

# CalDPAC

Political ACTION for California Dentists

RECEIVED  
FEDERAL ELECTION  
COMMISSION

JUL 19 10 30 AM '98

July 15, 1998

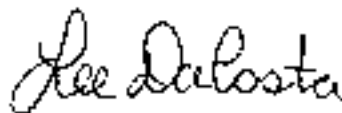
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Dear Filing Officer:

Enclosed please find two copies of the California Dental PAC/Federal report for the period 4/1/98 through 6/30/98 which is being sent to you certified mail, return receipt requested.

Please endorse this transmittal letter as acknowledgment of receipt and return it in the preaddressed, stamped envelope provided.

Sincerely,



Lee DaCosta  
CalDPAC Assistant

1201 K Street

15th Floor

Sacramento

California

95814

916.443.0505

916.498.6145 FAX

Enclosure - FEC Form 3X

c: Secretary of State, CA

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
California Dental Political Action Committee/  
Federal

ADDRESS (number and street)  Check if different than previously reported  
1201 K Street, 15th Floor

CITY, STATE and ZIP CODE  
Sacramento, CA 95814-3593

RECEIVED  
FEDERAL ELECTION  
COMMISSION

JUL 19 10 30 AM '98

2. FEC IDENTIFICATION NUMBER  
C00005751

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

## 4. TYPE OF REPORT

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

Monthly Report Due On:

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

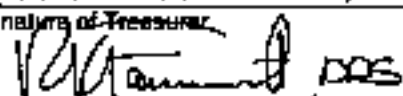
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	4/1/98 through 6/30/98		
6. (a) Cash on Hand January 1, 1998			\$ 4,863.57
(b) Cash on Hand at Beginning of Reporting Period		\$ 4,817.00	
(c) Total Receipts (from Line 19)		\$ 34,144.23	\$ 34,159.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 38,961.23	\$ 39,023.39
7. Total Disbursements (from Line 30)		\$ 3,437.84	\$ 3,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 35,523.39	\$ 35,523.39
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: Federal Election Commission 998 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ -0-	

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

Type or Print Name of Treasurer  
R. Kent Farnsworth, D.D.S.

Signature of Treasurer:  Date: 7/15/98

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

--	--	--	--	--	--	--	--	--	--

**FEC FORM 3X**  
(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE California Dental Political Action Committee/Federal		REPORT COVERING PERIOD FROM 4/1/98 TO: 6/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,875.00	1,875.00	11(a)(1)
ii. Unitemized	32,251.16	32,251.16	11(a)(2)
iii. Total (add i and ii) >	34,126.16	34,126.16	11(a)(3)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a ii, b and c) >	34,126.16	34,126.16	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	18.07	33.66	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	34,144.23	34,159.82	19
20. Total Federal Receipts (subtract line 18 from line 19) >	34,144.23	34,159.82	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(1)
ii. Non-Federal Share	-0-	-0-	21(a)(2)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,437.84	3,500.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,437.84	3,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	-0-	-0-	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	-0-	-0-	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	-0-	-0-	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **3** OF **6**  
FOR LINE NUMBER **11(a)(i)**

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)

**CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL**

<p>A. Full Name, Mailing Address and ZIP Code <b>EDMOND BEDROSSIAN</b> 450 SUTTER ST # 2439 SAN FRANCISCO, CA 94108</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SELF</b></p> <p>Occupation <b>DENTIST</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>\$275.00</b></p>	<p>Date (month, day, year) <b>6/10/98</b></p>	<p>Amount of Each Receipt This Period <b>\$125.00</b></p>
<p>B. Full Name, Mailing Address and ZIP Code <b>WILLIAM CHAN</b> 2001 VAN NESS AVE # 401 SAN FRANCISCO, CA 94109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SELF</b></p> <p>Occupation <b>DENTIST</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>\$200.00</b></p>	<p>Date (month, day, year) <b>6/10/98</b></p>	<p>Amount of Each Receipt This Period <b>\$125.00</b></p>
<p>C. Full Name, Mailing Address and ZIP Code <b>HAROLD COX</b> 2945 NORTHWOODS WAY REDDING, CA 96002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SELF</b></p> <p>Occupation <b>DENTIST</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>\$275.00</b></p>	<p>Date (month, day, year) <b>6/10/98</b></p>	<p>Amount of Each Receipt This Period <b>\$125.00</b></p>
<p>D. Full Name, Mailing Address and ZIP Code <b>TED FEDER</b> 9066 TAMPA AVE NORTHRIDGE, CA 91324</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SELF</b></p> <p>Occupation <b>DENTIST</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>\$200.00</b></p>	<p>Date (month, day, year) <b>6/10/98</b></p>	<p>Amount of Each Receipt This Period <b>\$125.00</b></p>
<p>E. Full Name, Mailing Address and ZIP Code <b>STEVEN FLESCH</b> 16260 VENTURA BLVD STE 225 ENCINO, CA 91436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SELF</b></p> <p>Occupation <b>DENTIST</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>\$275.00</b></p>	<p>Date (month, day, year) <b>6/10/98</b></p>	<p>Amount of Each Receipt This Period <b>\$125.00</b></p>
<p>F. Full Name, Mailing Address and ZIP Code <b>JOHN HOLTON</b> 600 N MOUNTAIN AVE # 105C UPLAND, CA 91786</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SELF</b></p> <p>Occupation <b>DENTIST</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>\$275.00</b></p>	<p>Date (month, day, year) <b>6/10/98</b></p>	<p>Amount of Each Receipt This Period <b>\$125.00</b></p>
<p>G. Full Name, Mailing Address and ZIP Code <b>MARSHALL HORNES</b> 201 N COLLEGE DR STE 202 SANTA MARIA, CA 93454</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>SELF</b></p> <p>Occupation <b>DENTIST</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>\$200.00</b></p>	<p>Date (month, day, year) <b>6/10/98</b></p>	<p>Amount of Each Receipt This Period <b>\$125.00</b></p>

SUBTOTAL of Receipts This Page (optional) ..... **\$875.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 6  
FOR LINE NUMBER 11 (a) (i)

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)

**CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL**

A. Full Name, Mailing Address and ZIP Code MURRAY JACOBS 1213 COFFEE RD STE Q MODESTO, CA 95355  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  SELF  Occupation DENTIST  Aggregate Year-to-Date > \$	Date (month, day, year) 6/10/98  \$ 250.00	Amount of Each Receipt This Period \$250.00
B. Full Name, Mailing Address and ZIP Code D. LIEBEL 655 CANINO DE LOS MARES SUITE 123 SAN CLEMENTE, CA 92672  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  SELF  Occupation DENTIST  Aggregate Year-to-Date > \$	Date (month, day, year) 6/10/98  \$ 275.00	Amount of Each Receipt This Period \$125.00
C. Full Name, Mailing Address and ZIP Code RICHARD MANDEL 801 N TUSTIN AVE STE 705 SANTA ANA, CA 92705  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  SELF  Occupation DENTIST  Aggregate Year-to-Date > \$	Date (month, day, year) 6/10/98  \$ 275.00	Amount of Each Receipt This Period \$125.00
D. Full Name, Mailing Address and ZIP Code JAMES TAMBORELLO 9 E PEDREGOSA ST SANTA BARBARA, CA 93101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  SELF  Occupation DENTIST  Aggregate Year-to-Date > \$	Date (month, day, year) 6/10/98  \$ 250.00	Amount of Each Receipt This Period \$250.00
E. Full Name, Mailing Address and ZIP Code NORMAN NAIT 38149 MARTHA AVE BREMONT, CA 94536  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  SELF  Occupation DENTIST  Aggregate Year-to-Date > \$	Date (month, day, year) 6/10/98  \$ 275.00	Amount of Each Receipt This Period \$125.00
F. Full Name, Mailing Address and ZIP Code BRUCE WHITFOHR 990 BOYSEN AVE SAN LUIS OBISPO, CA 93405  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  SELF  Occupation DENTIST  Aggregate Year-to-Date > \$	Date (month, day, year) 6/10/98  \$ 275.00	Amount of Each Receipt This Period \$125.00
G. Full Name, Mailing Address and ZIP Code    Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer    Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) ..... \$1,000.00

TOTAL This Period (last page this line number only) ..... \$1,875.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**  
 California Dental Political Action Committee/Federal

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bank of America Capitol Branch #0430 1130 K Street Sacramento, CA 95814	Earned Interest	4/28/98	4.28
		5/27/98	3.83
		6/26/98	9.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>18.07</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>18.07</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 6  
FOR LINE NUMBER -23

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

NAME OF COMMITTEE (In Full)  
California Dental Political Action Committee/Federal

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
San Diego Country Club c/o Steven Ferriot 145 Willow Street #101 Bonita, CA 91902-1341 ID# C00261368	In-Kind contribution for Bob Filner for Congress Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/98	437.84
B. Full Name, Mailing Address and ZIP Code Doug Ose for Congress P.O. Box 41649 Sacramento, CA 95841 ID# C00333294	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/98	2,500.00
C. Full Name, Mailing Address and ZIP Code Doug Ose for Congress P.O. Box 41649 Sacramento, CA 95841 ID# C00333294	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... 3,437.84

TOTAL This Period (last page this line number only) ..... 3,437.84

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED  
7/15/98

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other ( Specify): Postmarked  
and/or Date of Receipt

Electronic Filing

*E.S.* 7/19/98

PREPARER DATE PREPARED