

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Pediatric Dentistry Political Action Committee

ADDRESS (number and street) 211 E Chicago Ave
Suite 700
 Check if different than previously reported. (ACC)
Chicago IL 60611-2663

2. **FEC IDENTIFICATION NUMBER** C00365965
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 07 01 2007 through 12 31 2007

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 John S. Rutkauskas

Signature of Treasurer Electronically Filed by John S. Rutkauskas Date 01 29 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		143990.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	133615.00									
(c) Total Receipts (from Line 19)	129031.00	131656.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	262646.00	275646.00								
7. Total Disbursements (from Line 31)	16500.00	29500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	246146.00	246146.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22310.00	23310.00
(i) Itemized (use Schedule A)		
(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
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	129031.00	131656.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	129031.00	131656.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	129031.00	131656.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	29500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16500.00	29500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	29500.00

DETAILED SUMMARY PAGE
of Disbursements

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Dr. George Acs		Date of Receipt MM / DD / YYYY 09 / 01 / 2007		
	Mailing Address 7120 Chilton Court		Transaction ID: SA11AI.11147		
	City Clarksville	State MD	Zip Code 21029	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Pediatric Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Phillip A. Baker		Date of Receipt MM / DD / YYYY 09 / 18 / 2007		
	Mailing Address 2999 Pine Ridge Road		Transaction ID: SA11AI.11228		
	City Oshkosh	State WI	Zip Code 54904	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Children's Dental Center, S.C.	Occupation Pediatric Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. K. Jean Beauchamp		Date of Receipt MM / DD / YYYY 08 / 30 / 2007		
	Mailing Address 2297 Rudolphtown Road		Transaction ID: SA11AI.11169		
	City Clarksville	State TN	Zip Code 37043	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Pediatric Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Neal R. Benham</p> <p>Mailing Address 3131 Stein Boulevard</p> <p>City State Zip Code Eau Claire WI 54701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Occupation Pediatric Dentist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 22 / 2007</p> <p>Transaction ID: SA11AI.11125</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. John H. Betz</p> <p>Mailing Address 615 South 10th Street</p> <p>City State Zip Code LaCrosse WI 54601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Occupation Pediatric Dentist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 07 / 13 / 2007</p> <p>Transaction ID: SA11AI.10725</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Scott A. Bialik</p> <p>Mailing Address 246 Federal Road, #D-13</p> <p>City State Zip Code Brookfield CT 06804-2649</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Occupation Pediatric Dentist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 14 / 2007</p> <p>Transaction ID: SA11AI.11085</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Dr. John A. Bogert		Date of Receipt MM / DD / YYYY 12 / 10 / 2007
Mailing Address 1011 East Turnbridge Circle		Transaction ID: SA11AI.11369
City Springfield	State MO	Zip Code 65810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Kim Boling		Date of Receipt MM / DD / YYYY 07 / 21 / 2007
Mailing Address P.O. Box 1359		Transaction ID: SA11AI.10773
City London	State KY	Zip Code 40743
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kimberly A. Boling, DMD, PSC	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Todd S. Brasuell		Date of Receipt MM / DD / YYYY 08 / 17 / 2007
Mailing Address 71107 Highway 21, #2		Transaction ID: SA11AI.11072
City Covington	State LA	Zip Code 70433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey S. Burg

Mailing Address 9161 S. Wedgefield Drive

City State Zip Code
Sandy UT 84093

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 08 / 2007

Transaction ID: SA11AI.11192

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Natalie J. Carr

Mailing Address 211 S. Arrawana Avenue

City State Zip Code
Tampa FL 33609

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 22 / 2007

Transaction ID: SA11AI.11235

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jason A. Clapp

Mailing Address 2000 Highland Village Road, #C

City State Zip Code
Highland Village TX 75077

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 02 / 2007

Transaction ID: SA11AI.11340

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Stephanie L. Cosby

Mailing Address 2201 Regency Road, #503

City Lexington State KY Zip Code 40503

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2007
Transaction ID: SA11AI.10819
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. J. David Crossley

Mailing Address 950 West First North Street

City Morristown State TN Zip Code 37814-4550

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2007
Transaction ID: SA11AI.10774
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Barry J. Currey

Mailing Address 6500 Quaker Avenue, Suite F

City Lubbock State TX Zip Code 79413

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2007
Transaction ID: SA11AI.10570
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Lynda N. Dean-Duru

Mailing Address Ashburn Children's Dentistry
44110 Ashburn Village Plaza, #211

City Ashburn State VA Zip Code 20147

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

Name of Employer Ashburn Children's Dentistry Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
07 / 16 / 2007

Transaction ID: SA11AI.10820

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Francis J. Dermody, Sr.

Mailing Address 891 48th Avenue

City Vero Beach State FL Zip Code 32966

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

Name of Employer Dermody Pediatric Dentistry Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
08 / 07 / 2007

Transaction ID: SA11AI.10995

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Nicolet DeRose

Mailing Address 316 Fifth Street

City Racine State WI Zip Code 53403

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.11361

Amount of Each Receipt this Period: 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 12 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Ronald R. Ditto

Mailing Address 2347 Cason Street

City State Zip Code
Lafayette IN 47904-2670

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

Name of Employer Self Employed Occupation
Self Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: SA11AI.11239

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Randall W. Ellis

Mailing Address 1022 Liberty Lane

City State Zip Code
Pueblo CO 81001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2007

Transaction ID: SA11AI.10587

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Denise N. Evans

Mailing Address 2315 SW Woodland Court

City State Zip Code
Ankeny IA 50023

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2007

Transaction ID: SA11AI.10560

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Kylene H. Fernandez		Date of Receipt
	Mailing Address 3663 Ridge Mill Drive, #102		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11210
	Name of Employer Self-Employed		Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="300.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Robert L. Fisher		Date of Receipt
	Mailing Address 750 N. Capitol Ave., Suite C-2		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
	City San Jose	State CA	Zip Code 95133
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11053
	Name of Employer Self Employed		Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Robert A. Frank		Date of Receipt
	Mailing Address 80 High Street		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City Medford	State MA	Zip Code 02155-3813
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11068
	Name of Employer Self Employed		Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional) ▶

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Daniel M. Gindi

Mailing Address 8600 Alexandria Drive, #B

City State Zip Code
Macedonia OH 44056

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2007

Transaction ID: SA11AI.10972

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Scott D. Goodman

Mailing Address 1340 Matthews Township Pkwy.
Suite 201

City State Zip Code
Matthews SC 28105

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

Name of Employer Self-Employed Occupation
Self Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: SA11AI.10849

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph T. Gordon

Mailing Address 514 N. Western Avenue, #3AS

City State Zip Code
Lake Forest IL 60045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.10870

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2007

Transaction ID: SA11AI.10828

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Cliff Hartmann

Mailing Address 10202 West Hayes Avenue

City State Zip Code
West Allis WI 53226

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

Name of Employer C. R. Hartmann, DDS, SC Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2007

Transaction ID: SA11AI.10661

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mary J. Hayes

Mailing Address 737 N. Michigan Avenue, #1330

City State Zip Code
Chicago IL 60611

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: SA11AI.10711

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) ▶

1900.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. William J. Heimann

Mailing Address 1526 W. Glendale Ave., Suite 103

City State Zip Code
Phoenix AZ 85021-8576

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

Name of Employer Self Employed Occupation
Self Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: SA11AI.11117

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Sarah Hill

Mailing Address 1308 34th Street

City State Zip Code
Anacortes WA 98221

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

Name of Employer Self Employed Occupation
Self Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2007

Transaction ID: SA11AI.10630

Amount of Each Receipt this Period
210.00

C. Full Name (Last, First, Middle Initial)
Dr. Constance A. Huff

Mailing Address 6654 Lewis Road

City State Zip Code
Vacaville CA 95687

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2007

Transaction ID: SA11AI.11078

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **710.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Douglas V. Janis

Mailing Address 1705 South Street

City State Zip Code
Geneva IL 60134-2544

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2007

Transaction ID: SA11AI.11221

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey C. Jaynes

Mailing Address 5800 Coit Road, Suite 600

City State Zip Code
Plano TX 75023

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2007

Transaction ID: SA11AI.11200

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Lewis Kay

Mailing Address 401 Mallard Lane

City State Zip Code
Moorestown NJ 08057

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: SA11AI.10802

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas B. Keck

Mailing Address 991 State Street

City State Zip Code
New Haven CT 06511

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

Name of Employer Occupation
Pediatric Dentistry Associates, LLC Pediatric Dentist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 05 / 2007

Transaction ID: SA11AI.10591

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael A. Keller

Mailing Address 2045 Medical Center Drive, #7

City State Zip Code
Birmingham AL 35209

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

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2007

Transaction ID: SA11AI.10865

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul A. Kennedy Jr.

Mailing Address 6200 Saratoga Boulevard

City State Zip Code
Corpus Christi TX 78414

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

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2007

Transaction ID: SA11AI.10704

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 31						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Dr. Paul E. Kittle, Jr.		Date of Receipt MM / DD / YYYY 07 / 25 / 2007		
	Mailing Address 309 South Second Street, Suite A		Transaction ID: SA11AI.10803		
	City Leavenworth	State KS	Zip Code 66048	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Self Employed		Occupation Pediatric Dentist		

B.	Full Name (Last, First, Middle Initial) Dr. Kimberly A. Kretsch		Date of Receipt MM / DD / YYYY 08 / 16 / 2007		
	Mailing Address 1056 S. 88th Street		Transaction ID: SA11AI.11088		
	City Louisville	State CO	Zip Code 80027	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Young Dentistry for Children		Occupation Pediatric Dentist		

C.	Full Name (Last, First, Middle Initial) Dr. Bernard J. Larson		Date of Receipt MM / DD / YYYY 07 / 31 / 2007		
	Mailing Address 2100 East Section Street, Ste. 102		Transaction ID: SA11AI.10969		
	City Mount Vernon	State WA	Zip Code 98274-9124	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Self-Employed		Occupation Pediatric Dentist		

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

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

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

FOR LINE NUMBER: PAGE 20 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. William H. Lieberman

Mailing Address 276 Broad Street

City State Zip Code
Red Bank NJ 07701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	2	/	2	0	0	7

Transaction ID: SA11AI.10902

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark S. Lisagor

Mailing Address 477 Calle Higuera

City State Zip Code
Camarillo CA 93010

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

Name of Employer Self Employed Occupation
Self Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	0	7

Transaction ID: SA11AI.10633

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Elliott D. Maser

Mailing Address 3101 Bristol Road, #1

City State Zip Code
Bensalem PA 19020

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

Name of Employer Self Employed Occupation
Self Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	7

Transaction ID: SA11AI.11014

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 31
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Eugene J. McGuire		Date of Receipt MM / DD / YYYY 08 / 02 / 2007
	Mailing Address 1575 Pond Road, #105		Transaction ID: SA11AI.11036
	City Allentown	State PA	Zip Code 18104
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. S. Troy Miller		Date of Receipt MM / DD / YYYY 10 / 02 / 2007
	Mailing Address 500 Dover Blvd., Suite 300		Transaction ID: SA11AI.11254
	City Lafayette	State LA	Zip Code 70503
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Anita C. Murray-Clary		Date of Receipt MM / DD / YYYY 08 / 29 / 2007
	Mailing Address 6231 SW 29th Street, #100		Transaction ID: SA11AI.11168
	City Topeka	State KS	Zip Code 66614
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert M. Newman

Mailing Address 8903 Glades Road, Suite D-4

City State Zip Code
Boca Raton FL 33434

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

Name of Employer Occupation
Self Employed Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2007

Transaction ID: SA11AI.10698

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kyle Pedersen

Mailing Address 2560 Foxfield Road, #190

City State Zip Code
St. Charles IL 60174

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

Name of Employer Occupation
Kyle E. Pedersen DDS, PC Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2007

Transaction ID: SA11AI.10721

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Neil E. Peterson

Mailing Address 5019 W. North Avenue

City State Zip Code
Milwaukee WI 53208

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

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2007

Transaction ID: SA11AI.10955

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Walter R. Pfitzinger

Mailing Address 12 Westbury Drive, Suite D

City State Zip Code
St. Charles MO 63301-2543

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

Name of Employer Occupation
Bridgeport Dental Services Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: SA11AI.10580

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Curt S. Ralstrom

Mailing Address 39400 Garfield Road, Suite 200

City State Zip Code
Clinton Township MI 48038-4096

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

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2007

Transaction ID: SA11AI.10667

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul A. Reggiardo

Mailing Address 18731 Patrician Drive

City State Zip Code
Villa Park CA 92861

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

Name of Employer Occupation
Paul Reggiardo DDS, APC Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2007

Transaction ID: SA11AI.10648

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 31
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Dr. George M. Richardson

Mailing Address Timberlane Dental Group
60 Timber Lane

City State Zip Code
South Burlington VT 05403

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

Name of Employer Occupation
Timberlane Dental Group Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2007

Transaction ID: SA11AI.10789

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lindsey Robinson

Mailing Address 1364 Whispering Pines Lane
Suite 1

City State Zip Code
Grass Valley CA 95945-6111

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

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2007

Transaction ID: SA11AI.10956

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. G. Ford Rowland

Mailing Address 297 Highway 51, Suite D

City State Zip Code
Ridgeland MN 39157

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

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: SA11AI.11288

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Neophytos L. Savide

Mailing Address 248 Timber Edge Lane

City Palos Park State IL Zip Code 60464

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

Name of Employer Neophytos L. Savide, D.D.-S., Ltd. Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2007
Transaction ID: SA11AI.11087
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Irwin M. Seidman

Mailing Address 600 North Court, #250

City Palatine State IL Zip Code 60067

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

Name of Employer Irwin M. Seidman DDS, PC Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2007
Transaction ID: SA11AI.11173
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Barry P. Setzer

Mailing Address 8355 Bayberry Road

City Jacksonville State FL Zip Code 32256-4427

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

Name of Employer Barry P. Setzer, D.D.S. Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 28 / 2007
Transaction ID: SA11AI.11309
Amount of Each Receipt this Period 800.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 31
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Dr. Irene R. Skirius

Mailing Address 345 Kent Road

City State Zip Code
Riverside IL 60546

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

Name of Employer Self-Employed
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: SA11AI.11101

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Rebecca Slayton

Mailing Address 10546 Riviera Place NE

City State Zip Code
Seattle WA 98125

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

Name of Employer University of Washington
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2007

Transaction ID: SA11AI.10722

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Yury Slepak

Mailing Address 749 Ocean Parkway

City State Zip Code
Brooklyn NY 11230

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

Name of Employer Self-Employed
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2007

Transaction ID: SA11AI.11328

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 31
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Dr. Bradley R. Smith

Mailing Address 9094 E. Mineral Circle, #240

City State Zip Code
Centennial CO 80112

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2007

Transaction ID: SA11AI.11121

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jonathan L. Staker

Mailing Address 2550 E. Guadalupe, #101

City State Zip Code
Gilbert AZ 85234

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

Name of Employer Occupation
Pediatric Dental Specialists, P.C. Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2007

Transaction ID: SA11AI.10604

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ray E. Stewart

Mailing Address 631 E. Alvin Drive, Suite C

City State Zip Code
Salinas CA 93906

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: SA11AI.10812

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Bob C. Stone

Mailing Address 406-B W. Boughton Road

City State Zip Code
Bolingbrook IL 60440

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

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 29 / 2007

Transaction ID: SA11AI.11141

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephanie M. Su

Mailing Address 16501 SE 57th Place

City State Zip Code
Bellevue WA 98006-5537

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

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2007

Transaction ID: SA11AI.11236

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. James L. Van Miller

Mailing Address 125 Siegler Street

City State Zip Code
Green Bay WI 54303

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

Name of Employer Park West Pediatric Dental Associates Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2007

Transaction ID: SA11AI.10836

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Dr. Ralph D. Warnock		Date of Receipt MM / DD / YYYY 07 / 19 / 2007
Mailing Address 7210-K Broad River Road		Transaction ID: SA11AI.10723
City Irmo	State SC	Zip Code 29063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lake Murray Pediatric Dental	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. John L. Wasdin		Date of Receipt MM / DD / YYYY 07 / 09 / 2007
Mailing Address 1501 Brampton Avenue		Transaction ID: SA11AI.10707
City Statesboro	State GA	Zip Code 30458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Gordon W. Womack		Date of Receipt MM / DD / YYYY 08 / 02 / 2007
Mailing Address 3300 Kemp Road		Transaction ID: SA11AI.11038
City Beavercreek	State OH	Zip Code 45431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	22310.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: SB23.11395
	Mailing Address PO BOX 1096	Date of Disbursement 09 / 17 / 2007
	City BANGOR State ME Zip Code 04402 Purpose of Disbursement Collins ME 2008 Senate General Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE	Transaction ID: SB23.11396
	Mailing Address 607 14th Street N.W. Suite 800	Date of Disbursement 08 / 27 / 2007
	City Washington State DC Zip Code 20005 Purpose of Disbursement Dingell MI 2008 House Primary Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE	Transaction ID: SB23.11397
	Mailing Address 607 14th Street N.W. Suite 800	Date of Disbursement 08 / 27 / 2007
	City Washington State DC Zip Code 20005 Purpose of Disbursement Dingell MI 2008 House General Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **8500.00**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) LINDER FOR CONGRESS Mailing Address P. O. Box 4026 City Duluth State GA Zip Code 30096 Purpose of Disbursement Linder GA 2008 House Primary Candidate Name	Transaction ID: SB23.11392 Date of Disbursement 08 / 10 / 2007
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address 525 WASHINGTON ST PO BOX 1322 City WAUSAU State WI Zip Code 54402 Purpose of Disbursement Obey WI 2008 House Primary Candidate Name	Transaction ID: SB23.11393 Date of Disbursement 08 / 27 / 2007
	Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) SIMPSON FOR CONGRESS Mailing Address 1487 PARKWAY DRIVE City BLACKFOOT State ID Zip Code 83221 Purpose of Disbursement Simpson ID 2008 House General Candidate Name	Transaction ID: SB23.11394 Date of Disbursement 09 / 28 / 2007
	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

16500.00