles State NY Zip Code 13152-8903
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2010
Transaction ID : 5981769
Amount of Each Receipt this Period
250.00

B. Dr. Michael Adam Feinberg
Full Name (Last, First, Middle Initial)
Mailing Address 9719 E Presidio Rd
City Scottsdale State AZ Zip Code 85260-1418
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2010
Transaction ID : 5981770
Amount of Each Receipt this Period
250.00

C. Dr. Steven John Henseler
Full Name (Last, First, Middle Initial)
Mailing Address 9586 Bailey Rd
City Woodbury State MN Zip Code 55129-9686
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation 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
06 / 02 / 2010
Transaction ID : 6003417
Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<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. Dr. Jacqueline Bunce
 Full Name (Last, First, Middle Initial)
 Mailing Address 27926 195Th Ave Se
 City Kent State WA Zip Code 98042-8532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation 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
 06 / 26 / 2010
Transaction ID : 6045369
 Amount of Each Receipt this Period
 500.00

B. Dr. Barton J. Girdwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 2048 N State Route 123
 City Lebanon State OH Zip Code 45036-9781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation 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
 06 / 26 / 2010
Transaction ID : 6045371
 Amount of Each Receipt this Period
 250.00

C. Dr. John F. Buzzatto
 Full Name (Last, First, Middle Initial)
 Mailing Address 4012 Letort Ln
 City Allison Park State PA Zip Code 15101-3131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation 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
 06 / 26 / 2010
Transaction ID : 6045375
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A. Dr. Stephanie Smith Crise
Full Name (Last, First, Middle Initial)
Mailing Address 5801 Creekside Ct
City Mckinney State TX Zip Code 75071-4840
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 28 / 2010
Transaction ID : 6049050
Amount of Each Receipt this Period
250.00

B. Dr. Maria C. Castano-Rendon
Full Name (Last, First, Middle Initial)
Mailing Address 3472 Greenbrier Dr
City Frisco State TX Zip Code 75033-2860
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 28 / 2010
Transaction ID : 6049464
Amount of Each Receipt this Period
250.00

C. Dr. Stanley J. Morris
Full Name (Last, First, Middle Initial)
Mailing Address 811 Sussex Rd
City Franklin Lakes State NJ Zip Code 07417-1062
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Orthodontist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 28 / 2010
Transaction ID : 6049474
Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
	<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. Dr. Michael G. Durbin
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation 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
 06 / 28 / 2010
Transaction ID : 6051800
 Amount of Each Receipt this Period
 250.00

B. Dr. Keith B. Dressler
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 St Ives Way
 City Signal Mountain State TN Zip Code 37377-2145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation 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
 06 / 29 / 2010
Transaction ID : 6051807
 Amount of Each Receipt this Period
 250.00

C. Dr. Richard D. Christensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7020 Scenic Dr
 City Yakima State WA Zip Code 98908-1045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation 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
 06 / 29 / 2010
Transaction ID : 6056574
 Amount of Each Receipt this Period
 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew J. Tringas

Mailing Address 3828 Lower Park Rd

City Orlando State FL Zip Code 32814-6387

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

Name of Employer Self-Employed Occupation 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
 06 / 30 / 2010
Transaction ID : 6057114

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	5375.00

**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"/> 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	<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. Citizens to Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement

011

Candidate Name

Rick Larsen

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: WA District: 02

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2010

Transaction ID : 5901281

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Hoeven For Senate

Mailing Address PO Box 15114

City Arlington State VA Zip Code 22215

Purpose of Disbursement

011

Candidate Name

Mr. John Hoeven

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2010

Transaction ID : 6049400

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. John Thune for US Senate

Mailing Address PO Box 3308

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

John Thune

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2010

Transaction ID : 6049401

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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	<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. Mike Crapo For Us Senate

Mailing Address P.O. Box 1948

City State Zip Code
Boise ID 83701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Mike Crapo

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

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

Transaction ID : 6049402

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Toomey For Senate Committee

Mailing Address 2720 Jordan Road

City State Zip Code
Orefield PA 18069

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Patrick Toomey

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

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

Transaction ID : 6049408

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Boozman For Arkansas

Mailing Address 322 North Bloomington Suite A-B

City State Zip Code
Lowell AR 72745

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. John Boozman

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

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

Transaction ID : 6049409

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

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

1	2	5	0	0
---	---	---	---	---

5	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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	<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. Carly For California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Candidate Name

Ms. Carly Fiorina

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

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

Transaction ID : 6049410

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Coburn for Senate Committee

Mailing Address PO Box 977

City Muskogee State OK Zip Code 74402

Purpose of Disbursement

011

Candidate Name

Tom Coburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OK District:

Date of Disbursement

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

Transaction ID : 6049411

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement

011

Candidate Name

Mr. Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

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

Transaction ID : 6049415

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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	<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. Pat Roberts For Senate

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement

011

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2010

Transaction ID : 6049417

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Castle Campaign Fund

Mailing Address PO Box 133

City State Zip Code
Wilmington DE 19899

Purpose of Disbursement

011

Candidate Name

Rep. Michael Castle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2010

Transaction ID : 6049423

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Dan Coats For Indiana

Mailing Address PO Box 301141

City State Zip Code
Indianapolis IN 46230

Purpose of Disbursement

011

Candidate Name

Mr. Daniel Coats

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2010

Transaction ID : 6049424

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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	<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. Dave Reichert for Congress

Mailing Address PO Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement

011

Candidate Name

David Reichert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

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

Transaction ID : 6049425

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement

011

Candidate Name

Jack Kingston

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

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

Transaction ID : 6049426

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Capito for Congress

Mailing Address PO BOX 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

011

Candidate Name

Shelley Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

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

Transaction ID : 6049427

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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	<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. EricPac

Mailing Address

City State Zip Code

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 6049428

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress

Mailing Address PO Box 140970

City State Zip Code
Dallas TX 75214

Purpose of Disbursement

011

Candidate Name

Pete Sessions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

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

Transaction ID : 6049429

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Morgan Griffith For Congress

Mailing Address PO Box 361

City State Zip Code
Christiansburg VA 24068

Purpose of Disbursement

011

Candidate Name

H Morgan Griffith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

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

Transaction ID : 6049430

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	5	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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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"/> 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	<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. Stivers For Congress

Mailing Address 81 S Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011

Candidate Name

Mr. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

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

Transaction ID : 6049431

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Steve Chabot for Congress

Mailing Address 3014 Harrison Ave

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement

011

Candidate Name

Steve Chabot

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

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

Transaction ID : 6049432

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Andy Harris For Congress

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement

011

Candidate Name

Mr. Andrew Harris

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

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

Transaction ID : 6049438

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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	<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. Tim Griffin For Congress Campaign Committee

Mailing Address P.O. Box 7526

City Little Rock State AR Zip Code 72217

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tim Griffin

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2010

Transaction ID : 6049439

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Wyden For Senate

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Ron Wyden

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2010

Transaction ID : 6049440

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Mikulski for Senate Committee

Mailing Address P O B 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

011

Category/
Type

Candidate Name

Barbara Mikulski

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2010

Transaction ID : 6049441

Amount of Each Disbursement this Period

2500.00

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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	<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. Zack Space For Congress Committee

Mailing Address 726 Sixteenth Street Ne

City Massillon State OH Zip Code 44646

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Zachary Space

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 18

Date of Disbursement

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

Transaction ID : 6049447

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

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

Transaction ID : 6049449

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Chet Edwards For Congress

Mailing Address PO Box 23273

City Waco State TX Zip Code 76702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Chet Edwards

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

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

Transaction ID : 6049455

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	5	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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	<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. Pete Sessions for Congress

Mailing Address PO Box 140970

City Dallas State TX Zip Code 75214

Purpose of Disbursement
Void - Pete Sessions for Congress

011

Category/
Type

Candidate Name

Pete Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2010

Transaction ID : 6066433

Amount of Each Disbursement this Period

-5000.00

Void - Pete Sessions for Congress

Full Name (Last, First, Middle Initial)

B. Friends of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement
Void - Friends of Jack Kingston

011

Category/
Type

Candidate Name

Jack Kingston

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2010

Transaction ID : 6066434

Amount of Each Disbursement this Period

-5000.00

Void - Friends of Jack Kingston

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

Amount of Each Disbursement this Period

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

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

-10000.00

101500.00