

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 Academy of Pediatric Dentistry Political Action Committee

ADDRESS (number and street) 211 E Chicago Ave Suite 700 Chicago IL 60611 2663 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00365965 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of IL

5. Covering Period 10 16 2008 through 11 24 2008

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 John S. Rutkauskas

Signature of Treasurer Electronically Filed by John S. Rutkauskas Date 04 07 2009

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		246146.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	233271.00									
(c) Total Receipts (from Line 19) .....	3500.00	139625.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	236771.00	385771.00								
7. Total Disbursements (from Line 31) .....	48500.00	197500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	188271.00	188271.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	950.00	32520.00
(i) Itemized (use Schedule A) .....	2550.00	107105.00
(ii) Unitemized .....	3500.00	139625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3500.00	139625.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	3500.00	139625.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3500.00	139625.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	48500.00	197500.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	48500.00	197500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48500.00	197500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	3500.00	139625.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3500.00	139625.00
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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 13</span>
	(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	

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 Academy of Pediatric Dentistry Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. K. Jean Beauchamp

Mailing Address 2297 Rudolphtown Road

City State Zip Code  
Clarksville TN 37043

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

Name of Employer Self Employed Occupation  
Self Employed Pediatric Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** SA11AI.12332

Amount of Each Receipt this Period  
700.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Natalie J. Carr

Mailing Address 211 S. Arrawana Avenue

City State Zip Code  
Tampa FL 33609

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

Name of Employer Self-Employed Occupation  
Self-Employed Pediatric Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2008

**Transaction ID:** SA11AI.12342

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>950.00</b>

**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 Academy of Pediatric Dentistry Political Action Committee

A.	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: SB23.12376 Date of Disbursement
	Mailing Address 14 KNIGHTSWOOD DRIVE	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Adler NJ 2008 House General	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 03	

B.	Full Name (Last, First, Middle Initial) A LOT OF PEOPLE FOR DAVE OBEY	Transaction ID: SB23.12357 Date of Disbursement
	Mailing Address P O Box 1322 PO BOX 1322	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Wausau State WI Zip Code 54402	Amount of Each Disbursement this Period
	Purpose of Disbursement Obey WI 2008 House General	<input type="text" value="5000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 07	

C.	Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS	Transaction ID: SB23.12371 Date of Disbursement
	Mailing Address 1736 FRANKLIN STREET #400	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="2008"/>
	City OAKLAND State CA Zip Code 94612	Amount of Each Disbursement this Period
	Purpose of Disbursement Lee CA 2008 House General	<input type="text" value="2000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 Academy of Pediatric Dentistry Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) BILIRAKIS, GUS MICHAEL <hr/> Mailing Address 4538 BARTELT ROAD <hr/> City HOLIDAY State FL Zip Code 34690 <hr/> Purpose of Disbursement Bilirakis FL 2008 House General Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12347 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND <hr/> Mailing Address P.O Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement Castle DE 2008 House General Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12360 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ARTUR DAVIS TO CONGRESS, THE <hr/> Mailing Address PO Box 1845 <hr/> City Birmingham State AL Zip Code 35201 <hr/> Purpose of Disbursement Davis AL 2008 House General Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12352 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type

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

6000.00

**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 Academy of Pediatric Dentistry Political Action Committee

A.	Full Name (Last, First, Middle Initial) ENZI FOR US SENATE	Transaction ID: SB23.12355 Date of Disbursement 10 / 16 / 2008
	Mailing Address PO BOX 2775	Amount of Each Disbursement this Period 2500.00
	City CODY State WY Zip Code 82414	
	Purpose of Disbursement Enzi WY 2008 Senate General	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.12361 Date of Disbursement 10 / 16 / 2008
	Mailing Address PO BOX 586	Amount of Each Disbursement this Period 5000.00
	City HELENA State MT Zip Code 59624	
	Purpose of Disbursement Baucus MT 2008 House General	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: SB23.12389 Date of Disbursement 10 / 20 / 2008
	Mailing Address 49 HUNTINGTON STREET	Amount of Each Disbursement this Period -5000.00
	City NEW HAVEN State CT Zip Code 06511	
	Purpose of Disbursement Check of 9/18 returned & reissued 10/21	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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 11 / 13

<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 Academy of Pediatric Dentistry Political Action Committee

A.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS	Transaction ID: SB23.12354 Date of Disbursement 10 / 16 / 2008
	Mailing Address PO BOX 2323	Amount of Each Disbursement this Period 2500.00
	City ATLANTA State GA Zip Code 30301	
	Purpose of Disbursement Lewis GA 2008 House General	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 05	

B.	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS	Transaction ID: SB23.12375 Date of Disbursement 10 / 24 / 2008
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 2000.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement Kirk IL 2008 House General	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 10	

C.	Full Name (Last, First, Middle Initial) MIKE HONDA FOR CONGRESS	Transaction ID: SB23.12369 Date of Disbursement 10 / 16 / 2008
	Mailing Address P.O. Box 8180	Amount of Each Disbursement this Period 2000.00
	City San Jose State CA Zip Code 95155	
	Purpose of Disbursement Honda CA 2008 House General	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 15	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> 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 Academy of Pediatric Dentistry Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>NANCY PELOSI FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.12359 Date of Disbursement 10 / 16 / 2008	
	Mailing Address 235 MONTGOMERY STREET, SUITE 610 Suite 610		
	City SAN FRANCISCO State CA Zip Code 94104	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Pelosi CA 2008 House General		
	Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>PAT ROBERTS FOR U S SENATE INC</b>	<b>Transaction ID:</b> SB23.12367 Date of Disbursement 10 / 16 / 2008	
	Mailing Address PO BOX 433		
	City GREAT BEND State KS Zip Code 67530	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Roberts KS 2008 Senate General		
	Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>RE-ELECT CONGRESSMAN KUCINICH COMMITTEE</b>	<b>Transaction ID:</b> SB23.12365 Date of Disbursement 10 / 16 / 2008	
	Mailing Address 550 East Walnut Street		
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Kucinich OH 2008 House General		
	Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12000.00</b>
<b>TOTAL</b> 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 13 / 13

<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 Academy of Pediatric Dentistry Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
RUBEN HINOJOSA FOR CONGRESS

Transaction ID: SB23.12363

Date of Disbursement

Mailing Address 502 North 11th Street

<sup>M</sup> 1	<sup>M</sup> 0	/	<sup>D</sup> 1	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
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City State Zip Code  
McAllen TX 78501

Amount of Each Disbursement this Period

2000.00
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Purpose of Disbursement  
Hinojosa TX 2008 House General

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 15

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

2000.00

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

48500.00