

**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
California Dental Political Action Committee-Federal

ADDRESS (number and street) 1201 K Street
Check if different than previously reported. (ACC) Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00005751

3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)
July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)
(b) Monthly Report Due On:
Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (M13)
(c) 12-Day PRE-Election Report for the:
Primary (12P)
Convention (12C)
General (12G)
Special (12S)
Election on 03 05 2002 in the State of CA
(d) 30-Day Post-Election Report for the:
General (30G)
Runoff (30R)
Special (30S)
Election on in the State of

5. Covering Period 01 01 2002 through 02 13 2002

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 Ms Ann Peck

Signature of Treasurer Electronically Filed by Ms Ann Peck Date 04 11 2002

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

Office
Use
Only

FEC FORM 3X
(Revised 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
California Dental Political Action Committee-Federal

Report Covering the Period: From: ^h 0 1 ^D 0 1 ^y 2 0 0 2 ^y To: ^h 0 2 ^D 1 3 ^y 2 0 0 2 ^y

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2 0 0 2 ^y		299.86
(b) Cash on Hand at Beginning of Reporting Period	299.86	
(c) Total Receipts (from Line 19)	34192.79	34192.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34492.65	34492.65
7. Total Disbursements (from Line 30)	2500.00	2500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31992.65	31992.65
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

California Dental Political Action Committee-Federal

Report Covering the Period: From: ^W01 ^D01 ^Y2002 To: ^W02 ^D13 ^Y2002

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)	3410.00	
(ii) Unitemized	30781.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	34191.00	34191.00
(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 32, page 4)	34191.00	34191.00
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 36, page 4)	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.)	1.79	1.79
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	34192.79	34192.79
20. Total Federal Receipts (subtract Line 18 from Line 19)	34192.79	34192.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....		2500.00	2500.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶		2500.00	2500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶		2500.00	2500.00
<hr/>			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) from Line 11(d), page 3).....		34191.00	34191.00
33. Total Contribution Refunds (from Line 28(d)).....		0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....		34191.00	34191.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶		0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....		0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶		0.00	0.00

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

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

FOR LINE NUMBER: PAGE 5 / 7

(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)
California Dental Political Action Committee-Federal

A. Kalebjan

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
101 1705 N Fine Ave 01 02 2002
City State Zip Code
Fresno CA 93727-1616
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 860.00

Name of Employer Self _____ Occupation
Self Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General 860.00
Other (specify) ▼

Transaction ID: SA11A1.5048

B. Lidner

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
2508 Raeburn Dr 01 01 2002
City State Zip Code
Riverside CA 92506-5141
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 830.00

Name of Employer Self _____ Occupation
Self Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General 830.00
Other (specify) ▼

Transaction ID: SA11A1.4599

C. Mead

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
990 Boysen Ave 01 01 2002
City State Zip Code
San Luis Obispo CA 93405-1313
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 860.00

Name of Employer Self _____ Occupation
Self Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General 860.00
Other (specify) ▼

Transaction ID: SA11A1.4554

SUBTOTAL of Receipts This Page (optional) ▶ **2550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 6 / 7
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
California Dental Political Action Committee-Federal

Full Name (Last, First, Middle Initial)
A. Vesco

Date of Receipt
M M / D D / Y Y Y Y
01 / 01 / 2002

Mailing Address
Ste B 3427 Deer Park Dr
City State Zip Code
Stockton CA 95219-2355

Amount of Each Receipt this Period
860.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
X Primary General 860.00
Other (specify) ▼

Transaction ID: SA11A1.4890

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	860.00
TOTAL This Period (last page this line number only)	▶	3410.00

**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)

PAGE 7 / 7

<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

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

Full Name (Last, First, Middle Initial) A. Mike Briggs		Date of Disbursement 01 / 18 / 2002	
Mailing Address P.O. Box 2005 City State Zip Code Clovis CA 93613		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
		Transaction ID: SB23.4105	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	2500.00