

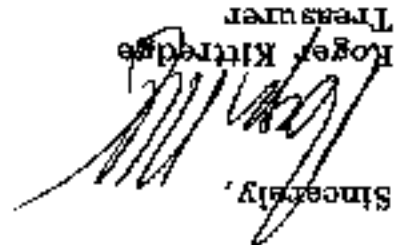
January 31, 1995

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

Reference: California Dental PAC/Federal Committee
I.D. # C00005751

Dear Filing Officer:

In response to a phone call we received today from Ken Davis indicating that our 30-day post general election report had not been received yet, we are submitting another copy to you. Also enclosed is a copy of our original transmittal letter that accompanied the late report. If you require further information, please give us a call.

Sincerely,

Roger Kittredge
Treasurer

Enclosure: FEC Form 3X - 30 day Post General Report

907 R 5-981

15th 100

San Diego

California

35814

916 443 0505

916 443 2943 FAX

9 5 0 3 9 0 5 3 0 1 6

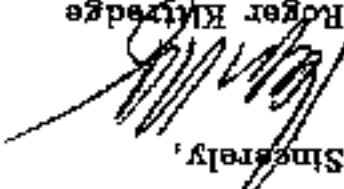
January 23, 1995

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

Reference: Your letter dated January 4th, 1995

Dear Billing Officer:

A review of our records indicates that we have not yet filed the 30 Day Post-General Report covering the time period 10/20/94 - 11/28/94. This failure to file was an inadvertent error. We were in the process of a departmental restructure and experienced some staffing vacancies. We apologize for any inconvenience our omission may have caused.

Sincerely,

 Roger Kitzbridge
 Treasurer

Enclosure: FEC Form 3x

Secretary of State, CA

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1201 K SHAW
 1501 PICO
 SACRAMENTO
 CALIFORNIA
 95814
 916.443.0505
 916.443.2843 FAX

PS Form 3800, June 1985

U.S. POSTAGE PERMIT NO. 1096-234-125

Postmark or Date	
TOTAL Postage and Fees	\$
Return Receipt showing to whom, Date, and Address of Delivery	
Return Receipt showing to whom and Date Delivered	
Registered Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$
R.O. (State and ZIP Code) Washington, DC 20463	
999 E St NW	
Sent to: FEC	

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 P 397 509 374
 (See Reverse)



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-7

JANUARY 4, 1995

REGISTERED

JAN 1 1995

BY CMA

Roger Kittredge, Treasurer
California Dental PAC-Federal
1201 K Street 15th Floor
Sacramento, CA 95814

Identification Number: C00005751

Reference: 30 Day Post-General Report (10/20/94-11/28/94)

Dear Mr. Kittredge:

It has come to the attention of the Federal Election Commission ("the Commission") that your committee may be in violation of 2 U.S.C. §434(a) for failing to file the above referenced Report of Receipts and Disbursements. You were previously notified of the due date for this report.

It is important that you file this report immediately with the Federal Election Commission, 999 E Street, NW, Washington, DC 20463 (or with the Clerk of the House or the Secretary of the Senate, as appropriate). A copy of the report or its relevant portions should also be filed with the secretary of state or equivalent state officer. 11 CFR §108.2, 108.3, 108.4

Although the Commission may initiate an audit or legal enforcement action concerning this matter, your prompt response and a letter of explanation will be taken into consideration.

If you have any questions, please contact Kenneth A. Davis, Jr. on our toll-free number (800) 424-9530. Our local number is (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

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CALIFORNIA DENTAL ASSOCIATION

January 31, 1995



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

Reference: Jan 31 phone conversation with Ken Davis

Attn: Ken Davis

today's phone conversation
In response to the call that you did not receive the letter and
filing, we are sending a copy of the report as well as the letters.
If you have any further questions please give us a call at
1-800-736-7071.

Sincerely,

Roger Kittredge
Treasurer

Enclosure: FEC Form 3x

1 9 5 0 3 9 5 0 1 9

1231 K Street Mall
Post Office Box 13749
Sacramento, CA 95853-4749

Telephone
916/443-0905
FOM/736-8202

Fax
Number
916/443-2045

9 5 0 3 9 0 5 0 0 2 0

USE REC MAILING LABEL OR TYPE OR PRINT

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Con. See (Summary Page)

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

2. FEDERAL IDENTIFICATION NUMBER
 C 00005751
 JAN 9 1995
 3. This committee has qualified as a multicandidate ballot issue committee under the provisions of the Federal Election Campaign Act of 1971 (Pub. Law 94-289) and is required to file this report under the provisions of the Act.
 4. This committee has qualified as a multicandidate ballot issue committee under the provisions of the Federal Election Campaign Act of 1971 (Pub. Law 94-289) and is required to file this report under the provisions of the Act.

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

(b) Twelfth day report preceding election on _____ in the State of _____
 Thirtieth day report following the General Election on 11/11/94 in the State of California

(b) Is this Report an Amendment? YES NO

COLUMN B	COLUMN A	COVERING PERIOD
Calendar Year-to-Date	This Period	10/20/94 through 11/28/94

8. Cash on Hand at Beginning of Reporting Period	(a)	\$ 69,693.35	
	(b)	\$ 24,707.42	
9. Total Receipts (from Line 8)	(c)	\$ 16.29	
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)		\$ 14,723.71	\$ 162,723.71
7. Total Disbursements (from Line 3)		\$ 1,000.00	\$ 149,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))		\$ 13,723.71	\$ 13,723.71
9. Debts and Obligations Owed TO the Committee (includes all on Schedule C and/or Schedule D)		\$ -0-	
10. Debts and Obligations Owed BY the Committee (includes 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
 Robert K. Kattledge
 Signature of Treasurer
 Date 1/23/95

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
 (Revised 8/90)

FEC FORM 3X

4-00173

RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF STATE

JAN 9 1995

C 00005751

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(revised 1/1/91)

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE		REPORT COVERING PERIOD	
California Dental Political Action Committee/Federal		FROM 10/20/94	TO 11/28/94
I. Receipts		COLUMN A	COLUMN B
		Total This Period	Calendar Year
11. Contributions (other than loans) from:			
a. Individual/Persons Other Than Political Committees			890.18
i. Remyitted (use Schedule A)		-0-	
ii. Unremitted		-0-	91,440.49
iii. Total		-0-	92,330.67
b. Political Party Committees		-0-	
c. Other Political Committees (such as PACs)		-0-	
d. Total Contributions		-0-	92,330.67
12. Transfers from Affiliated/Other Party Committees		-0-	
13. All Loans Received		-0-	
14. Loan Repayments Received		-0-	
15. Offsets To Operating Expenditures (Rebates, Refunds, etc.)		-0-	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	
17. Other Federal Receipts (Dividends, Interest, etc.)		16.29	553.53
18. Transfers from Nonfederal Account for Joint Activity		-0-	
19. Total Receipts		16.29	93,030.36
20. Total Federal Receipts		16.29	93,030.36
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		-0-	
i. Federal Share		-0-	
ii. Non-Federal Share		-0-	
b. Other Federal Operating Expenditures		-0-	
c. Total Operating Expenditures		-0-	
22. Transfers to Affiliated/Other Party Committees		-0-	140,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		1,000.00	9,000.00
24. Independent Expenditures (see Schedule E)		-0-	
25. Coordinated Expenditures Made by Party Committees (see Schedule F)		-0-	
26. Loan Repayments Made		-0-	
27. Loans Made		-0-	
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	
b. Political Party Committees		-0-	
c. Other Political Committees (such as PACs)		-0-	
d. Total Contribution Refunds		-0-	
29. Other Disbursements		-0-	
30. Total Disbursements		1,000.00	149,000.00
31. Total Federal Disbursements		1,000.00	149,000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		-0-	
33. Total Contribution Refunds (from line 28d)		-0-	
34. Net Contributions (other than loans) (subtract line 33 from 32)		-0-	
35. Total Federal Operating Expenditures		-0-	
36. Offsets to Operating Expenditures (from line 15)		-0-	
37. Net Operating Expenditures		-0-	

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4-00175

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SUBTOTAL of Receipts This Page (optional) 16.29

TOTAL This Period (last page this line number only) 16.29

Amount of Each Receipt This Period 16.29	Date (month, day, year) 10/30/94	Name of Employer Interest	Occupation	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	
				A. Full Name, Mailing Address and ZIP Code River City Bank 825 K Street Mall Sacramento, CA 95814	
Amount of Each Receipt This Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	
				B. Full Name, Mailing Address and ZIP Code	
Amount of Each Receipt This Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	
				C. Full Name, Mailing Address and ZIP Code	
Amount of Each Receipt This Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	
				D. Full Name, Mailing Address and ZIP Code	
Amount of Each Receipt This Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	
				E. Full Name, Mailing Address and ZIP Code	
Amount of Each Receipt This Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	
				F. Full Name, Mailing Address and ZIP Code	
Amount of Each Receipt This Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	
				G. Full Name, Mailing Address and ZIP Code	
Amount of Each Receipt This Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	
				H. Full Name, Mailing Address and ZIP Code	
Amount of Each Receipt This Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	
				I. Full Name, Mailing Address and ZIP Code	

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

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.

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SUBTOTAL of Disbursements This Page (optional).....		1,000.00
TOTAL This Period (last page this file number only).....		1,000.00

A. Full Name, Mailing Address and ZIP Code Friends of Pat 999 Del Monte Avenue Monterey, CA 93940 ID# C00279372	Purpose of Disbursement contribution	Date (month, day, year) 11/07/94	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

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

Any information copied from such Report 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.

PREPARED		DATE PREPARED	
JML		2/5/95	
<input type="checkbox"/> Hand Delivered DATE OF RECEIPT			
<input checked="" type="checkbox"/> First Class Mail POSTMARKED 1/31/95			
<input type="checkbox"/> Registered/Certified Mail POSTMARKED			
<input type="checkbox"/> No Postmark			
<input type="checkbox"/> Postmark Illegible			
<input type="checkbox"/> Received from the House Office of Records and Registration DATE OF RECEIPT		<input type="checkbox"/> Received from the Senate Office of Public Records DATE OF RECEIPT	
<input type="checkbox"/> Other (Specify): POSTMARKED		<input type="checkbox"/> Other (Specify): DATE OF RECEIPT	
The Commission has added this page to the end of this filing to indicate how it was received.			
Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS			

9 5 0 3 9 7 5 1 9 2 4