

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEB 4 3 13 11 '96

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

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

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

2. FEC IDENTIFICATION NUMBER
C00005731

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

4. TYPE OF REPORT

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

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/1/95 through 12/31/95		
6. (a) Cash on Hand January 1, 1995			\$ 13,752.08
(b) Cash on Hand at Beginning of Reporting Period		\$ 105,947.88	
(c) Total Receipts (from Line 19)		\$ 125,216.34	\$ 342,412.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 231,164.22	\$ 462,112.10
7. Total Disbursements (from Line 30)		\$ 29,708.20	\$ 154,708.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 201,456.02	\$ 307,403.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: Federal Election Commission 998 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer Roger Kittredge			
Signature of Treasurer			Date 1/31/96

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

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FEC FORM 3X
(revised 9/93)

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

(revised 11/91)

NAME OF COMMITTEE California Dental Political Action Committee/Federal		REPORT COVERING PERIOD FROM 7/1/95 TO 12/31/95	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	11,225.00	15,321.59	11(a)(i)
ii. Unitemized	112,584.24	124,959.52	11(a)(ii)
iii. Total (add i and ii) >	123,809.24	340,281.11	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) >	123,809.24	340,281.11	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,407.10	2,131.03	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	125,216.34	342,412.14	19
20. Total Federal Receipts (subtract line 18 from line 19) >	125,216.34	342,412.14	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	15.00	15.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	25,000.00	150,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,693.20	4,693.20	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	29,708.20	154,708.20	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	29,708.20	154,708.20	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	-0-	-0-	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	-0-	-0-	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

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

NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SAMUEL AANESTAD 1364 WHISPERING PINES LN GRASS VALLEY, CA 95945	SELF	11/15/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$275.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DOUGLAS ANDERSEN 250 LOMBARD ST # 7 THOUSAND OAKS, CA 91360	SELF	11/22/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARYSE AUBERT 1565 HOLLENBECK AVE SUNNYVALE, CA 94087	SELF	11/24/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KEVIN BARRY 450 SUTTER ST RM 701 SAN FRANCISCO, CA 94108	SELF	12/07/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GARY BAUGHMAN 756 PORTER AVE # 100 STOCKTON, CA 95207	SELF	11/27/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN BISHOP 2112 S EL CAMINO REAL OCEANSIDE, CA 92054	SELF	11/20/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BARTON BLUMBERG 2222 EAST ST STE 355 CONCORD, CA 94520	SELF	11/14/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$275.00

SUBTOTAL of Receipts This Page (optional) \$1,050.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THOMAS COAD 18300 VON KARMAN AVE # 640 IRVINE, CA 92715	SELF	12/04/95	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LEON COOPER 750 E ROMIE LN SALINAS, CA 93901	SELF	11/17/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$278.57
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID COTTRELL 1223 HIGUERA ST # 201 SAN LUIS OBISPO, CA 93401	SELF	11/24/95	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD COUK 1025 VILLAGE LN CHICO, CA 95926	SELF	12/07/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HAROLD COX PO BOX 493570 REDDING, CA 96049	SELF	11/25/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RUSSELL DI BARI 1281 OAKMEAD PKY # 102 SUNNYVALE, CA 94086	SELF	11/20/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
OSCAR DOMONDON 3714 ATLANTIC AVE LONG BEACH, CA 90807	SELF	11/22/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	\$203.57

SUBTOTAL of Receipts This Page (optional) \$1,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 17
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code MICHAEL DOUCET 111 PLAZA PROFESSIONAL BLDG EL CERRITO, CA 94530		Name of Employer SELF	Date (month, day, year) 11/08/95	Amount of Each Receipt this Period \$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$200.00
B. Full Name, Mailing Address and ZIP Code MARK DOUGLAS 4827 LAGUNA WEST WAY # 5 ELK GROVE, CA 95758		Name of Employer SELF	Date (month, day, year) 11/17/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
C. Full Name, Mailing Address and ZIP Code HERMAN DURAN 130 N SAN MATEO DR SAN MATEO, CA 94401		Name of Employer SELF	Date (month, day, year) 11/28/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$425.00
D. Full Name, Mailing Address and ZIP Code VINCENT FARHOOD 3000 ALAMO DR STE 206 VACAVILLE, CA 95687		Name of Employer SELF	Date (month, day, year) 11/20/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$275.00
E. Full Name, Mailing Address and ZIP Code LELAND FERGUSON 5150 GRAVES AVE SAN JOSE, CA 95129		Name of Employer SELF	Date (month, day, year) 11/27/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
F. Full Name, Mailing Address and ZIP Code MICHAEL GALLEGO 122 BANK ST GRASS VALLEY, CA 95945		Name of Employer SELF	Date (month, day, year) 12/08/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$214.29
G. Full Name, Mailing Address and ZIP Code LOUIS GEISSBERGER 1341 S ELISEO DR GREENBRAE, CA 94904		Name of Employer SELF	Date (month, day, year) 12/01/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00

SUBTOTAL of Receipts This Page (optional) \$975.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 17
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID GILLETT 7080 SKYWAY # A PARADISE, CA 95969	SELF	11/06/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$225.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALBERT GROSNICK 333 EL DORADO ST MONTEREY, CA 93940	SELF	11/29/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW HARSANY 175 N JACKSON AVE SAN JOSE, CA 95116	SELF	12/05/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN HOGG, III 2370 PROFESSIONAL DR ROSEVILLE, CA 95661	SELF	12/08/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN HOLIFIELD 16 HENDERSON RD LEXINGTON, MA 02173	SELF	11/16/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$278.57
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAREN HOVDEN 901 CAMPUS DR # 202 DALY CITY, CA 94015	SELF	11/25/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD JACKSON 2525 K ST # 101 SACRAMENTO, CA 95816	SELF	11/24/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$275.00

SUBTOTAL of Receipts This Page (optional)	\$900.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MURRAY JACOBS 1213 COFFEE RD STE Q MODESTO, CA 95355	SELF	12/05/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
STANLEY JONES 349 W LAKE MEED DR HENDERSON, NV 89015	SELF	11/20/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ARTHUR KILKUTS 900 S MAIN ST # 110 CORONA, CA 91720	SELF	12/04/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$ 275.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD KINSEL 1291 E HILLSDALE BLVD # 12 FOSTER CITY, CA 94404	SELF	12/08/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MATTHIAS KURZROCK 4201 TORRANCE BLVD STE 420 TORRANCE, CA 90503	SELF	11/29/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HOWARD LANDESMAN USC SCHOOL OF DENTISTRY UNIVERSITY PARK DEN 203 LOS ANGELES, CA 90089	SELF	11/17/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$ 225.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CLINTON LEE 4416 PIEDMONT AVE OAKLAND, CA 94611	SELF	12/04/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$ 225.00	

SUBTOTAL of Receipts This Page (optional) \$900.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code DARRYL LEE 2700 N BELFLOWER BLVD STE 106 LONG BEACH, CA 90815		Name of Employer SELF	Date (month, day, year) 11/16/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code L. LEWIS 9301 FIRCREST LN # 104 SAN RAMON, CA 94583		Name of Employer SELF	Date (month, day, year) 12/08/95	Amount of Each Receipt This Period \$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code JON LINDSAY 2121 ALEXIAN DR # 112 SAN JOSE, CA 95116		Name of Employer SELF	Date (month, day, year) 12/04/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$ 275.00	
D. Full Name, Mailing Address and ZIP Code THOMAS LOVE 401 29TH ST OAKLAND, CA 94609		Name of Employer SELF	Date (month, day, year) 11/15/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$ 275.00	
E. Full Name, Mailing Address and ZIP Code ROBERT MAASS 20265 LAKE CHABOT RD CASTRO VALLEY, CA 94546		Name of Employer SELF	Date (month, day, year) 11/17/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code RONALD MACK PO BOX 1843 TURLOCK, CA 95381		Name of Employer SELF	Date (month, day, year) 11/10/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code J ALEJANDRO MAGALLANES VEGA 619 PALO ALTO DR REDLANDS, CA 92373		Name of Employer SELF	Date (month, day, year) 11/20/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) \$975.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code PHILIP MALDONADO 151 W COLLEGE STREET COVINA, CA 91723		Name of Employer SELF	Date (month, day, year) 11/29/05	Amount of Each Receipt This Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$225.00	
B. Full Name, Mailing Address and ZIP Code RICHARD MATSUEDA 17511 CRENSHAW BLVD TORRANCE, CA 90504		Name of Employer SELF	Date (month, day, year) 11/20/05	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$300.00	
C. Full Name, Mailing Address and ZIP Code DAVID MC INTIRE 3517 MARCONI AVE STE 105 SACRAMENTO, CA 95821		Name of Employer SELF	Date (month, day, year) 12/01/05	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$275.00	
D. Full Name, Mailing Address and ZIP Code MICHAEL MC KEEVER 7880 WREN AVE STE A111 GILROY, CA 95020		Name of Employer SELF	Date (month, day, year) 11/30/05	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$375.00	
E. Full Name, Mailing Address and ZIP Code RONALD READ 990 BOYSEN AVE SAN LUIS OBISPO, CA 93401		Name of Employer SELF	Date (month, day, year) 11/24/05	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$275.00	
F. Full Name, Mailing Address and ZIP Code WILLIAM MELARKEY 2650 21ST ST SACRAMENTO, CA 95818		Name of Employer SELF	Date (month, day, year) 11/14/05	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$300.00	
G. Full Name, Mailing Address and ZIP Code JEFFREY RILES 2418 EAST AVE LIVERMORE, CA 94550		Name of Employer SELF	Date (month, day, year) 11/10/05	Amount of Each Receipt This Period \$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$225.00	

SUBTOTAL of Receipts This Page (optional) \$1,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 17
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN NELSON 87 SCRIPPS DR STE 310 SACRAMENTO, CA 95825	SELF	11/13/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$ 225.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KEITH NELSON 3031 TELEGRAPH AVE STE 234 BERKELEY, CA 94705	SELF	11/10/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$ 275.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. NEUENSCHWANDER 515 E MICHELTORENA ST STE F SANTA BARBARA, CA 93103	SELF	11/24/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$ 225.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID RAINERO 1855 SAN MIGUEL DR STE 25 WALNUT CREEK, CA 94596	SELF	12/04/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$ 275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID REAGAN 11401 HEACOCK ST STE 320 MORENO VALLEY, CA 92557	SELF	11/20/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$ 225.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERT RICE 25500 RANCHO NIGUEL RD STE 200 ALISO VIEJO, CA 92656	SELF	12/07/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CARL RUNYON 1855 SAN MIGUEL DR STE 25 WALNUT CREEK, CA 94596	SELF	12/04/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$ 275.00	

SUBTOTAL of Receipts This Page (optional) \$675.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GERALD SCHNEIDER 100 N STEVENSON ST VISALIA, CA 93291	SELF	11/20/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$	\$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CHERYLYN SHEETS 360 SAN MIGUEL DR STE 204 NEWPORT BEACH, CA 92660	SELF	11/27/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$	\$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ALLAHYAR SHIRVAN 5635 STRATFORD CIR STE C-36 STOCKTON, CA 95207	SELF	12/08/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$	\$243.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GRAHAM SIMPSON 1450 FRAZEE RD STE 209 SAN DIEGO, CA 92108	SELF	11/17/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$	\$225.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WARD SKINNER 1191 W TENNYSON RD HAYWARD, CA 94544	SELF	12/08/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$	\$300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRIAN SMITH 1313 E HERNDON AVE # 104 FRESNO, CA 93720	SELF	11/10/95	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$	\$200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERT SOBEL 16311 VENTURA BLVD STE 1110 ENCINO, CA 91436	SELF	12/06/95	\$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$	\$225.00

SUBTOTAL of Receipts This Page (optional) \$1,175.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code TONY SUSTAITA 4633 WHITTIER BLVD LOS ANGELES, CA 90022		Name of Employer SELF	Date (month, day, year) 11/27/95	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$	\$225.00
B. Full Name, Mailing Address and ZIP Code DERICK TAGAWA 230 S ORANGE AVE BREA, CA 92621		Name of Employer SELF	Date (month, day, year) 12/07/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$	\$300.00
C. Full Name, Mailing Address and ZIP Code RANDAL THOMSON 805 HARRIS ST EUREKA, CA 95503		Name of Employer SELF	Date (month, day, year) 11/16/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$	\$300.00
D. Full Name, Mailing Address and ZIP Code JOHN TOENJES 915 PARTRIDGE DR REDDING, CA 96003		Name of Employer SELF	Date (month, day, year) 11/28/95	Amount of Each Receipt this Period \$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$	\$225.00
E. Full Name, Mailing Address and ZIP Code BARRY TURNER 10565 BRUNSWICK RD STE 2 GRASS VALLEY, CA 95945		Name of Employer SELF	Date (month, day, year) 12/04/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$	\$300.00
F. Full Name, Mailing Address and ZIP Code DOUGLAS VALENTINE 1364 WHISPERING PINES LN GRASS VALLEY, CA 95945		Name of Employer SELF	Date (month, day, year) 11/15/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$	\$275.00
G. Full Name, Mailing Address and ZIP Code REED VAN WAGENEN 7055 N FRESNO ST # 202 FRESNO, CA 93720		Name of Employer SELF	Date (month, day, year) 11/22/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date \$	\$275.00

SUBTOTAL of Receipts This Page (optional) \$1,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 13 OF 17
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code PAUL VANDERHEYDEN 941 CALIFORNIA BLVD SAN LUIS OBISPO, CA 93401		Name of Employer SELF	Date (month, day, year) 12/04/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
B. Full Name, Mailing Address and ZIP Code NICOLAS VEAGO 4661 PRECISSI LN # 501 STOCKTON, CA 95207		Name of Employer SELF	Date (month, day, year) 12/05/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$275.00
C. Full Name, Mailing Address and ZIP Code ROB VEIS 1964 WESTWOOD BLVD # 340 LOS ANGELES, CA 90025		Name of Employer SELF	Date (month, day, year) 11/24/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
D. Full Name, Mailing Address and ZIP Code NORMAN WAT 38149 MARTHA AVE FREMONT, CA 94536		Name of Employer SELF	Date (month, day, year) 11/16/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$275.00
E. Full Name, Mailing Address and ZIP Code RICHARD WATASE 505 W BEVERLY BLVD MONTEBELLO, CA 90640		Name of Employer SELF	Date (month, day, year) 11/09/95	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
F. Full Name, Mailing Address and ZIP Code CHARLES WEAR 1880 SONOMA AVE SANTA ROSA, CA 95405		Name of Employer SELF	Date (month, day, year) 12/07/95	Amount of Each Receipt this Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$450.00
G. Full Name, Mailing Address and ZIP Code CLINTON WEAVER 5200 WIKIUP BRIDGE WAY SANTA ROSA, CA 95404		Name of Employer SELF	Date (month, day, year) 11/20/95	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00

SUBTOTAL of Receipts This Page (optional)

\$1,200.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUSSELL WEBB 930 W FOOTHILL BLVD # C UPLAND, CA 91786	SELF	11/21/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY WINNEN P O BOX 3349 NAPA, CA 94558	SELF	11/20/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DENTIST	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

BUSTOTAL of Receipts This Page (optional) \$225.00

TOTAL This Period (last page this line number only) \$11,225.00

20000007000

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 17.

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NAME OF COMMITTEE (in Full)

California Dental Political Action Committee/Federal

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
River City Bank 825 K Street Mall Sacramento, CA 95814	Interest earned on account.	7/31/95	114.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/31/95	123.33
		9/30/95	128.36
		10/31/95	116.69
	Aggregate Year-to-Date	\$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
" "	"	12/31/95	54.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mercantile Bank 455 Capitol Mall Sacramento, CA 95814	Interest earned on CD.	11/27/95	441.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/27/95	427.19
	Aggregate Year-to-Date	\$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$

SUBTOTAL of Receipts This Page (optional) 1,407.10

TOTAL This Period (last page this line number only) 1,407.10

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 16 OF 17
FOR LINE NUMBER 22.

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NAME OF COMMITTEE (in Full)

California Dental Political Action Committee/Federal

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Dental Political Action Committee 1111 14th Street, NW, Suite 100 Washington, D.C. 20005	Transfer to affiliated committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/95	25,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

25,000.00

TOTAL This Period (last page this line number only)

25,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 17 OF 17
FOR LINE NUMBER 23.

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NAME OF COMMITTEE (In Full)

California Dental Political Action Committee/Federal

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Filner P.O. Box 127868 San Diego, CA 92112 ID# C00261388	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/95	1,000.00
B. Full Name, Mailing Address and ZIP Code French Gourmet Catering 960 Turquoise Street San Diego, CA 92109 ID# C00261388	Purpose of Disbursement in-kind contribution for Bob Filner for Congress Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/95	1,380.40
C. Full Name, Mailing Address and ZIP Code A Party Rentals 620 Third Avenue Chula Vista, CA 91910 ID# C00261388	Purpose of Disbursement in-kind contribution for Bob Filner for Congress Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/95	312.80
D. Full Name, Mailing Address and ZIP Code Pete Wilson for President Committee, Inc. 1020 12th Street, Suite 300 Sacramento, CA 95814 ID#00301978	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/95	2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

4,693.20

TOTAL This Period (last page this line number only)

4,693.20

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

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

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|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | DATE OF RECEIPT |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED
1-31-96 |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House Office of Records and Registration | DATE OF RECEIPT |
| <input type="checkbox"/> Received from the Senate Office of Public Records | DATE OF RECEIPT |
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and/or DATE OF RECEIPT |

DG
PREPARER

2/4/96
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