Image# 14960287398 PAGE 1 / 20

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | or other man | All Authorized | Committee | | | Office Use Only | |
|--|--------------------------------------|----------------------|--------------------------------|---------------------|----------------|----------------------|---|
| 1. NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | | mple: If typin r the lines. | ig, type | 12FE4M5 | | |
| American Academy of I | Pediatric Dent | tistry Political | Action C | ommittee | | | |
| | | | | | | | |
| ADDRESS (number and street) | 211 E Chicago Av | e | | | | | |
| Check if different | Suite 700 | | | | | | |
| than previously reported. (ACC) | Chicago | | | | IL | 60611-2663 | |
| 2. FEC IDENTIFICATION NU | MBER ▼ | CITY 🛦 | | S | STATE 🛦 | ZIP CO | DE 🛦 |
| C C00365965 | | 3. IS THIS REPORT | ~ | IEW N) OR | AM (A) | ENDED | |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Qr. July 15 Quarterly Report (Qr. Qr. Qr. Qr. Qr. Qr. Qr. Qr. Qr. Qr. | (c) 12-Day PRE-Ele Report (d) 30-Day | for the: | | 12C) | Sep | in the State o | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) |
| Year Only) (MY) Termination Report (TER) | Report | | M = M / | | Y | in the State o | |
| 5. Covering Period 10 | 01 | 2013 | through | 12 | / 31 / | 2013 | |
| certify that I have examined this | • | • | wledge and b | pelief it is true | e, correct and | l complete. | |
| Signature of Treasurer John S | 5. Rutkauskas | | [Electronically | Filed] Da | ate 01 | / 30 / | 2014 |
| NOTE: Submission of false, errone | ous, or incomplete i | nformation may su | bject the pers | son signing thi | s Report to th | e penalties of 2 l | J.S.C. §437g. |
| Office Use Only | | | | | | FEC FOR Rev. 12/2 | |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: 10 01 2013 To: 12 31 2013

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6. | (a) Cash on Hand January 1, 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

| I. Receipts | I. Receipts COLUMN A Total This Period | | | | | | |
|---|---|-----------|--|--|--|--|--|
| 1. Contributions (other than loans) From: | | | | | | | |
| (a) Individuals/Persons Other | | | | | | | |
| Than Political Committees | 2052.22 | 116051.00 | | | | | |
| (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 | | | | | |
| 2. Transfers From Affiliated/Other | | | | | | | |
| Party Committees | 0.00 | 0.00 | | | | | |
| - | | | | | | | |
| B. All Loans Received | 0.00 | 0.00 | | | | | |
| | , | | | | | | |
| 4. Loan Repayments Received | 0.00 | 0.00 | | | | | |
| 5. Offsets To Operating Expenditures | 7 | 7 | | | | | |
| (Refunds, Rebates, etc.) | | | | | | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 | | | | | |
| 6. Refunds of Contributions Made | 7 | 7 | | | | | |
| to Federal Candidates and Other | | | | | | | |
| Political Committees | 0.00 | 2500.00 | | | | | |
| 7. Other Federal Receipts | 4 | 4 | | | | | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 | | | | | |
| 3. 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 | | | | | |
| (2) 25111 1 41145 (11511 501104410 110) | | | | | | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 | | | | | |
| 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 10415.00 | 131817.00 | | | | | |
| Total Fodoral Possinto | | | | | | | |
|). Total Federal Receipts | 10445.00 | 104017.00 | | | | | |
| (subtract Line 18(c) from Line 19)▶ | 10415.00 | 131817 | | | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
|--|----------------------------|-----------------------------------|--|--|--|--|
| . Operating Expenditures: (a) Allocated Federal/Non-Federal | | Culcildui 16ai-10-Date | | | | |
| Activity (from Schedule H4) | | | | | | |
| (i) Federal Share | 0.00 | 0.00 | | | | |
| | 0.00 | 0.00 | | | | |
| (ii) Non-Federal Share | 0.00 | 0.00 | | | | |
| (b) Other Federal Operating | 0.00 | 0.00 | | | | |
| Expenditures(c) Total Operating Expenditures | 0.00 | 0.00 | | | | |
| (add 21(a)(i), (a)(ii), and (b))▶ | 0.00 | 0.00 | | | | |
| Transfers to Affiliated/Other Party | 7 | | | | | |
| Committees | 0.00 | 0.00 | | | | |
| Contributions to Federal Candidates/Committees | | | | | | |
| and Other Political Committees | 16250.00 | 48250.00 | | | | |
| Independent Expenditures | | | | | | |
| (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.00 | | | | |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | | | |
| (use Schedule F) | 3.00 | 0.00 | | | | |
| Loan Repayments Made | 0.00 | 0.00 | | | | |
| Loan riepayments wade | | | | | | |
| Loans Made | 0.00 | 0.00 | | | | |
| Refunds of Contributions To: (a) Individuals/Persons Other | | | | | | |
| Than Political Committees | 0.00 | 0.00 | | | | |
| F | | | | | | |
| (b) Political Party Committees | 0.00 | 0.00 | | | | |
| (c) Other Political Committees | | 0.00 | | | | |
| (such as PACs) | 0.00 | 0.00 | | | | |
| (d) Total Contribution Refunds | | | | | | |
| (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 | | | | |
| (444 21100 20(4), (5), 414 (6), | 7 | 7 7 | | | | |
| Other Disbursements | 0.00 | 0.00 | | | | |
| _ | | | | | | |
| Federal Election Activity (2 U.S.C. §431(20)) | | | | | | |
| (a) Allocated Federal Election Activity | | | | | | |
| (from Schedule H6) | 0.00 | 0.00 | | | | |
| (i) Federal Share | 0.00 | 0.00 | | | | |
| (ii) "Levin" Share | 0.00 | 0.00 | | | | |
| (b) Federal Election Activity Paid Entirely | 3.00 | | | | | |
| 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 | | | | |
| | | | | | | |
| Total Disbursements (add Lines 21(c), 22, | | | | | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 16250.00 | 48250.00 | | | | |
| | | | | | | |
| Total Federal Disbursements | | | | | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | 16250.00 | 48250.00 | | | | |
| from Line 31) | 10250.00 | 40230.00 | | | | |

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 | | | | |
|--|-------------------------------|-----------------------------------|--|--|--|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 10415.00 | 129317.00 | | | | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | | | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10415.00 | 129317.00 | | | | |
| 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 | | | | |

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

| | | | | | | | PAGE | = | 6 | OF | 20 | | |
|------------------|----|---|-----|--|-----|--|------|---|----|----|----|----|--|
| (check only one) | | | | | | | | | | | | | |
| | [: | X | 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) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) Dr. John A. Acosta Date of Receipt Mailing Address 7675 Wolf River Circle, #102 2013 10 29 City Zip Code State Transaction ID: SA11AI.17196 TN Germantown 38138 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Pediatric Dentist Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Randy Adams Date of Receipt Mailing Address 300 West Broad Street 10 03 2013 City State Zip Code Transaction ID: SA11AI.17165 VA Richmond 23220-4219 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Alexander Anastasiou Date of Receipt Mailing Address 400 Main St 06 11 2013 City Zip Code State Transaction ID: SA11AI.17145

| | | | | | | | | _ | _ | 75 | 0.00 | |
|---|--------|----------|---|---|---|---|---|---|---|----|------|---|
| SUBTOTAL of Receipts This Page (optional) | ······ | <u> </u> | ш | _ | 7 | - | - | 7 | - | 73 | 0.00 |) |
| TOTAL This Davied (last ness this line number | only) | | | | | | | | | | | П |
| TOTAL This Period (last page this line number | only) | <u> </u> | | _ | 7 | - | - | 7 | _ | - | /E | |

250.00

07921-2604

NJ

С

Occupation
Pediatric Dentist

Aggregate Year-to-Date ▼

250.00

Amount of Each Receipt this Period

Bedminster

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

Self-Employed Receipt For:

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

| FOF | PAGE | | 7 | OF | | 20 | | | | | | |
|------|------------------|--|-----|----|-----|----|----|---|--|----|--|--|
| (che | (check only one) | | | | | | | | | | | |
| X | 11a | | 11b | | 11c | | 12 | 2 | | | | |
| | 13 | | 14 | | 15 | | 16 | 6 | | 17 | | |

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| 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 Pediate | ric Dentistry Political Action Commit | tee |
| Full Name (Last, First, Middle Initial) Dr. Brian A. Beitel | | Date of Receipt |
| Mailing Address 580 Airport Rd SW | | 10 01 2013 |
| City | State Zip Code | Transaction ID : SA11AI.17159 |
| Huntsville | AL 35802-1309 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Self-Employed | Pediatric Dentist | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Jessica R. Bell | | Date of Receipt |
| Mailing Address 3118 Kimberlee Lane | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | 10 01 2013 Transaction ID : SA11AI.17161 |
| Highland Village | TX 75077 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | |
| Self-Employed | Pediatric Dentist | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. William C. Berlocher | | Data of Doggint |
| Mailing Address 7002 Chiswick Dr | | Date of Receipt |
| City | Chala Zin Code | 10 08 2013 |
| City Corpus Christi | State Zip Code TX 78413-5310 | Transaction ID : SA11AI.17172 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Self-Employed | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| | | |
| SUBTOTAL of Receipts This Page (optional) | k | 1000.00 |

Name of Employer

Self-Employed

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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| FOF | LINE | NU | MBER | : | PAGE | | 8 | OF | | 20 | |
|------------------|------|----|------|---|------|--|----|----|--|----|--|
| (check only one) | | | | | | | | | | | |
| × | 11a | | 11b | | 11c | | 12 | | | | |
| | 13 | | 14 | | 15 | | 16 | , | | 17 | |

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 Full Name (Last, First, Middle Initial) Dr. Robert N. Beville III Date of Receipt Mailing Address 2608 Museum Way Apt 3513 09 2013 City State Zip Code Transaction ID: SA11AI.17141 76107-3085 TX Fort Worth Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Pediatric Dentist Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Scott A. Bialik Date of Receipt Mailing Address 246 Federal Rd Ste D13 10 04 2013 City State Zip Code Transaction ID: SA11AI.17171 **Brookfield** CT 06804-2649 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee.

| | Self-Employed Receipt For: Primary General Other (specify) ▼ | Pediatric Dentist Aggregate Year-to-Date ▼ 250.00 | |
|----|--|---|--|
| C. | Full Name (Last, First, Middle Initial) Dr. Stuart D. Blumenthal Mailing Address 2324 W. Joppa Road, Suite 4 | Date of Receipt 11 06 2013 | |
| | City | State Zip Code MD 21093 | Transaction ID : SA11AI.17149 |
| | Eutherville FEC ID number of contributing federal political committee. | MD 21093 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer | Occupation | |
| | Self-Employed | Pediatric Dentist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| | | _ | |

Occupation

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

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

750.00

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

| FOR | PAGE | | 9 | OF | | 20 | | | | | |
|------------------|------|--|-----|----|-----|----|----|--|--|----|--|
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| | 13 | | 14 | | 15 | | 16 | | | 17 | |

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| NAME OF COMMITTEE (In Full) | | solicit contributions from such committee. |
|---|--|---|
| , , , | c Dentistry Political Action Committ | tee |
| Full Name (Last, First, Middle Initial) Dr. John A. Bogert Mailing Address 1011 E Turnbridge Cir | | Date of Receipt |
| City | State Zip Code | 11 21 2013 |
| Springfield | MO 65810-2868 | Transaction ID : SA11AI.17153 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Retired | Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) B. Dr. Quang Bui | | Date of Receipt |
| Mailing Address 6910 S Rainbow Blvd Ste 10 | 4 | M = M / D = D / Y = Y = Y |
| City | State Zip Code | 10 30 2013 |
| Las Vegas | NV 89118-3274 | Transaction ID : SA11AI.17197 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Cavitybusters | Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) | | |
| | | Date of Receipt |
| Dr. John E. Culp III | I | |
| . Dr. John E. Culp III Mailing Address 14606 S Presario Trl | | 10 29 2013 |
| • | State Zip Code | 10 29 2013 Transaction ID : SA11AI.17194 |
| Mailing Address 14606 S Presario Trl | State Zip Code AZ 85048-1823 | 10 29 2013 |
| Mailing Address 14606 S Presario Trl City | · | 10 29 2013 |
| Mailing Address 14606 S Presario Trl City Phoenix FEC ID number of contributing | AZ 85048-1823 | 10 29 2013 Transaction ID : SA11AI.17194 Amount of Each Receipt this Period |
| Mailing Address 14606 S Presario Trl City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self-Employed | AZ 85048-1823 | 10 29 2013 Transaction ID : SA11AI.17194 Amount of Each Receipt this Period |
| Mailing Address 14606 S Presario Trl City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: | AZ 85048-1823 C Occupation | 10 29 2013 Transaction ID : SA11AI.17194 Amount of Each Receipt this Period |
| Mailing Address 14606 S Presario Trl City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self-Employed | AZ 85048-1823 C Occupation Pediatric Dentist | 10 29 2013 Transaction ID : SA11AI.17194 Amount of Each Receipt this Period |
| Mailing Address 14606 S Presario Trl City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General | AZ 85048-1823 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00 | 10 29 2013 Transaction ID : SA11AI.17194 Amount of Each Receipt this Period |

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

20

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Joseph Giuliano Date of Receipt Mailing Address 191 Hamburg Turnpike 2013 10 24 City Zip Code State Transaction ID: SA11AI.17187 Pompton Lakes NJ 07442-2330 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pediatric Dentist Ped. Dentistry of North Jersey Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Megan M. Golinveaux Date of Receipt Mailing Address 81 Manzanita Avenue 10 24 2013 City State Zip Code Transaction ID: SA11AI.17188 CA San Francisco 94118 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self-Employed Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Ann L. Griffen Date of Receipt Mailing Address 305 W 12th Ave 10 18 2013 City Zip Code State Transaction ID: SA11AI.17185 OH Columbus 43210-1267 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pediatric Dentist Ohio State University Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Wayne M. Grossman Date of Receipt Mailing Address 11230 Gold Express Drive, #302 07 2013 10 City Zip Code State Transaction ID: SA11AI.17170 CA Gold River 95670-4484 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pediatric Dentist Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Neil M. Katsura Date of Receipt Mailing Address 2640 Telegraph Ave Ste 101 11 12 2013 City State Zip Code Transaction ID: SA11AI.17150 CA Berkeley 94704-3322 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self-Employed Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Dietmar Kennel Date of Receipt Mailing Address 5601 County Road 1440 10 15 2013 City Zip Code State Transaction ID: SA11AI.17175 TX Lubbock 79407-5785 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pediatric Dentist Lubbock Kids Dental Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

| | FOR LINE NUMBER: | | | | PAGE | 1 | 12 | OF | 20 | |
|------------------|------------------|-------------|---|----|------|-----|----|----|----|----|
| (check only one) | | | | | | | | | | |
| | > | 1 1a | 1 | 1b | | 11c | | 12 | | |
| | | 13 | 1 | 4 | | 15 | | 16 | | 17 |

| Any information copied from such Reports and S or for commercial purposes, other than using the | | |
|--|---|---|
| NAME OF COMMITTEE (In Full) | | |
| American Academy of Pediatric | Dentistry Political Action Committ | ee |
| Full Name (Last, First, Middle Initial) Or. Martin P. Krieger | | Date of Receipt |
| Mailing Address 810 Canton Rd NE Ste D | | 12 16 2013 |
| City | State Zip Code | Transaction ID : SA11AI.17143 |
| Marietta | GA 30060-7257 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer | Occupation | |
| Martin P. Krieger DDS | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) 3. Dr. Christopher Loveland | | Date of Receipt |
| Mailing Address 4401 E. Flamingo Avenue | | 10 03 2013 |
| City | State Zip Code | Transaction ID : SA11AI.17166 |
| Nampa | ID 83687 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer | Occupation | |
| Self-Employed | Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Michael P. Marfori | | Date of Receipt |
| Mailing Address 4151 Hunters Park Ln Ste 124 | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | 10 03 2013 Transaction ID : SA11AI.17167 |
| Orlando | FL 32837-3617 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Self-Employed | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 350.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 600.00 |
| TOTAL This Period (last page this line number of | only) | |

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Dr. Thomas Maurice Date of Receipt Mailing Address 1118 N. Larkin Avenue 2013 City State Zip Code Transaction ID: SA11AI.17154 Joliet IL 60435-3456 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pediatric Dentist Plainfield Pediatric Dentistry Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Georganne P. McCandless Date of Receipt Mailing Address 455 School St Ste 42 10 2013 17 City State Zip Code Transaction ID: SA11AI.17192 TX Tomball 77375-4595 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self-Employed Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Kraig C. McKee Date of Receipt Mailing Address 2599 Wexford Bayne Road 17 10 2013 City Zip Code State Transaction ID: SA11AI.17177 PΑ Sewickley 15143-8610 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pediatric Dentist Wexford Pediatric Dental Assoc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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| | ng the name and address of any political committee to | |
|---|---|---|
| NAME OF COMMITTEE (In Full) American Academy of Pedi | atric Dentistry Political Action Commit | tee |
| Full Name (Last, First, Middle Initial) Dr. Bhagwati J. Mistry Mailing Address 11 Beech Ln | | Date of Receipt |
| City | State Zip Code | 11 06 2013 Transaction ID : SA11AI.17148 |
| Tarrytown | NY 10591-3001 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Self-Employed | Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. William N. Quinton | | Date of Receipt |
| Mailing Address 837 S Main St | | M = M / D = D / Y = Y = Y = Y |
| City | State Zip Code | 10 05 2013 Transaction ID : SA11AI.17169 |
| Greenville | MS 38701-5871 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Self-Employed | Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) | ' | 2. (2 |
| Dr. Jessica L Robertson Mailing Address 1110 W Beal Rd | | Date of Receipt |
| TITO W Beal Rd | | 11 26 2013 |
| City Flagstaff | State Zip Code AZ 86001-1281 | Transaction ID : SA11AI.17155 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Sefl-Employed | Pediatric Dentist | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 250.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 750.00 |
| | <u> </u> | |
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for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Kirk J. Robertson Date of Receipt Mailing Address 1024 N San Francisco St Ste 10 2013 26 City Zip Code State Transaction ID: SA11AI.17156 86001-3266 Flagstaff ΑZ Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pediatric Dentist Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. David L. Russell Date of Receipt Mailing Address 14 Racetrack Rd NW 10 24 2013 City State Zip Code Transaction ID: SA11AI.17190 Fort Walton Beach FL 32547-1642 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self-Employed Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Alan T. Sato Date of Receipt Mailing Address 98-1005 Moanalua Road, #847 17 10 2013 City State Zip Code Transaction ID: SA11AI.17178 HI Aiea 96701 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pediatric Dentist Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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

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| | y information copied from such Reports and Str for commercial purposes, other than using the | atements may not be sold or used by any perso name and address of any political committee to | |
|------------|---|---|---|
| | NAME OF COMMITTEE (In Full) American Academy of Pediatric | Dentistry Political Action Committe | ee |
| A . | Full Name (Last, First, Middle Initial) Dr. Norman J. Schwartz Mailing Address 14 E Westfield Ave City Roselle Park FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: | State Zip Code NJ 07204-2283 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ | Date of Receipt 10 17 2013 Transaction ID: SA11AI.17179 Amount of Each Receipt this Period 250.00 |
| | Primary General Other (specify) ▼ | 250.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. Sundeep S. Sekhon Mailing Address 1970 W Riverside Dr | | Date of Receipt 10 13 2013 |
| | City Atlantic City FEC ID number of contributing federal political committee. | State Zip Code NJ 08401-1422 | Transaction ID : SA11AI.17184 Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ | Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00 | |
| C. | Full Name (Last, First, Middle Initial) Dr. Nannette R. Sherman Mailing Address 7908 Cincinnati Dayton Rd Ste | R State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | West Chester FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ | OH 45069-6630 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00 | Amount of Each Receipt this Period 250.00 |
| s | UBTOTAL of Receipts This Page (optional) | > | 750.00 |
| Т | OTAL This Period (last page this line number of | nly) | 7 7 7 |

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| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|---|--|---|
| NAME OF COMMITTEE (In Full) American Academy of Pediatric | Dentistry Political Action Committ | ee |
| Full Name (Last, First, Middle Initial) Dr. John L. Snuggs Mailing Address 3809 Whites Ferry Rd | | Date of Receipt |
| 011 | | 10 25 2013 |
| City Wort Manage | State Zip Code LA 71291-2006 | Transaction ID : SA11AI.17195 |
| West Monroe | 11231-2000 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer | Occupation | |
| Self-Employed | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Brian C. Stecker | | Date of Receipt |
| Mailing Address Fond Du Lac Pediatric Dentistr | у | M = M / D = D / Y = Y = Y |
| 54 Camelot Dr City | State Zip Code | 10 03 2013 |
| Fond du Lac | WI 54935-8049 | Transaction ID : SA11AI.17168 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Fond du Lac Pediatr. Dentistry | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Scott M. Tomlinson | | Date of Receipt |
| Mailing Address 34 Longwood Dr | | 10 17 2013 |
| City Hattiesburg | State Zip Code MS 39402-3031 | Transaction ID : SA11AI.17180 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer | Occupation | |
| Ped Dent Group of Hattiesburg | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| TOTAL This Period (last page this line number of | | |

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| 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 Pediati | ric Dentistry Political Action Commit | tee | |
| Full Name (Last, First, Middle Initial) A. Dr. Terri E. Train | | Date of Receipt | |
| Mailing Address 100 N Central Expy Ste 11 | | 10 02 2013 . | |
| City Richardson | State Zip Code TX 75080-5328 | Transaction ID : SA11AI.17164 | |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Self-Employed | Occupation Pediatric Dentist | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |
| Full Name (Last, First, Middle Initial) Mailing Address | | Date of Receipt | |
| City | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | С | | |
| Name of Employer | Occupation | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt | |
| Mailing Address | | M = M / D = D / Y = Y = Y | |
| City | State Zip Code | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | С | | |
| Name of Employer | Occupation | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| SUBTOTAL of Receipts This Page (optional). | | 250.00 | |
| TOTAL This Period (last page this line numb | er only) | 9350.00 | |

| SCHEDULE B (FEC Form 3X) | | EOD LINE | NUMBER: PAGE 19 OF 20 | | | | |
|--|--|-------------------|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) | (check only | NOMBER. | | | | |
| | for each category of the Detailed Summary Page | 21b | 22 🗙 23 24 25 26 | | | | |
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| or for commercial purposes, other than using the nam | e and address of any politic | cal committee to | solicit contributions from such committee. | | | | |
| NAME OF COMMITTEE (In Full) | | 0 ''' | | | | | |
| $ \; angle$ American Academy of Pediatric De | ntistry Political Acti | on Committ | tee | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| A. BILL CASSIDY FOR US SENATE | | | Date of Disbursement | | | | |
| | | | M M / D D / Y Y Y Y | | | | |
| Mailing Address PO BOX 80505 | | | 11 02 2013 | | | | |
| City | State Zip Code | | | | | | |
| BATON ROUGE | LA 70898 | | Transaction ID : SB23.17199 | | | | |
| Purpose of Disbursement | | | | | | | |
| LA 2014 Senate Primary | | | Amount of Each Disbursement this Period | | | | |
| Candidate Name | | Category/ | 1500.00 | | | | |
| Office Sought: House Disbursen | nent For: 2014 | Туре | | | | | |
| | Primary General | | | | | | |
| President | Other (specify) ▼ | | | | | | |
| State: LA District: 00 | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| B. COURTNEY FOR CONGRESS | | | Date of Disbursement | | | | |
| Mailing Address CO. D. J. | | | M M / D D / Y Y Y Y | | | | |
| Mailing Address 38 Risley Road | | | 11 22 2013 | | | | |
| City | State Zip Code | | Transaction ID - CD22 47204 | | | | |
| Vernon | CT 06066 | | Transaction ID : SB23.17204 | | | | |
| Purpose of Disbursement CT 2014 House General | | | Amount of Fook Dichurance this Device | | | | |
| Candidate Name | | | Amount of Each Disbursement this Period | | | | |
| Canadate Name | | Category/ Type | 2000.00 | | | | |
| Office Sought: House Disbursen | nent For: 2014 | .,,,, | | | | | |
| Senate | Primary X General | | | | | | |
| | Other (specify) ▼ | | | | | | |
| State: CT District: 02 | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement | | | | |
| C. FRIENDS OF ROSA DELAURO | | | | | | | |
| Mailing Address 49 HUNTINGTON STREET | | | 12 19 _2013 _ | | | | |
| | | | | | | | |
| | State Zip Code | | Transaction ID : SB23.17207 | | | | |
| NEW HAVEN Purpose of Disbursement | CT 06511 | | | | | | |
| CT 2014 House General | | | Amount of Each Disbursement this Period | | | | |
| Candidate Name | | Category/ | | | | | |
| | | Type | 5000.00 | | | | |
| | nent For: 2014 | | | | | | |
| | Primary General | | | | | | |
| State: CT District: 03 | Other (specify) ▼ | | | | | | |
| 2.3.0. 01 2.0.10. 03 | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 8500.00 | | | | |
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| TOTAL This Period (last page this line number only) | | | | | | | |

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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 20 OF 20 | |
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| or for commercial purposes, other than using the r | | | | |
| NAME OF COMMITTEE (In Full) | | | | |
| $ \; angle$ American Academy of Pediatric I | Dentistry Political Acti | on Commit | tee | |
| Full Name (Last, First, Middle Initial) | | | | |
| A. MIKE BOST FOR CONGRESS COMMITTEE | | | Date of Disbursement | |
| Mailing Address PO BOX 1212 | | | M M / D D / Y Y Y Y | |
| Mailing Address PO BOX 1212 | | | 12 12 2013 | |
| City | State Zip Code | | Transaction ID : SB23.17205 | |
| MURPHYSBORO | IL 62966 | | 11a115aCtion ID . 3D23.17203 | |
| Purpose of Disbursement IL 2014 House General | | | Amount of Each Disbursement this Period | |
| Candidate Name | | Category/ | | |
| | | Type | 250.00 | |
| | sement For: 2014 | | | |
| Senate President | Primary ☐ General Other (specify) ▼ | | | |
| State: IL District: 12 | Carior (oposity) | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| B. NUNNELEE FOR CONGRESS | | | Date of Disbursement | |
| Mailing Address 438 EAST MAIN ST PO BOX 7092 | | | 11 21 2013 | |
| City TUPELO | State Zip Code MS 38802 | | Transaction ID : SB23.17201 | |
| Purpose of Disbursement MS 2014 House General | | | Amount of Each Disbursement this Period | |
| Candidate Name | | Category/ | 2500.00 | |
| Office Sought: House Disbur | sement For: 2014 | Туре | 2500.00 | |
| Senate Dispur | Primary Seneral | | | |
| President | Other (specify) ▼ | | | |
| State: MS District: 01 | <u> </u> | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement | |
| C. SIMPSON FOR CONGRESS | | | Mam / Day / Yayayay | |
| Mailing Address 1487 PARKWAY DRIVE | | | 11 21 2013 | |
| City | State Zip Code Transaction ID : SR23 17303 | | | |
| BLACKFOOT | ID 83221 | | Transaction ID : SB23.17202 | |
| Purpose of Disbursement ID 2014 House Primary | | | Amount of Fook Diskumpensort this Device | |
| Candidate Name | | Category/ | Amount of Each Disbursement this Period | |
| | | Type | 5000.00 | |
| | sement For: 2014 | | | |
| Senate President | Primary General Other (specify) ▼ | | | |
| State: ID District: 02 | Outlet (Specify) | | | |
| 02 | | | | |
| SUBTOTAL of Disbursements This Page (optiona |) | | 7750.00 | |
| | | | 16250.00 | |
| TOTAL This Period (last page this line number or | nly) | | 10250.00 | |