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Image# 12970418182

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
California Dental Asse	ociation Political Action	on Committee - Feder	al Fund
ADDRESS (number and street)	455 Capitol Mall, Suite 600)	
Check if different than previously reported. (ACC)	Sacramento		CA 95814 -
2. FEC IDENTIFICATION N	IUMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00005751		IS THIS REPORT X (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	b 20 (M2) May 20 ar 20 (M3) Jun 20 ((Non-Election Year Only)
April 15 Quarterly Report (July 15 Quarterly Report (October 15	(Q1) (c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	
Quarterly Report (January 31 Year-End Report (Float	ion on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S) in the State of
5. Covering Period	01 01 2012		11 31 2012
I certify that I have examined to Type or Print Name of Treasur		of my knowledge and belief it	is true, correct and complete.
Signature of Treasurer The	omas W. Hiltachk	[Electronically Filed]	Date 02 / 08 / 2012
NOTE: Submission of false, erro	neous, or incomplete informati	on may subject the person sigr	ing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

California Dental Association Political Action Committee - Federal Fund

2012 01 2012 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 16148.35 January 1, 2012 (b) Cash on Hand at 16148.35 Beginning of Reporting Period..... 50040.00 50040.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 66188.35 66188.35 6(a) and 6(c) for Column B)..... 10000.00 10000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 56188.35 56188.35 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 908.00 Schedule C and/or Schedule D)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

California Dental Association Political Action Committee - Federal Fund

Report Covering the Period: From: 01		01 31 2012	
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)	0.00	0.00	
(ii) Unitemized(iii) TOTAL (add	50040.00	50040.00	
Lines 11(a)(i) and (ii)▶	50040.00	50040.00	
(b) Political Party Committees	0.00	0.00	
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00	
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	50040.00	50040.00	
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	
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 			
(Carry Totals to Line 37, page 5)	0.00	0.00	
to Federal Candidates and Other Political Committees	0.00	0.00	
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	
 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))▶	50040.00	50040.00	
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	50040.00	50040.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Disbursements COLUMN A Total This Period	
		10441 11110 1 01104	Calendar Year-to-Date
	(i) Federal Share	0.00	0.00
	(-)		
	(ii) Non-Federal Share	0.00	0.00
(o) Other Federal Operating	0.00	0.00
	Expenditures c) Total Operating Expenditures	0.00	0.00
(1	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Т	ransfers to Affiliated/Other Party		
	Committees	0.00	0.00
F	Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	5000.00
lı	ndependent Expenditures		
(use Schedule E)	0.00	0.00
(:	Coordinated Party Expenditures 2 U.S.C. §441a(d)) use Schedule F)	0.00	
(1	use Schedule F)	0.00	0.00
L	oan Repayments Made	0.00	0.00
	anna Mada	0.00	0.00
	oans Made	0.00	0.00
(;	a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man i ontical committees	7	
(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
	(2002)		
C	Other Disbursements	5000.00	5000.00
_			
	Federal Election Activity (2 U.S.C. §431(20))		
(;	a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(7 - 222:2: 2::000		
	(ii) "Levin" Share	0.00	0.00
(1	b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Т	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	10000.00	10000.00
	, , , , , , , , , , , , , , , , ,	7	10000.00
Т	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
fı	rom Line 31)	10000.00	10000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	50040.00	50040.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50040.00	50040.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 6 OF 8	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
California Dental Association Politic	cal Action Committe	ee - Federal	l Fund	
Full Name (Last, First, Middle Initial)				
A. Howard Berman for Congress 2012	2		Date of Disbursement	
Mailing Address P. O. Box 4496			01 20 2012	
,	State Zip Code		Transaction ID : EXPB448	
Valley Village Purpose of Disbursement	CA 91617		Transaction ID 1 2xt D 1 to	
Monetary contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	5000.00	
Howard Berman Office Sought: House Disbursen	nent For: 2012	Туре		
	Primary General Other (specify) ▼			
State: CA District: 28				
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement	
5.			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Perio	
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
2.			Date of Disbursement	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify)	,,		
			5000.00	
SUBTOTAL of Disbursements This Page (optional)		······•	5000.00	
TOTAL This Period (last page this line number only)			5000.00	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 7 OF 8	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NOMBELL.
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the nan	ne and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) California Dental Association Politic	cal Action Committe	e - Federa	l Fund
Full Name (Last, First, Middle Initial)	2 110044		Data of Dishausanant
A. Committee to Elect Denny Zent - ID #6214 Mailing Address 3030 N. Bay View Road			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Angola	State Zip Code IN 46703		Transaction ID : EXPB30
Purpose of Disbursement Monetary contribution to State Representative		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Denny Zent		Type	5000.00
Senate President	nent For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary ☐ General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address	M M / D D / Y Y Y Y		
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			5000.00
GODICIAL OF DISDUISEMENTS THIS Page (optional)		·····	7 7 7
TOTAL This Period (last page this line number only)			5000.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 8 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

AME OF COMMITTEE (In Full) California Dental Association Politica	al Action Committee - Federal	Fund
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): Legal and Accounting Services	
Bell, McAndrews & Hiltachk, LL	Legal and Accounting Services	
Mailing Address 455 Capitol Mall, Suite 600		
City State	Zip Code	
Sacramento	CA 95814	
Outstanding Balance Beginning This Period		Transaction ID: PAYD449
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
908.00	0.00	908.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Allount incurred this relied	rayment mis renou	Outstanding Balance at Close of This Feriod
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
) SUBTOTALS This Period This Page (optional)		908.00
TOTALS This Period (last page this line number	908.00	
) TOTAL OUTSTANDING LOANS from Schedule	0.00	
ADD 2) and 3) and carry forward to appropriate	908.00	