FEC FORM 3X	AND	PORT OF REC DISBURSE	MENTS	e	Office Use Only	/
1. NAME OF COMMITTEE (in fu		EC MAILING LABEL PE OR PRINT 🗑	Example:If typing, over the lines	type		
	of Pediatric Denti	stry Political Action Commit	ee			
ADDRESS (number and	street)	E Chicago Ave				
Check if differ than previousl reported. (ACC	ent Li	≥ 700 ↓			60611 	2663
2. FEC IDENTIFICAT	ION NUMBER			STATE	ZIPC	ODE 🔺
C00365965		3. IS TH REPC		EW I) <b>OR</b>	AMENDED (A)	
July 15QuarterlyOctoberQuarterlyJanuary 2QuarterlyJuly 31 MReport(NYear Only	report(Q1) Report(Q2) 5 Report(Q3) 11 Report(YE) lid-Year on-election	Monthly Report Feb 20 ( Due On: Mar 20 ( Apr 20 ( C) 12-Day PRE-Election Report for the: Election on (d) 30-Day Post -Election Report for the: Election on	M3) Ji	2C) s	Aug 20 (M8)         Sep 20 (M9)         Oct 20 (M10)         General (12G)         special (12G)         in the State         tunoff (30R)         in the State	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer	ined this Report a	0 1 2 0 0 7 nd to the best of my knowled in S. Rutkauskas led by John S. Rutkauska	-		1 2 0 0 7 mplete.	2008
	alse, erroneous, or	r incomplete information ma	v subject the perso	n signing this Repo		
Office Use Only					FEC FO (Rev. 12/2	

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## 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 MM D D Y W м м D D 07 12 01 2007 31 2007 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 6. 2007 143990.00 January 1 (b) Cash on Hand at 133615.00 Begining of Reporting Period ..... 129031.00 131656.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 262646.00 275646.00 6(a) and 6(c) for Column B) ..... 16500.00 29500.00 7. Total Disbursements (from Line 31) ..... Cash on Hand at Close of 8. **Reporting Period** 246146.00 246146.00 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed ΒY the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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

FE6AN026

### Image# 28990133501

# DETAILED SUMMARY PAGE

lage# 20390133301	OF RECEIPTS	
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name American Academy of Pediatric D	entistry Political Action Committee	
Report Covering the Period: From:	M M         D         D         Y	2 0 0 7
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>11. Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> </ul>		
Than Political Committees (i) Itemized (use Schedule A)	22310.00	23310.00
(ii) Unitemized	106721.00	108346.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	► 129031.00	131656.00
(b) Political Party Committees	0.00	0.00
<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	▶ 129031.00	131656.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>		0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		0.00
<ol> <li>Refunds of Contributions Made to Federal candidates and Other Political Committees</li> </ol>	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin F	unds	

0.00

0.00

0.00

129031.00

129031.00

 	_	 _	0.00
			0.00
			0.00

131656.00
 101000.00

131656.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....

(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) ......

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) .....

(a) Non-Federal Account

19. Total Receipts (add Lines 11(d),

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### **DETAILED SUMMARY PAGE**

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal Activity (from Schedule H4)</li> </ul> </li> </ol>	0.00	0.00
(i) Federal Share		
<ul><li>(ii) Non-Federal Share</li><li>(b) Other Federal Operating</li></ul>	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
<ol> <li>Contributions to Federal Candidates/Committees and Other Political Committees</li> </ol>	16500.00	29500.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
<ol> <li>Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))</li> </ol>	0.00	0.00
(use Schedule F)	0.00	0.00
<ol> <li>Loans Made</li> <li>Refunds of Contributions To:         <ul> <li>(a) Individuals/Persons Other</li> </ul> </li> </ol>	0.00	0.00
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
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	• 0.00	0.00
9. Other Disbursements	0.00	0.00
<ul> <li>B. Federal Election Activity (2 U.S.C 431(20))</li> <li>(a) Shared Federal Election Activity</li> </ul>		
(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
<ol> <li>Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).</li> </ol>	16500.00	29500.00
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	16500.00	20500.00
from Line 31)	10000.00	29500.00

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## DETAILED SUMMARY PAGE

	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)	129031.00	131656.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	129031.00	131656.00
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

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		[	<b>1</b>
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/31
	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
Г	Anninformation annial fram and Danasta and C		13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions
	NAME OF COMMITTEE (In Full)		
	American Academy of Pediatric Dentis	stry Political Action Committee	
	American Academy of Fediatric Dentis	Siry Folitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. George Acs		Date of Receipt
	Mailing Address 7120 Chilton Court		0 9 0 1 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.11147
	Clarksville	MD 21029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		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)		
В.	Dr. Phillip A. Baker		Date of Receipt
	Mailing Address 2999 Pine Ridge Roac		09 18 2007
	City	State Zip Code	Transaction ID: SA11AI.11228
	Oshkosh	WI 54904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	<del></del>		
	Name of Employer Children's Dental Center,	Occupation Pediatric Dentist	
	<u>S.C.</u>		
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	250.00	
			-
-	Full Name (Last, First, Middle Initial)		
C.	Dr. K. Jean Beauchamp		Date of Receipt
	Mailing Address 2297 Rudolphtown Ro	ad	
	0.1		08 30 2007
	City	State Zip Code	Transaction ID: SA11AI.11169
	Clarksville	TN 37043	Amount of Each Receipt this Period
	FEC ID number of contributing	C	500.00
	federal political committee.		
	Name of Employer Self Employed	Occupation	
		Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	500.00	
	Other (specify)		_
Г		1	
	SUBTOTAL of Receipts This Page (optional)		1000.00
ŀ			
	TOTAL This Period (last page this line number	only)	

Any information copied from such Reports and Statements may not be sold or used by any person for the 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 Initia)         Dr. Neal R. Benham         Maiing Address 3131 Stein Boulevard         City         Eau Claire         WI         S4701         FEC ID number of contributing federal political committee.         Periad Political committee.         Name (Last, First, Middle Initia)         Dr. Neal R. Benham         Maiing Address 3131 Stein Boulevard         C         Transaction ID: SA11AL.11125         Amount of Each Receipt for:         Pediatric Dentist         Receipt For:         Primary       General         Other (specify) ▼         State       Zip Code         Mailing Address       615 South 10th Street         City       State         Mailing Address       615 South 10th Street         City       State         Mailing Address       615 South 10th Street         City       State         Receipt F		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER:       PAGE 7/31         (check only one)       (check 112         X       11a       11b       11c       12         13       14       15       16       17
American Academy of Pediatric Dentistry Political Action Committee         Full Name (Last, First, Middle Initial)         Dr. Neal R. Benham         Mailing Address         State         Zip Code         Barbare         City         State         Zip Code         Will         Set Employer         Pecidatric Dentisting         Pecidatric Dentist         Pecidatric Dentist         Pecidatric Dentist         Pecidatric Dentist         Pecidatric Dentist         Maing Address         City         State         Date of Receipt         Date of Receipt         Maing Address         City         State         Zip Code         Maing Address         Maing Address         City         State         Zip Code         Maing Address         Maing Address         City         State         Zip Code         Maing Address         State         Zip Code         Maing Address         State         Zip Code <t< th=""><th></th><th>Any information copied from such Reports and S or for commercial purposes, other than using the</th><th>Statements may not be sold name and address of any</th><th>l or used by any perso political committee to</th><th>on for the purpose of soliciting contributions</th></t<>		Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold name and address of any	l or used by any perso political committee to	on for the purpose of soliciting contributions
Dr. Naul R. Barnham       Date of Receipt         Mailing Address 3131 Stein Boulevard       State       Zip Code         City       State       Zip Code         Eau Claire       WI       54701         FEC: D number of contributing       C       Transaction Dis SA11A1.11125         Manne of Employer       Occupation       Pediatric Dentist         Penderty @       Occupation       Pediatric Dentist         Primary       General       Aggregate Year-to-Date ▼         Difference       V       50.00         Field Name (Last, First, Middle Initial)       Date of Receipt His Period         Dr. John H. Beiz       Date of Receipt His Period         Mailing Address 615 South 10th Street       Occupation         Peciatric Dentist       Peciatric Dentist         Receipt For:       Occupation         Peciatric Dentist       Peciatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Occupation         Primary       General       Occupation         Prediatric Dentist       Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Prodictic Dentist       Date of Receipt         Mailing Address       246 Federa			stry Political Action Co	mmittee	
City       State       Zip Code         Eau Claire       WI       54701         FEC ID number of contributing       C       Amount of Each Receipt this Period         Federal political committee.       C       Anount of Each Receipt this Period         Name of Employer       Occupation       Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼       250.00         Full Name (Last, First, Middle Initial)       Date of Receipt       0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	۷. ۲	· · · · · /			Date of Receipt
Eau Claire       WI       54701       Amount of Each Receipt this Period         FEC ID number of contributing federal polyer       C       50.00         Name of Employer       Occupation Pediatric Dentist       50.00         Receipt For:       Aggregate Year-to-Date ▼       50.00         Full Name (Last, First, Middle Initial)       250.00       Date of Receipt         Dr. don't H. Beiz       Date of Contributing federal political committee       Date of Receipt         Mailing Address       615 South 10th Street       C       Transaction ID: SA11AL 10725         City       State       Zip Code       Amount of Each Receipt this Period         Name of Employer       Occupation       Pediatric Dentist       Aggregate Year-to-Date ▼         Receipt For:       Occupation       Pediatric Dentist       Aggregate Year-to-Date ▼         Name of Employer       Occupation       Pediatric Dentist       Aggregate Year-to-Date ▼         Primary       General       Occupation       250.00       Transaction ID: SA11AL 10725         Amount of Each Receipt IN       Mailing Address       246 Federal Road, #D-13       Transaction ID: SA11AL 11025         City       State       Zip Code       Transaction ID: SA11AL 11025       Amount of Each Receipt IN: Period         FEC ID number of contributing		Mailing Address 3131 Stein Boulevard			
FEC ID number of contributing tederal political committee.       C       50.00         Name of Employer Self-Employed       Occupation Pediatric Dentist       Aggregate Year-to-Date ▼         Primary       General       Occupation         Dr. John H. Betz       Aggregate Year-to-Date ▼       0         Maiing Address       615 South 10th Street       0         City       State       Zip Code         LaCrosse       WI       54601         PEC ID number of contributing tederal political committee.       C         Solt_Employer       Occupation         Pediatric Dentist       Aggregate Year-to-Date ▼         Pediatric Dentist       Aggregate Year-to-Date ▼         Path H. Betz       Maiing Address         Maiing Address       General         Other (specify) ▼       Occupation         Pediatric Dentist       Aggregate Year-to-Date ▼         Pointary       General         Other (specify) ▼       State         Primary       General         Other (specify) ▼       State         State       Zip Code         Maiing Address       246 Federal Road, #D-13         City       State       Zip Code         State       Zip Code       Main		•		de	Transaction ID: SA11AI.11125
Inderal political committee.       Image of Employer         Name of Employer       Occupation         Perinary       General         Other (spacify)       Aggregate Year-to-Date         Full Name (Last, First, Middle Initial)       Date of Receipt         Dr. doth H. Batz       Date of Receipt         Mailing Address       615 South 10th Street         City       State       Zip Code         Mailing Address       Go coupation         FEC ID number of contributing       C       Transaction ID: SA11Al.10725         Amount of Each Receipt for:       Pediatric Dentist         Aggregate Year-to-Date       C         Primary       General         Other (specify)       Occupation         Pediatric Dentist       Aggregate Year-to-Date         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify)       State         Zip Code       Transaction ID: SA11Al.11085         Amount of Each Receipt Inis       Aggregate Year-to-Date         Primary       General       Occupation         Patter (specify)       State       Zip Code         Brookfield       CT       0680-2849         FC: ID number of contributing <t< td=""><td></td><td></td><td>WI 54701</td><td></td><td>Amount of Each Receipt this Period</td></t<>			WI 54701		Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Dr. John H. Betz       Date of Receipt         Mailing Address       615 South 10th Street         City       State       Zip Code         LaCrosse       W1       54601         FEC ID number of contributing       C       Transaction ID: SA11Al.10725         Amount of Each Receipt His Period       250.00         Name of Employer       Occupation         Perinary       General       Aggregate Year-to-Date ▼         Other (specify) ▼       250.00       Date of Receipt         Full Name (Last, First, Middle Initial)       Date of Receipt       250.00         Date of Receipt For:       Aggregate Year-to-Date ▼       0         Primary       General       Other (specify) ▼       Date of Receipt         Mailing Address       246 Federal Road, #D-13       Date of Receipt         City       State       Zip Code       Transaction ID: SA11Al.1085         Price Toric Committee       C       To 6804-2649       Transaction ID: SA11Al.1085         PEC ID number of contributing       C       To 6804-2649		federal political committee.	C		50.00
Primary       General       Prigregate Year to Bate         Other (specify)       Image Clast, First, Middle Initial)       Date of Receipt         Date of Receipt       Image Clast, First, Middle Initial)       Date of Receipt         Mailing Address       615 South 10th Street       Image Clast, First, Middle Initial)       Date of Receipt         City       State       Zip Code       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt this Period         Primary       General       Occupation       Pediatric Dentist         Receipt For:       Aggregate Year-to-Date          Primary       General       Occupation         Primary       General       Date of Receipt         Mailing Address       246 Federal Road, #D-13       Date of Receipt         City       State       Zip Code       Transaction ID: SA11AI.11085         Amount of Each Receipt this Period       Solo.00       Transaction ID: SA11AI.11085         Amount of Each Receipt this Period       Solo.00       Solo.00         Mailing Address       246 Federal Road, #D-13       Transaction ID: SA11AI.11085         City       State       Zip Code       Transaction ID: SA11AI.11085         Amount of E		Name of Employer Self-Employed			
□ Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Dr. John H. Betz       Date of Receipt         Mailing Address       615 South 10th Street         City       State       Zip Code         LaCrosse       WI       54601         FEC ID number of contributing federal policial committee.       C       Amount of Each Receipt         Name of Employer       Occupation Pediatric Dentist       Aggregate Year-to-Date       Image: Comparison Pediatric Dentist         Receipt For:       Other (specify) ▼       250.00       Date of Receipt         Full Name (Last, First, Middle Initial)       Dr. Scott A. Biaik       Date of Receipt         Maiing Address       246 Federal Road, #D-13       Date of Receipt         City       State       Zip Code         Brookfield       CT       06804:2649         FEC ID number of contributing federal policial committee.       C       Aggregate Year-to-Date       Mount of Each Receipt         Receipt For:       Occupation       Pediatric Dentist       Amount of Each Receipt this Period       500.00         Receipt For:       Occupation       Pediatric Dentist       Aggregate Year-to-Date       Mount of Each Receipt this Period         SubtortaL of Receipt For:       Aggrega			Aggregate Year-to-Dat	te 🔻	
Dr. John H. Bez       Date of Receipt         Mailing Address       615 South 10th Street         City       State       Zip Code         LaCrosse       W1       54601         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Periatric Dentist       Pecliatric Dentist       Aggregate Year-to-Date       Aggregate Year-to-Date         Primary       General       Occupation       Date of Receipt         Date of Receipt       Transaction ID: SA11AI.10725         Amount of Each Receipt For:       Aggregate Year-to-Date       Image: Committee         Primary       General       Aggregate Year-to-Date       Date of Receipt         Other (specify) ▼       State       Zip Code       Transaction ID: SA11AI.11085         Brookfield       CT       06804-2649       FEC ID number of contributing       C         federal political committee.       C       State       Zip Code       Amount of Each Receipt this Period         Name of Employer       Occupation       Pecliatric Dentist       Amount of Each Receipt this Period       State         FEC ID number of contributing federal political committee.       C       State       State       State       State         Name of Employer       O				250.00	
City     State     Zip Code       LaCrosse     WI     54601       FEC ID number of contributing federal political committee.     C       Name of Employer Self-Employed     Occupation Pediatric Dentist       Receipt For:     Aggregate Year-to-Date       Primary     General Other (specify) ♥       Full Name (Last, First, Middle Initial) Dr. Scott A. Bialik     Date of Receipt       Mailing Address     246 Federal Road, #D-13       City     State     Zip Code C       Brookfield     CT     06804-2649       FEC ID number of contributing federal political committee.     C       Name of Employeer     Occupation Pediatric Dentist       Receipt For:     C       Name of Employeer     Occupation Pediatric Dentist       Receipt For:     Aggregate Year-to-Date       Name of Employeer     Occupation Pediatric Dentist       Receipt For:     Aggregate Year-to-Date       Primary     General       Other (specify) ♥     Aggregate Year-to-Date       SUBTOTAL of Receipts This Page (optional)	. –				Date of Receipt
LaCrosse       WI       54601       Amount of Each Receipt this Period         FEC ID number of contributing rederal political committee.       C       250.00         Name of Employer Self-Employed       Occupation Pediatric Dentist       Aggregate Year-to-Date ▼       250.00         Full Name (Last, First, Middle Initial)       Difference       250.00       Date of Receipt         Full Name (Last, First, Middle Initial)       Difference       Z0.07       Transaction ID: SA11AI.11085         Brookfield       CT       06804-2649       FEC ID number of contributing federal political committee.       Date of Receipt         Name of Employer       Occupation       Pediatric Dentist       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       06804-2649       Transaction ID: SA11AI.11085         Amount of Each Receipt For:       Occupation       Pediatric Dentist       Aggregate Year-to-Date ▼       500.00         Name of Employer       General       Occupation       S00.00       500.00       500.00         SUBTOTAL of Receipts This Page (optional)       S00.00       S00.00       S00.00       S00.00		Mailing Address 615 South 10th Street			
FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Self-Employed       Occupation Pediatric Dentist       250.00         Receipt For: Primary       General Other (specify) ♥       Occupation Pediatric Dentist       Image: Committee of the committe		City	State Zip Coo	de	Transaction ID: SA11AI.10725
federal political committee.       C       200.00         Name of Employer Self-Employed       Occupation Pediatric Dentist       Pediatric Dentist         Receipt For: Primary       General Other (specify) ♥       Aggregate Year-to-Date ♥       Date of Receipt         Full Name (Last, First, Middle Initial) Dr. Scott A. Bialik       Date of Receipt       Date of Receipt         Mailing Address       246 Federal Road, #D-13       Date of Receipt         City       State       Zip Code         Brookfield       CT       06804-2649         FEC ID number of contributing federal political committee.       C       500.00         Name of Employer Self-Employed       Occupation Pediatric Dentist       Feceipt For: Aggregate Year-to-Date       500.00         Name of Employer Self-Employed       General Other (specify) ♥       Occupation Pediatric Dentist       500.00         SUBTOTAL of Receipts This Page (optional)       \$00.00       \$00.00       \$00.00		LaCrosse	WI 54601		Amount of Each Receipt this Period
Self-Employed       Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)) ▼       250.00         Full Name (Last, First, Middle Initial)       Dr. Scott A. Bialik         Mailing Address       246 Federal Road, #D-13         City       State       Zip Code         Brookfield       CT       06804-2649         FEC ID number of contributing federal political committee.       C       500.00         Name of Employer       Occupation       Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼       500.00         Primary       General       500.00         SUBTOTAL of Receipts This Page (optional)		FEC ID number of contributing federal political committee.	C		250.00
Primary       General         Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Dr. Scott A. Bialik       Date of Receipt         Mailing Address       246 Federal Road, #D-13         City       State       Zip Code         Brookfield       CT       06804-2649         FEC ID number of contributing federal political committee.       C       500.00         Name of Employer       Occupation Pediatric Dentist       Aggregate Year-to-Date       Tennary         Primary       General       500.00       500.00         SUBTOTAL of Receipts This Page (optional)       500.00       800.00		Name of Employer Self-Employed			
Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)       Dr. Scott A. Bialik         Mailing Address       246 Federal Road, #D-13         City       State       Zip Code         Brookfield       CT       06804-2649         FEC ID number of contributing tederal political committee.       C         Name of Employer       Occupation         Self-Employer       Occupation         Pediatric Dentist       Aggregate Year-to-Date ▼         Primary       General       500.00         SUBTOTAL of Receipts This Page (optional)       800.00			Aggregate Year-to-Dat	te 🔻	
Dr. Scott A. Bialik       Date of Receipt         Mailing Address       246 Federal Road, #D-13         City       State       Zip Code         Brookfield       CT       06804-2649         FEC ID number of contributing federal political committee.       C       500.00         Name of Employer Self-Employer       Occupation Pediatric Dentist       500.00         Receipt For:       Aggregate Year-to-Date ▼       500.00         Other (specify) ▼       Subtrott for selecipt This Page (optional)       \$800.00				250.00	]
Mailing Address       246 Federal Road, #D-13         City       State       Zip Code         Brookfield       CT       06804-2649         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Self-Employed       Occupation Pediatric Dentist       Aggregate Year-to-Date ▼         Primary       General       500.00         SUBTOTAL of Receipts This Page (optional)       State       500.00					Date of Receipt
City       State       Zip Code       Transaction ID: SA11AI.11085         Brookfield       CT       06804-2649       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       500.00         Name of Employer Self-Employed       Occupation Pediatric Dentist       500.00         Receipt For:       Aggregate Year-to-Date ▼       500.00         Other (specify) ▼       SUBTOTAL of Receipts This Page (optional)       500.00		Mailing Address 246 Federal Road, #D	-13		
FEC ID number of contributing federal political committee.       C       500.00         Name of Employer Self-Employed       Occupation Pediatric Dentist       500.00         Receipt For:       Aggregate Year-to-Date ▼       500.00         Primary       General       500.00         Other (specify) ▼       SUBTOTAL of Receipts This Page (optional)       800.00		-		de	
federal political committee.       Suppose         Name of Employer Self-Employed       Occupation Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       500.00         SUBTOTAL of Receipts This Page (optional)       800.00			CT 06804-	-2649	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       500.00         SUBTOTAL of Receipts This Page (optional)       800.00			C		500.00
Primary       General         Other (specify) ▼       500.00         SUBTOTAL of Receipts This Page (optional)       800.00					
Other (specify) ▼       500.00         SUBTOTAL of Receipts This Page (optional)       800.00			Aggregate Year-to-Dat	te 🔻	
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 8 / 31         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	American Academy of Pediatric Denti	istry Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. John A. Bogert			Date of Receipt
	Mailing Address 1011 East Turnbridge	Circle		12 10 Y Y Y Y 12 10 2007
	City	State	Zip Code	Transaction ID: SA11AI.11369
	Springfield	MO	65810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Kim Boling			Date of Receipt
	Mailing Address P.O. Box 1359			07 21 Y Y Y Y 07 21
	City	State	Zip Code	Transaction ID: SA11AI.10773
	London	KY	40743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kimberly A. Boling, DMD, PSC	Occupation Pediatric	: Dentist	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	500.00	
С.	Full Name (Last, First, Middle Initial) Dr. Todd S. Brasuell			Date of Receipt
	Mailing Address 71107 Highway 21, #2	2		0 8 1 7 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.11072
	<u>Covington</u>	LA	70433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Pediatric	Dentist	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0.0	250.00	
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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/31
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 x 10 11c 12
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	y not be sold or used by any perso	13     14     15     16     17       on for the purpose of soliciting contributions       o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	name anu au		
	American Academy of Pediatric Dentis	try Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Burg			Date of Receipt
	Mailing Address 9161 S. Wedgefield Dr	ve		0908/YYYY 0908
	City	State	Zip Code	Transaction ID: SA11AI.11192
	Sandy	UT	84093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	]
в.	Full Name (Last, First, Middle Initial) Dr. Natalie J. Carr			Date of Receipt
	Mailing Address 211 S. Arrawana Avenu	he		0 9 2 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.11235
	<u>Tampla</u>	FL	33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	]
С.	Full Name (Last, First, Middle Initial) Dr. Jason A. Clapp			Date of Receipt
	Mailing Address 2000 Highland Village	Road, #C		1 1 0 2 Y Y Y Y 1 1 1 0 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.11340
	Highland Village	TX	75077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
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	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER:         PAGE 10/31           (check only one)         X           X         11a           11b         11c
A	Any information copied from such Reports and S	Statements may not be	sold or used by any perso	n for the purpose of soliciting contributions
	American Academy of Pediatric Denti			Sonon Committee.
. Z	Full Name (Last, First, Middle Initial) Dr. Stephanie L. Cosby			Date of Receipt
	Mailing Address 2201 Regency Road,	#503		07 / <sup>D</sup> D / <u>Y Y Y Y</u> 07 / 16
	City		Code	Transaction ID: SA11AI.10819
	Lexington FEC ID number of contributing federal political committee.	KY 40	503	Amount of Each Receipt this Period
	Name of Employer Self-Employed	Occupation Pediatric Dentis	it	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date  250.00	
	Full Name (Last, First, Middle Initial) Dr. J. David Crossley Mailing Address 950 West First North S	Street		Date of Receipt
	City	State Zip	Code	0 7 2 1 2 0 0 7 Transaction ID: SA11AI.10774
	Morristown		814-4550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentis	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date  250.00	
	Full Name (Last, First, Middle Initial) Dr. Barry J. Currey	1		Date of Receipt
	Mailing Address 6500 Quaker Avenue,	Suite F		07 03 2007
	City		Code	Transaction ID: SA11AI.10570
	Lubbock FEC ID number of contributing federal political committee.	TX 79	413	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Pediatric Dentis	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date <b>V</b> 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	•	750.00

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11/31
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		e name anu auc		
	NAME OF COMMITTEE (In Full)			
	American Academy of Pediatric Dentis	stry Political	Action Committee	
	/			
•	Full Name (Last, First, Middle Initial)	Data of Dessist		
Α.	Dr. Lynda N. Dean-Duru			Date of Receipt
	Mailing Address Ashburn Children's De			
	44110 Ashburn Village			07 16 2007
	City	State	Zip Code	Transaction ID: SA11AI.10820
	Ashburn	VA	20147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.		1 1 1 1 1 1	
	Name of Employer	Occupation		-
	Ashburn Children's Dentis-	Pediatric		
	try			
	Receipt For:	Aggregate	Year-to-Date	
	Primary General		250.00	1
	Other (specify) <b>v</b>		250.00	
		-		
-	Full Name (Last, First, Middle Initial)			
В.	Dr. Francis J. Dermody, Sr.	Date of Receipt		
	Mailing Address 891 48th Avenue			M M / D D / Y Y Y Y
				08 07 2007
	City State Zip Code			
	•			Transaction ID: SA11AI.10995
	Vero Beach	FL	32966	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
		-		
	Name of Employer Dermody Pediatric Dentist-	Occupation		
	ry	Pediatric	Dentist	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General	33 - 3		1
	Other (specify)		250.00	
		0.0		
-	Full Name (Last, First, Middle Initial)			
C.	Dr. Nicolet DeRose			Date of Receipt
	Mailing Address 316 Fifth Street			M M / D D / Y Y Y Y
				11 30 2007
	City	State	Zip Code	Transaction ID: SA11AI.11361
	Racine	WI	53403	Amount of Each Receipt this Period
			30400	Amount of Each Receipt this Fehou
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation		-
	Self-Employed			
		Pediatric		_1
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	Primary General		250.00	11
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9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/31
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
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	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may e name and add	y not be sold or used by any perso dress 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 Dentis	stry Political	Action Committee	
∡ ۹.	Full Name (Last, First, Middle Initial) Dr. Ronald R. Ditto	Date of Receipt		
	Mailing Address 2347 Cason Street	M         M         /         D         D         Y		
	City	State	Zip Code	Transaction ID: SA11AI.11239
	Lafayette	IN	47904-2670	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	-
	Self Employed	Pediatric		
	Receipt For:		e Year-to-Date V	_
	Primary General	Aggregate		1
	Other (specify)		250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Randall W. Ellis			Date of Receipt
	Mailing Address 1022 Liberty Lane			M M / D D / Y Y Y Y 07 05 2007
	City	State	Zip Code	Transaction ID: SA11AI.10587
	Pueblo	CO	81001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	
	Self-Employed	Pediatric	Dentist	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	U U U	250.00	]
_	Full Name (Last, First, Middle Initial)			
<b>)</b> .	Dr. Denise N. Evans Mailing Address 2315 SW Woodland C	Court		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.10560
	Ankeny	IA	50023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric		-
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	1
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City     State     Zip Code     Transaction ID:	liciting contributions m such committee.
American Academy of Pediatric Dentistry Political Action Committee         Full Name (Last, First, Middle Initial)         Dr. Kylene H. Fernandez         Mailing Address       3663 Ridge Mill Drive, #102         City       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing federal political committee.       Occupation Pediatric Dentist         Name of Employer Self-Employed       Occupation Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
A.       Dr. Kylene H. Fernandez       Date of Receipt         Mailing Address       3663 Ridge Mill Drive, #102       Date of Receipt         City       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing federal political committee.       C         Name of Employer Self-Employed       Occupation Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
City     State     Zip Code     Transaction ID:       Hilliard     OH     43026     Amount of Each       FEC ID number of contributing federal political committee.     C     Amount of Each       Name of Employer Self-Employed     Occupation Pediatric Dentist     Image: Committee Co	
Hilliard     OH     43026       FEC ID number of contributing federal political committee.     C       Name of Employer Self-Employed     Occupation Pediatric Dentist       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	<sup>D</sup> / Y Y Y Y 7 2007
FEC ID number of contributing federal political committee.       C         Name of Employer Self-Employed       Occupation Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	SA11AI.11210
federal political committee.          Name of Employer Self-Employed       Occupation Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	Receipt this Period
Self-Employed     Pediatric Dentist       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	300.00
Primary General 300.00	
300.00	
I	
Full Name (Last, First, Middle Initial) Dr. Robert L. Fisher Date of Receipt	
	<sup>D</sup> / Y Y Y Y 1 2007
City State Zip Code Transaction ID:	SA11AI.11053
	Receipt this Period
FEC ID number of contributing federal political committee.	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. Robert A. Frank         Date of Receipt	
	<sup>D</sup> / Y Y Y Y 3 2007
City State Zip Code Transaction ID:	
	Receipt this Period
FEC ID number of contributing federal political committee.	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)	
TOTAL This Period (last page this line number only)	800.00

		FOR LINE NUMBER: PAGE 14/31				
SCHEDULE A (FEC Form 3		(check only one)				
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12				
		13 14 15 16 17				
Any information copied from such Reports a or for commercial purposes, other than usin	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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 D	Pentistry Political Action Committee					
Full Name (Last, First, Middle Initial) Dr. Daniel M. Gindi						
Mailing Address 8600 Alexandria E	M         M         /         D         D         Y					
City	State Zip Code	Transaction ID: SA11AI.10972				
Macedonia	OH 44056	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	-				
Name of Employer Self-Employed	Pediatric Dentist					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	250.00					
Other (specify)						
Full Name (Last, First, Middle Initial) Dr. Scott D. Goodman						
Mailing Address 1340 Matthews To Suite 201						
City	State Zip Code	Transaction ID: SA11AI.10849				
Matthews	SC 28105	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer Self Employed	Occupation					
Receipt For:	Pediatric Dentist Aggregate Year-to-Date ▼	_				
Primary General						
Other (specify)	500.00					
Full Name (Last, First, Middle Initial) Dr. Joseph T. Gordon		Date of Receipt				
· ·	Mailing Address 514 N. Western Avenue, #3AS					
City	State Zip Code	Transaction ID: SA11AI.10870				
Lake Forest	IL 60045	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self-Employed	Occupation Pediatric Dentist	1				
Receipt For:	Aggregate Year-to-Date V					
Primary General Other (specify) ▼	250.00					
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Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s         NAME OF COMMITTEE (In Full)         American Academy of Pediatric Dentistry Political Action Committee         Full Name (Last, First, Middle Initial)         Dr. Charles R. Hall         Mailing Address       2918 Easter Shore Drive         City       State       Zip Code         Hampton Cove       AL       35763-9339         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Pediatric Dentist       Aggregate Year-to-Date         Receipt For:       Aggregate Year-to-Date         Other (specify)       1000.00         Full Name (Last, First, Middle Initial)       Dr. Cliff Hartmann         Mailing Address       10202 West Hayes Avenue         City       State       Zip Code	for the purpose of soliciting contributions olicit contributions from such committee.         Date of Receipt         0 7       1 8         2 0 0 7         Transaction ID: SA11AI.10828         Amount of Each Receipt this Period
American Academy of Pediatric Dentistry Political Action Committee         Full Name (Last, First, Middle Initial)         Dr. Charles R. Hall         Mailing Address       2918 Easter Shore Drive         City       State       Zip Code         Hampton Cove       AL       35763-9339         FEC ID number of contributing federal political committee.       C         Name of Employer Retired       Occupation Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       Dr. Cliff Hartmann         Mailing Address       10202 West Hayes Avenue         City       State       Zip Code	M         M         /         D         /         Y
Dr. Charles R. Hall         Mailing Address       2918 Easter Shore Drive         City       State       Zip Code         Hampton Cove       AL       35763-9339         FEC ID number of contributing federal political committee.       C         Name of Employer Retired       Occupation Pediatric Dentist         Receipt For:       Aggregate Year-to-Date         Primary       General Other (specify) ▼         Full Name (Last, First, Middle Initial) Dr. Cliff Hartmann         Mailing Address       10202 West Hayes Avenue         City       State       Zip Code	M         M         /         D         /         Y
City       State       Zip Code         Hampton Cove       AL       35763-9339         FEC ID number of contributing federal political committee.       C         Name of Employer Retired       Occupation         Primary       General         Other (specify)       Aggregate Year-to-Date         Full Name (Last, First, Middle Initial)       Dr. Cliff Hartmann         Mailing Address       10202 West Hayes Avenue         City       State       Zip Code	07 18 2007 Transaction ID: SA11AI.10828
Hampton Cove     AL     35763-9339       FEC ID number of contributing federal political committee.     C       Name of Employer Retired     Occupation       Pediatric Dentist       Receipt For:     Aggregate Year-to-Date       Primary     General       Other (specify) ▼       Full Name (Last, First, Middle Initial)       Dr. Cliff Hartmann       Mailing Address     10202 West Hayes Avenue       City     State     Zip Code	
FEC ID number of contributing federal political committee.       C         Name of Employer Retired       Occupation Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       Dr. Cliff Hartmann         Mailing Address       10202 West Hayes Avenue         City       State       Zip Code	Amount of Each Receipt this Period
federal political committee.       Image: Committee of Employer Retired         Name of Employer Retired       Occupation Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial) Dr. Cliff Hartmann       10202 West Hayes Avenue         City       State       Zip Code	
Hetired       Pediatric Dentist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       Dr. Cliff Hartmann         Mailing Address       10202 West Hayes Avenue         City       State       Zip Code	1000.00
Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       1000.00         Dr. Cliff Hartmann       Mailing Address         Mailing Address       10202 West Hayes Avenue         City       State       Zip Code	
Other (specify)       1000.00         Full Name (Last, First, Middle Initial)       Dr. Cliff Hartmann         Mailing Address       10202 West Hayes Avenue         City       State       Zip Code	1
Dr. Cliff Hartmann Mailing Address 10202 West Hayes Avenue City State Zip Code	
City State Zip Code	Date of Receipt
	M M / D D / Y Y Y Y 07 13 2007
	Transaction ID: SA11AI.10661
West Allis WI 53226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer     Occupation       C. R. Hartmann, DDS, SC     Pediatric Dentist	
Receipt For:     Aggregate Year-to-Date ▼       Primary     General	
Primary     General       Other (specify) ▼     500.00	
Full Name (Last, First, Middle Initial) Dr. Mary J. Hayes	Date of Receipt
Mailing Address 737 N. Michigan Avenue, #1330	M M / D D / Y Y Y Y 07 10 2007
City State Zip Code	Transaction ID: SA11AI.10711
Chicago IL 60611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	400.00
Name of Employer Occupation Self-Employed Pediatric Dentist	
Receipt For:     Aggregate Year-to-Date ▼       Primary     General	
Other (specify) ▼ 400.00	1
SUBTOTAL of Receipts This Page (optional)	
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
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	Any information copied from such Reports and or for commercial purposes, other than using the time of time of time of the time of			
	NAME OF COMMITTEE (In Full)			
	American Academy of Pediatric Den	ntistry Political A	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr. William J. Heimann	Date of Receipt		
	Mailing Address 1526 W. Glendale A	M M / D D / Y Y Y Y 08 10 2007		
	City	State	Zip Code	Transaction ID: SA11AI.11117
	Phoenix	AZ	85021-8576	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	Pediatric [		_
	Primary General	Aggregate	Year-to-Date	1
	Other (specify)		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Sarah Hill	Date of Receipt		
	Mailing Address 1308 34th Street			07 05 2007
	City	State	Zip Code	Transaction ID: SA11AI.10630
	Anacortes	WA	98221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		210.00
	Name of Employer Self Employed	Occupation Pediatric [		
	Receipt For:		Year-to-Date V	-1
	Primary General Other (specify) ▼		210.00	
-	Full Name (Last, First, Middle Initial)			-
C.	Dr. Constance A. Huff			Date of Receipt
	Mailing Address 6654 Lewis Road			0 8 / D D / Y Y Y Y 0 8 2 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.11078
	Vacaville	CA	95687	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric [		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	250.00	]
Γ				710.00
┝	SUBTOTAL of Receipts This Page (optional)	)	••••••	
	TOTAL This Period (last page this line numb	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 17/31         (check only one)		
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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 Denti	stry Political	Action Committee			
⊻ 4.	Full Name (Last, First, Middle Initial) Dr. Douglas V. Janis	Date of Receipt				
	Mailing Address 1705 South Street			09 / D D / Y Y Y Y 15 / 2007		
	City	State	Zip Code	Transaction ID: SA11AI.11221		
	Geneva FEC ID number of contributing federal political committee.	C	60134-2544	Amount of Each Receipt this Period 250.00		
	Name of Employer Self-Employed	Occupation Pediatric				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
- 3.	Full Name (Last, First, Middle Initial) Dr. Jeffrey C. Jaynes Mailing Address 5800 Coit Road, Suite	Date of Receipt				
	City	State	Zip Code	0 9 1 1 2 0 0 7 Transaction ID: SA11AI.11200		
	Plano	TX	75023	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Pediatric	Dentist			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
-	Full Name (Last, First, Middle Initial) Dr. Lewis Kay			Date of Receipt		
	Mailing Address 401 Mallard Lane			07 25 YYYY 07		
	City	State	Zip Code	Transaction ID: SA11AI.10802		
	Moorestown FEC ID number of contributing federal political committee.	NJ C	08057	Amount of Each Receipt this Period 250.00		
	Name of Employer Self Employed	Occupation Pediatric				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]		
Γ				750.00		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 18 / 31           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Report or for commercial purposes, other than u	Iny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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. Douglas B. Keck		Date of Receipt				
Mailing Address 991 State Stree	t	M         M         /         D         D         /         Y				
City	State Zip Code	Transaction ID: SA11AI.10591				
New Haven FEC ID number of contributing federal political committee.	CT 06511	Amount of Each Receipt this Period				
Name of Employer Pediatric Dentistry Assoc- iates, LLC	Occupation Pediatric Dentist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr. Michael A. Keller Mailing Address 2045 Medical C						
City	State Zip Code	07 27 2007 Transaction ID: SA11AI.10865				
Birmingham	AL 35209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	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) Dr. Paul A. Kennedy Jr.		Date of Receipt				
Mailing Address 6200 Saratoga I						
City	State Zip Code	Transaction ID: SA11AI.10704				
Corpus Christi FEC ID number of contributing federal political committee.	TX 78414	Amount of Each Receipt this Period				
Name of Employer Self Employed	Occupation Pediatric Dentist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  500.00					
SUBTOTAL of Receipts This Page (opt	tional)	750.00				
TOTAL This Period (last page this line	number only)					

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 19/31           (check only one)         11a         11b         11c         12           13         14         15         16         1			
A o	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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 Dent	istry Political Action Committee				
	Full Name (Last, First, Middle Initial) Dr. Paul E. Kittle, Jr.	Date of Receipt				
	Mailing Address 309 South Second St	07 / 25 / Y Y Y 2007				
	City	State Zip Code	Transaction ID: SA11AI.10803			
	Leavenworth	KS 66048	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer Self Employed	Occupation Pediatric Dentist				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary     General       Other (specify) ▼	250.00				
	Full Name (Last, First, Middle Initial) Dr. Kimberly A. Kretsch	Date of Receipt				
	Mailing Address 1056 S. 88th Street	08 16 Y Y Y Y 08 16				
	City	State Zip Code	Transaction ID: SA11AI.11088			
	Louisville	CO 80027	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer Young Dentistry for Child- ren	Occupation Pediatric Dentist				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]			
	Full Name (Last, First, Middle Initial) Dr. Bernard J. Larson		Date of Receipt			
	Mailing Address 2100 East Section Str	M M / D D / Y Y Y Y 07 31 2007				
	City	State Zip Code	Transaction ID: SA11AI.10969			
	Mount Vernon	WA 98274-9124	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer Self-Employed	Occupation Pediatric Dentist				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
[	SUBTOTAL of Receipts This Page (optional) .	1	750.00			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 20 / 31           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no a name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
	American Academy of Pediatric Dentis	stry Political Ac	tion Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. William H. Lieberman	Date of Receipt		
	Mailing Address 276 Broad Street	M M / D D / Y Y Y Y 08 02 2007		
	City	State	Zip Code	Transaction ID: SA11AI.10902
	Red Bank	NJ	07701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric De	entist	
	Receipt For:	Aggregate Ye	ar-to-Date 🔻	_
	Other (specify)		250.00	]
	Full Name (Last, First, Middle Initial) Dr. Mark S. Lisagor			Date of Receipt
	Mailing Address 477 Calle Higuera			07 / 05 / Y Y Y Y 007 / 05 / 2007
	City	State	Zip Code	Transaction ID: SA11AI.10633
	Camarillo	CA	93010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Pediatric De	entist	
	Receipt For: Primary General	Aggregate Ye	ar-to-Date 🔻	_
	Other (specify)	0 0 0	250.00	
 ).	Full Name (Last, First, Middle Initial) Dr. Elliott D. Maser	1		Date of Receipt
	Mailing Address 3101 Bristol Road, #1			0 8 / D D / Y Y Y Y 0 8 0 7 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.11014
	Bensalem	PA	19020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Pediatric De	entist	
	Receipt For: Primary General	Aggregate Ye	ar-to-Date 🔻	
	Other (specify)		500.00	1
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 21 / 31         (check only one)       11a         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 r 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 Dent	tistry Political Action Committee					
۷ ۱.	Full Name (Last, First, Middle Initial) Dr. Eugene J. McGuire		Date of Receipt				
	Mailing Address 1575 Pond Road, #10	0 8 / D D / Y Y Y Y 0 8 0 2 2 0 0 7					
	City	State Zip Code	Transaction ID: SA11AI.11036				
	Allentown	PA 18104	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer Self Employed	Occupation Pediatric Dentist					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary   General     Other (specify)   Image: Control of the second	500.00					
-	Full Name (Last, First, Middle Initial) Dr. S. Troy Miller	Date of Receipt					
	Mailing Address 500 Dover Blvd., Suit	10 <sup>//</sup> <sup>02</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>					
	City	State Zip Code	Transaction ID: SA11AI.11254				
	Lafayette	LA 70503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Self-Employed	Occupation Pediatric Dentist					
	Receipt For:	Aggregate Year-to-Date V					
	Primary     General       Other (specify)     The second	250.00					
-	Full Name (Last, First, Middle Initial) Dr. Anita C. Murray-Clary		Date of Receipt				
	Mailing Address 6231 SW 29th Street	M M / D D / Y Y Y Y 08 29 2007					
	City	State Zip Code	Transaction ID: SA11AI.11168				
	Topeka	KS 66614	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	<b>C</b>	300.00				
	Name of Employer Self Employed	Occupation Pediatric Dentist					
	Receipt For: Primary General	Aggregate Year-to-Date 🔻					
	Other (specify)	300.00					
Γ	SUBTOTAL of Receipts This Page (optional)	·····	1050.00				
┢							
1	TOTAL This Period (last page this line number	er only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 22/31         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentis	stry Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Robert M. Newman			Date of Receipt
	Mailing Address 8903 Glades Road, Su	07 17 Y Y Y Y 07 177		
	City	State	Zip Code	Transaction ID: SA11AI.10698
	Boca Raton FEC ID number of contributing federal political committee.	FL C	33434	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Kyle Pedersen Mailing Address 2560 Foxfield Road, #	190		Date of Receipt
	City State Zip Code			07092007 Transaction ID: SA11AI.10721
	St. Charles	IL	60174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kyle E. Pedersen DDS, PC Pediatric Den Receipt For: Primary General	Occupation Pediatric Aggregate		7
-	Full Name (Last, First, Middle Initial)	0 0		
C.	Dr. Neil E. Peterson			Date of Receipt
	Mailing Address 5019 W. North Avenue	9		07 / 0 0 / Y Y Y Y 0 7 / 30 / 2007
	City	State	Zip Code	Transaction ID: SA11AI.10955
	Milwaukee FEC ID number of contributing federal political committee.	C	53208	Amount of Each Receipt this Period
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
Ī	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:         PAGE 23 / 31           (check only one)         (check 112           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentis	stry Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Walter R. Pfitzinger			Date of Receipt
	Mailing Address 12 Westbury Drive, Su	lite D		07 03 2007
	City	State	Zip Code	Transaction ID: SA11AI.10580
	St. Charles	MO	63301-2543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bridgeport Dental Services	Occupatio Pediatric		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Curt S. Ralstrom			Date of Receipt
	Mailing Address 39400 Garfield Road,	Suite 200		07 13 2007
	City	State	Zip Code	Transaction ID: SA11AI.10667
	Clinton Township	MI	48038-4096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Pediatric		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Paul A. Reggiardo			Date of Receipt
	Mailing Address 18731 Patrician Drive			07 09 Y Y Y Y 07 09 2007
	City	State	Zip Code	Transaction ID: SA11AI.10648
	Villa Park	CA	92861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Paul Reggiardo DDS, APC	Occupatio Pediatric		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
ľ	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 24/31           (check only one)         11a         11b         11c         12           13         14         15         16         11
or for commercial purposes, other than usin	and Statements may not be sold or used by any perso g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Pediatric D	entistry Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. George M. Richardson		Date of Receipt
Mailing Address Timberlane Dental 60 Timber Lane	Group	07 16 Y Y Y Y 07 16 2007
City	State Zip Code	Transaction ID: SA11AI.10789
South Burlington	VT 05403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Timberlane Dental Group	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Dr. Lindsey Robinson		Date of Receipt
Mailing Address 1364 Whispering F Suite 1	Pines Lane	07 / 30 / Y Y Y Y 07 30 07
City	State Zip Code	Transaction ID: SA11AI.10956
Grass Valley	CA 95945-6111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	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) Dr. G. Ford Rowland		Date of Receipt
Mailing Address 297 Highway 51, S	Suite D	M M / D D / Y Y Y Y 09 24 2007
City	State Zip Code	Transaction ID: SA11AI.11288
Ridgeland FEC ID number of contributing federal political committee.	MN 39157	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Pediatric Dentist	_
Receipt For:	Aggregate Year-to-Date V	-
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00
	nber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 25/31           (check only one)         X           X         11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)           American Academy of Pediatric Dentis			
۷ ۹.	Full Name (Last, First, Middle Initial) Dr. Neophytos L. Savide			Date of Receipt
	Mailing Address 248 Timber Edge Lane	•		08 14 2007
	City	State	Zip Code	Transaction ID: SA11AI.11087
	Palos Park FEC ID number of contributing federal political committee.	C	60464	Amount of Each Receipt this Period 500.00
	Name of Employer Neophytos L. Savide, D.D	Occupatio		_
	<u>S., Ltd.</u> Receipt For:		e Year-to-Date V	-
	Primary General Other (specify)		500.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Irwin M. Seidman			Date of Receipt
	Mailing Address 600 North Court, #250			09 04 Y Y Y Y 09 04
	City	State	Zip Code	Transaction ID: SA11AI.11173
	Palatine		60067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Irwin M. Seidman DDS, PC	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	250.00	
-	Full Name (Last, First, Middle Initial) Dr. Barry P. Setzer			Date of Receipt
	Mailing Address 8355 Bayberry Road			09 / 28 / Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11AI.11309
	Jacksonville FEC ID number of contributing	FL	32256-4427	Amount of Each Receipt this Period 800.00
	federal political committee.	C		
	Name of Employer Barry P. Setzer, D.D.S.	Occupation Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 800.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1550.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26/31 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c $12$
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	American Academy of Pediatric Dentis	stry Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Irene R. Skirius			Date of Receipt
	Mailing Address 345 Kent Road			08 / D D / Y Y Y Y 23 / 2007
	City	State	Zip Code	Transaction ID: SA11AI.11101
	Riverside	IL	60546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Pediatric		
	Receipt For:	1	e Year-to-Date V	1
	Primary General		250.00	1
_	Other (specify) 🔻	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Rebecca Slayton			Date of Receipt
	Mailing Address 10546 Riviera Place N	E		M M         /         D D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.10722
	Seattle	WA	98125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University of Washington	Occupatio Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0.0	250.00	]
- C.	Full Name (Last, First, Middle Initial) Dr. Yury Slepak	1		Date of Receipt
	Mailing Address 749 Ocean Parkway			10 13 2007
	City	State	Zip Code	Transaction ID: SA11AI.11328
	Brooklyn	NY	11230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0	250.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
ŀ	TOTAL This Period (last page this line number			
L		,	·····	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 27/31           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any per Idress of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentis	stry Political	I Action Committee	
⊻ A.	Full Name (Last, First, Middle Initial) Dr. Bradley R. Smith			Date of Receipt
	Mailing Address 9094 E. Mineral Circle	, #240		08 / D D / Y Y Y Y 020 2007
	City	State	Zip Code	Transaction ID: SA11AI.11121
	Centennial	CO	80112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0.0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Jonathan L. Staker			Date of Receipt
	Mailing Address 2550 E. Guadalupe, #	101		07 06 Y Y Y Y 007 06
	City	State	Zip Code	Transaction ID: SA11AI.10604
	Gilbert	AZ	85234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pediatric Dental Speciali-	Occupation Pediatric		
	sts, P.C. Receipt For:	, .	e Year-to-Date V	
	Primary     General       Other (specify) ▼		250.00	
– c.	Full Name (Last, First, Middle Initial) Dr. Ray E. Stewart			Date of Receipt
	Mailing Address 631 E. Alvin Drive, Sui	te C		07 25 2007
	City	State	Zip Code	Transaction ID: SA11AI.10812
	Salinas	CA	93906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	•		▶ 750.00
	TOTAL This Period (last page this line number	only)		•

SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	rm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 28 / 31           (check only one)         11a           X         11a           13         14           15         16
or for commercial purposes, other th	eports and Statements may not be sold or used by any perso an using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of Pedia	) atric Dentistry Political Action Committee	
Full Name (Last, First, Middle Init	tial)	Date of Receipt
Mailing Address 406-B W. Bo	oughton Road	08 / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
City	State Zip Code	Transaction ID: SA11AI.11141
Bolingbrook	IL 60440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	_
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Init Dr. Stephanie M. Su	iial)	Date of Receipt
Mailing Address 16501 SE 5	7th Place	M M         /         D D         /         Y Y         Y Y         Y
City	State Zip Code	Transaction ID: SA11AI.11236
Bellevue	WA 98006-5537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		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 Init Dr. James L. Van Miller	tial)	Date of Receipt
Mailing Address 125 Siegler	Street	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: SA11AI.10836
<u>Green Bay</u>	WI 54303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Park West Pediatric Dental Associates	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page	• (optional)	1000.00
	line number only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER:       PAGE 29 / 31         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold o name and address of any po	r used by any perso plitical committee to	n for the purpose of soliciting contributions
	American Academy of Pediatric Dentis	try Political Action Com	mittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Ralph D. Warnock			Date of Receipt
	Mailing Address 7210-K Broad River Re	bad		07 19 2007
	City	State Zip Code	•	Transaction ID: SA11AI.10723
	Irmo	SC 29063		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lake Murray Pediatric Den- tal	Occupation Pediatric Dentist		
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary     General       Other (specify) ▼		250.00	
в.	Full Name (Last, First, Middle Initial) Dr. John L. Wasdin			Date of Receipt
	Mailing Address 1501 Brampton Avenu	e		07 09 Y Y Y Y 07 09
	City	State Zip Code	•	Transaction ID: SA11AI.10707
	Statesboro	GA 30458		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist		
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary     General       Other (specify) ▼		250.00	
с	Full Name (Last, First, Middle Initial) Dr. Gordon W. Womack			Date of Receipt
	Mailing Address 3300 Kemp Road			M M / D D / Y Y Y Y 08 02 2007
	City	State Zip Code	)	Transaction ID: SA11AI.11038
	Beavercreek	<u>OH 45431</u>		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist		
	Receipt For: Primary General	Aggregate Year-to-Date		
F	Other (specify)		250.00	
	SUBTOTAL of Receipts This Page (optional)		······	750.00
	TOTAL This Period (last page this line number	only)		22310.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentistry	me and address of any political	committee to sol	
Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096			Transaction ID: SB23.11395 Date of Disbursement
City BANGOR Purpose of Disbursement	State Zip Code ME 04402		Amount of Each Disbursement this Period 1000.00
Collins ME 2008 Senate General Candidate Name		Category/ Type	
Office Sought: House Disbur Senate President State: District:	Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS C	OMMITTEE		Transaction ID: SB23.11396 Date of Disbursement
Mailing Address 607 14th Street N.W. Suite 800			$\begin{array}{c} M \\ 0 \\ 8 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 7 \\ \end{array} \begin{array}{c} D \\ 7 \\ \end{array} \begin{array}{c} D \\ 2 \\ 7 \\ \end{array} \begin{array}{c} D \\ 7 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} $
City Washington	StateZip CodeDC20005		Amount of Each Disbursement this Period
Purpose of Disbursement Dingell MI 2008 House Primary Candidate Name		Category/	2500.00
	rsement For: 2008 X Primary General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS C	OMMITTEE		Transaction ID: SB23.11397 Date of Disbursement
Mailing Address 607 14th Street N.W. Suite 800			$\begin{array}{c} M \\ 0 \\ 8 \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 2 \\ 7 \\ \end{array} \begin{array}{c} D \\ 2 \\ 7 \\ \end{array} \begin{array}{c} D \\ 2 \\ 7 \\ \end{array} \begin{array}{c} T \\ T $
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Dingell MI 2008 House General Candidate Name			5000.00
		Category/ Type	
Office Sought: House Disbur Senate President State: District:	rsement For: 2008 Primary X General Other (specify) ▼		
State: District. SUBTOTAL of Disbursements This Page (optional	I)		8500.00
TOTAL This Period (last page this line number on			

FEC Schedule B ( Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	Τ					R:					PAC	ЭE	31 /	31	
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Full Name (Last, First, Middle Initial) LINDER FOR CONGRESS						Tran Date 0 8	of C		burs	_	nent	.11 Y		2 0 Ŏ	7	1
Mailing Address P. O. Box 4026 City	State Zip Code							of		_	)isbur	sem				riod
Duluth Purpose of Disbursement Linder GA 2008 House Primary Candidate Name	GA 30096			gory/	]								10	000.	00	
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Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY						Tran Date 0 8	of D			en	nent	11 Y		3 0 ð	- Y	1
PO BOX 1322	Mailing Address 525 WASHINGTON ST PO BOX 1322									_						
City WAUSAU	State Zip Code WI 54402					Amo	unt o	of	Each	ı D	lisbur	sem		this:		rioc
Purpose of Disbursement Obey WI 2008 House Primary Candidate Name	[		ate Ty	gory/												
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Full Name (Last, First, Middle Initial) SIMPSON FOR CONGRESS						<b>Tran</b> Date	of D		burs	en	nent	.11				
Mailing Address 1487 PARKWAY DRIV	Ξ					0 <sup>™</sup> 9	М	/	□2	2 8	3	Y	ž	0 Ò	7	
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