

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		253623.57
(b) Cash on Hand at Beginning of Reporting Period.....	343025.57	
(c) Total Receipts (from Line 19)	10415.00	131817.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	353440.57	385440.57
7. Total Disbursements (from Line 31).....	16250.00	48250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	337190.57	337190.57
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

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	9350.00	116851.00
(ii) Unitemized	1065.00	12466.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10415.00	129317.00
(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)	10415.00	129317.00
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	2500.00
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 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))..... ▶	10415.00	131817.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10415.00	131817.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	16250.00	48250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	16250.00	48250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16250.00	48250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	10415.00	129317.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10415.00	129317.00
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: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. John A. Acosta
Full Name (Last, First, Middle Initial)

Mailing Address 7675 Wolf River Circle, #102

City Germantown	State TN	Zip Code 38138
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2013

Transaction ID : SA11Al.17196

Amount of Each Receipt this Period
250.00

B. Dr. Randy Adams
Full Name (Last, First, Middle Initial)

Mailing Address 300 West Broad Street

City Richmond	State VA	Zip Code 23220-4219
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		03		2013

Transaction ID : SA11Al.17165

Amount of Each Receipt this Period
250.00

C. Alexander Anastasiou
Full Name (Last, First, Middle Initial)

Mailing Address 400 Main St

City Bedminster	State NJ	Zip Code 07921-2604
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2013

Transaction ID : SA11Al.17145

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Dr. Brian A. Beitel
Full Name (Last, First, Middle Initial)

Mailing Address 580 Airport Rd SW

City Huntsville State AL Zip Code 35802-1309

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 01 / 2013
Transaction ID : SA11Al.17159

Amount of Each Receipt this Period
250.00

B. Dr. Jessica R. Bell
Full Name (Last, First, Middle Initial)

Mailing Address 3118 Kimberlee Lane

City Highland Village State TX Zip Code 75077

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 01 / 2013
Transaction ID : SA11Al.17161

Amount of Each Receipt this Period
500.00

C. Dr. William C. Berlocher
Full Name (Last, First, Middle Initial)

Mailing Address 7002 Chiswick Dr

City Corpus Christi State TX Zip Code 78413-5310

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 08 / 2013
Transaction ID : SA11Al.17172

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Dr. Robert N. Beville III
Full Name (Last, First, Middle Initial)

Mailing Address 2608 Museum Way Apt 3513

City	State	Zip Code
Fort Worth	TX	76107-3085

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

Name of Employer	Occupation
Self-Employed	Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11Al.17141

Amount of Each Receipt this Period
 250.00

B. Dr. Scott A. Bialik
Full Name (Last, First, Middle Initial)

Mailing Address 246 Federal Rd Ste D13

City	State	Zip Code
Brookfield	CT	06804-2649

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

Name of Employer	Occupation
Self-Employed	Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11Al.17171

Amount of Each Receipt this Period
 250.00

C. Dr. Stuart D. Blumenthal
Full Name (Last, First, Middle Initial)

Mailing Address 2324 W. Joppa Road, Suite 430

City	State	Zip Code
Lutherville	MD	21093

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

Name of Employer	Occupation
Self-Employed	Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : SA11Al.17149

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<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	

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Dr. John A. Bogert
Full Name (Last, First, Middle Initial)

Mailing Address 1011 E Turnbridge Cir

City Springfield State MO Zip Code 65810-2868

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

Name of Employer Retired Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 21 / 2013
Transaction ID : SA11AI.17153

Amount of Each Receipt this Period
250.00

B. Dr. Quang Bui
Full Name (Last, First, Middle Initial)

Mailing Address 6910 S Rainbow Blvd Ste 104

City Las Vegas State NV Zip Code 89118-3274

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

Name of Employer Cavitybusters Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2013
Transaction ID : SA11AI.17197

Amount of Each Receipt this Period
250.00

C. Dr. John E. Culp III
Full Name (Last, First, Middle Initial)

Mailing Address 14606 S Presario Trl

City Phoenix State AZ Zip Code 85048-1823

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 29 / 2013
Transaction ID : SA11AI.17194

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Joseph Giuliano		Date of Receipt
Mailing Address 191 Hamburg Turnpike		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City State Zip Code Pompton Lakes NJ 07442-2330		Transaction ID : SA11Al.17187
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Ped. Dentistry of North Jersey	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Megan M. Golinveaux		Date of Receipt
Mailing Address 81 Manzanita Avenue		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City State Zip Code San Francisco CA 94118		Transaction ID : SA11Al.17188
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Ann L. Griffen		Date of Receipt
Mailing Address 305 W 12th Ave		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City State Zip Code Columbus OH 43210-1267		Transaction ID : SA11Al.17185
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Ohio State University	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<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	

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Dr. Wayne M. Grossman
 Full Name (Last, First, Middle Initial)
 Mailing Address 11230 Gold Express Drive, #302
 City Gold River State CA Zip Code 95670-4484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 07 / 2013
Transaction ID : SA11AI.17170
 Amount of Each Receipt this Period
 250.00

B. Dr. Neil M. Katsura
 Full Name (Last, First, Middle Initial)
 Mailing Address 2640 Telegraph Ave Ste 101
 City Berkeley State CA Zip Code 94704-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2013
Transaction ID : SA11AI.17150
 Amount of Each Receipt this Period
 250.00

C. Dr. Dietmar Kennel
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 County Road 1440
 City Lubbock State TX Zip Code 79407-5785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lubbock Kids Dental Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : SA11AI.17175
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Dr. Martin P. Krieger
Full Name (Last, First, Middle Initial)

Mailing Address 810 Canton Rd NE Ste D

City Marietta	State GA	Zip Code 30060-7257
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FEC ID number of contributing federal political committee. **C**

Name of Employer Martin P. Krieger DDS	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : SA11Al.17143

Amount of Each Receipt this Period
250.00

B. Dr. Christopher Loveland
Full Name (Last, First, Middle Initial)

Mailing Address 4401 E. Flamingo Avenue

City Nampa	State ID	Zip Code 83687
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2013

Transaction ID : SA11Al.17166

Amount of Each Receipt this Period
250.00

C. Dr. Michael P. Marfori
Full Name (Last, First, Middle Initial)

Mailing Address 4151 Hunters Park Ln Ste 124

City Orlando	State FL	Zip Code 32837-3617
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2013

Transaction ID : SA11Al.17167

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Dr. Thomas Maurice
Full Name (Last, First, Middle Initial)

Mailing Address 1118 N. Larkin Avenue

City Joliet State IL Zip Code 60435-3456

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

Name of Employer Plainfield Pediatric Dentistry Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2013
Transaction ID : SA11AI.17154

Amount of Each Receipt this Period 250.00

B. Dr. Georganne P. McCandless
Full Name (Last, First, Middle Initial)

Mailing Address 455 School St Ste 42

City Tomball State TX Zip Code 77375-4595

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2013
Transaction ID : SA11AI.17192

Amount of Each Receipt this Period 250.00

C. Dr. Kraig C. McKee
Full Name (Last, First, Middle Initial)

Mailing Address 2599 Wexford Bayne Road

City Sewickley State PA Zip Code 15143-8610

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

Name of Employer Wexford Pediatric Dental Assoc Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2013
Transaction ID : SA11AI.17177

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<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	

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Bhagwati J. Mistry		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 Transaction ID : SA11AI.17148
Mailing Address 11 Beech Ln		Amount of Each Receipt this Period 250.00
City Tarrytown State NY Zip Code 10591-3001	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. William N. Quinton		Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2013 Transaction ID : SA11AI.17169
Mailing Address 837 S Main St		Amount of Each Receipt this Period 250.00
City Greenville State MS Zip Code 38701-5871	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jessica L Robertson		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2013 Transaction ID : SA11AI.17155
Mailing Address 1110 W Beal Rd		Amount of Each Receipt this Period 250.00
City Flagstaff State AZ Zip Code 86001-1281	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<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	

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Dr. Kirk J. Robertson
Full Name (Last, First, Middle Initial)
Mailing Address 1024 N San Francisco St Ste 10

City Flagstaff	State AZ	Zip Code 86001-3266
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2013

Transaction ID : SA11Al.17156

Amount of Each Receipt this Period
250.00

B. Dr. David L. Russell
Full Name (Last, First, Middle Initial)
Mailing Address 14 Racetrack Rd NW

City Fort Walton Beach	State FL	Zip Code 32547-1642
---------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2013

Transaction ID : SA11Al.17190

Amount of Each Receipt this Period
250.00

C. Dr. Alan T. Sato
Full Name (Last, First, Middle Initial)
Mailing Address 98-1005 Moanalua Road, #847

City Aiea	State HI	Zip Code 96701
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2013

Transaction ID : SA11Al.17178

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Dr. Norman J. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 E Westfield Ave
 City Roselle Park State NJ Zip Code 07204-2283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2013
Transaction ID : SA11AI.17179
 Amount of Each Receipt this Period
 250.00

B. Dr. Sundeep S. Sekhon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1970 W Riverside Dr
 City Atlantic City State NJ Zip Code 08401-1422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2013
Transaction ID : SA11AI.17184
 Amount of Each Receipt this Period
 250.00

C. Dr. Nannette R. Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7908 Cincinnati Dayton Rd Ste R
 City West Chester State OH Zip Code 45069-6630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2013
Transaction ID : SA11AI.17193
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Dr. John L. Snuggs
Full Name (Last, First, Middle Initial)

Mailing Address 3809 Whites Ferry Rd

City West Monroe State LA Zip Code 71291-2006

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2013
Transaction ID : SA11Al.17195

Amount of Each Receipt this Period 250.00

B. Dr. Brian C. Stecker
Full Name (Last, First, Middle Initial)

Mailing Address Fond Du Lac Pediatric Dentistry
54 Camelot Dr

City Fond du Lac State WI Zip Code 54935-8049

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

Name of Employer Fond du Lac Pediatr. Dentistry Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2013
Transaction ID : SA11Al.17168

Amount of Each Receipt this Period 250.00

C. Dr. Scott M. Tomlinson
Full Name (Last, First, Middle Initial)

Mailing Address 34 Longwood Dr

City Hattiesburg State MS Zip Code 39402-3031

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

Name of Employer Ped Dent Group of Hattiesburg Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2013
Transaction ID : SA11Al.17180

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20
	<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	

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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Terri E. Train

Mailing Address 100 N Central Expy Ste 1108

City Richardson	State TX	Zip Code 75080-5328
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013
Transaction ID : SA11AI.17164

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	9350.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
LA 2014 Senate Primary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: LA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2013

Transaction ID : SB23.17199

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement
CT 2014 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

Transaction ID : SB23.17204

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROSA DELAURO

Mailing Address 49 HUNTINGTON STREET

City State Zip Code
NEW HAVEN CT 06511

Purpose of Disbursement
CT 2014 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2013

Transaction ID : SB23.17207

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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**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

Full Name (Last, First, Middle Initial)

A. MIKE BOST FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1212

City MURPHYSBORO State IL Zip Code 62966

Purpose of Disbursement
IL 2014 House General

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2013

Transaction ID : SB23.17205

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. NUNNELEE FOR CONGRESS

Mailing Address 438 EAST MAIN ST
PO BOX 7092

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
MS 2014 House General

Candidate Name

Office Sought: House
 Senate
 President
State: MS District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2013

Transaction ID : SB23.17201

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement
ID 2014 House Primary

Candidate Name

Office Sought: House
 Senate
 President
State: ID District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2013

Transaction ID : SB23.17202

Amount of Each Disbursement this Period

5000.00

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

7750.00

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

16250.00
