

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

APR 23 11 47 AM '96

April 15, 1996

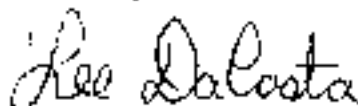
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Filing Officer:

Enclosed please find an original and one copy of the following for the California Dental PAC/Federal for the period 1/1/96 through 3/31/96, which is being sent to you certified mail, return receipt requested.

Please endorse this transmittal letter and one copy as acknowledgment of receipt and return it in the preaddressed, stamped envelope provided.

Sincerely,



Lee DaCosta
CaIDPAC Assistant

Enclosure - FEC Form 3X

c: Secretary of State, CA

1201 K Street

15th Floor

Sacramento

California

95814

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION COMMISSION
MAIL ROOM

APR 23 11 47 AM '96

1. NAME OF COMMITTEE (in full)
California Dental Political Action Committee/
Federal

ADDRESS (number and street) Check if different than previously reported
1201 K Street, 15th Floor

CITY, STATE and ZIP CODE
Sacramento, CA 95814-3593

2. FEC IDENTIFICATION NUMBER
000005751

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

4. TYPE OF REPORT

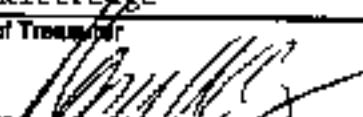
- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/96 through 3/31/96		
6. (a) Cash on Hand January 1, 1996		\$ 102,028.83
(b) Cash on Hand at Beginning of Reporting Period	\$ 102,028.83	
(c) Total Receipts (from Line 19)	\$ 172,826.54	\$ 172,826.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 274,855.37	\$ 274,855.37
7. Total Disbursements (from Line 30)	\$ 88,000.00	\$ 88,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 186,855.37	\$ 186,855.37
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	

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
Roger Kittredge

Signature of Treasurer  Date
4/15/95

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

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FEC FORM 3X
(revised 9/93)

9 6 0 3 0 4 7 0 4 7 4

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
California Dental Political Action Committee/Federal		FROM 1/1/96	TO 3/31/96	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	3,125.00	3,125.00	11(b)(i)
ii.	Unitemized	168,298.08	168,298.08	11(b)(ii)
iii.	Total (add i and ii) >	171,423.08	171,423.08	11(c)(i)
b.	Political Party Committees	-0-	-0-	11(f)
c.	Other Political Committees (such as PACs)	-0-	-0-	11(c)
d.	Total Contributions (add a ii, b and c) >	171,423.08	171,423.08	11(d)
12.	Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13.	All Loans Received	-0-	-0-	13
14.	Loan Repayments Received	-0-	-0-	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	1,403.46	1,403.46	17
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	172,826.54	172,826.54	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	172,826.54	172,826.54	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	-0-	-0-	21(a)(i)
ii.	Non-Federal Share	-0-	-0-	21(a)(ii)
b.	Other Federal Operating Expenditures	-0-	-0-	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(c)
22.	Transfers to Affiliated/Other Party Committees	85,000.00	85,000.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00	23
24.	Independent Expenditures (use Schedule E)	-0-	-0-	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26.	Loan Repayments Made	-0-	-0-	26
27.	Loans Made	-0-	-0-	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b.	Political Party Committees	-0-	-0-	28(b)
c.	Other Political Committees (such as PACs)	-0-	-0-	28(c)
d.	Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29.	Other Disbursements	-0-	-0-	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	88,000.00	88,000.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	88,000.00	88,000.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	-0-	-0-	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	-0-	-0-	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

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

95030470476

A. Full Name, Mailing Address and ZIP Code ROBERT AUBUCHON 5220 SUISUN VALLEY RD SUISUN CITY, CA 94585		Name of Employer SELF	Date (month, day, year) 2/10/96	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
B. Full Name, Mailing Address and ZIP Code GEORGE BROWNRIDGE, II 1043 VILLAGE LN CHICO, CA 95926		Name of Employer SELF	Date (month, day, year) 1/18/96	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
C. Full Name, Mailing Address and ZIP Code SANG CHO 402 S LONG BEACH BLVD COMPTON, CA 90221		Name of Employer SELF	Date (month, day, year) 1/05/96	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
D. Full Name, Mailing Address and ZIP Code LAWRENCE COCHRAN 1710 MEMORIAL DR # B HOLLISTER, CA 95023		Name of Employer SELF	Date (month, day, year) 1/03/96	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
E. Full Name, Mailing Address and ZIP Code R. KAISERSATT 1913 E 17TH ST STE 112 SANTA ANA, CA 92705		Name of Employer SELF	Date (month, day, year) 1/08/96	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
F. Full Name, Mailing Address and ZIP Code HYUN-CHAN LEE 2585 W 235TH ST APT A TORRANCE, CA 90505		Name of Employer SELF	Date (month, day, year) 3/22/96	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
G. Full Name, Mailing Address and ZIP Code MICKEY LEE 3450 MORAGA ST SAN FRANCISCO, CA 94122		Name of Employer SELF	Date (month, day, year) 1/31/96	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00

SUBTOTAL of Receipts This Page (optional) \$1,575.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

93030470477

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ERNEST MAGGIONCALDA 4943 JUNIPERO SERRA BLVD DALY CITY, CA 94014	SELF	1/03/96	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date: \$	\$225.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL MILLER 2015 N WATERMAN AVE # B SAN BERNARDINO, CA 92404	SELF	1/25/96	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date: \$	\$200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN MOUTSATSON 4674 BARRANCA PKY IRVINE, CA 92714	SELF	1/02/96	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date: \$	\$225.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD SCHMOTTER 770 TAMALPAIS DR STE 304 CORTE MADERA, CA 94925	SELF	1/08/96	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date: \$	\$225.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARK WASHBURN 601 E ROMIE LN # 5 SALINAS, CA 93901	SELF	1/10/96	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date: \$	\$225.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KIN YEE 760 MARKET ST STE 722 SAN FRANCISCO, CA 94102	SELF	1/05/96	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date: \$	\$225.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ALLEN ZATKIN 30313 CANWOOD ST # 36 AGOURA HILLS, CA 91301	SELF	1/08/96	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date: \$	\$225.00

SUBTOTAL of Receipts This Page (optional)	\$1,550.00
TOTAL This Period (last page this line number only)	\$3,125.00

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NAME OF COMMITTEE (In Full)

California Dental Political Action Committee/Federal

9 3 0 3 0 4 7 0 4 7 8

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
River City Bank 825 K Street Mall Sacramento, CA 95814	Interest earned on account	1/31/96	78.39
	Occupation	2/29/96	14.77
	Aggregate Year-to-Date	3/31/96	14.49
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mercantile Bank 453 Capitol Mall Sacramento, CA 95814	Interest earned on CD	1/27/96	441.43
	Occupation	2/27/96	441.43
	Aggregate Year-to-Date	3/27/96	412.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

GRAND TOTAL of Receipts This Page (optional)	1,403.46
TOTAL This Period (last page this line number only)	1,403.46

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 7
FOR LINE NUMBER 22.

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NAME OF COMMITTEE (In Full)

California Dental Political Action Committee/Federal

9 6 3 0 4 7 0 4 7 9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Dental Political Action Committee 1111 14th Street, NW, Suite 100 Washington, D.C. 20005	Transfer to affiliated committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/96	85,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	85,000.00
TOTAL This Period (last page this line number only)	85,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7
FOR LINE NUMBER 23.

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NAME OF COMMITTEE (In Full)

California Dental Political Action Committee

9 3 0 3 0 4 7 0 4 3 0

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete Wilson for President Committee 1020 12th Street, Suite 300 Sacramento, CA 95814 ID# C00301978	contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/96	3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	3,000.00

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
4-15-96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration DATE OF RECEIPT

Received from the Senate Office of Public
Records DATE OF RECEIPT

Other (Specify): POSTMARKED

and/or DATE OF RECEIPT

JMN
PREPARER

4-23-96
DATE PREPARED

26030470431