

**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** **2863**

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

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)
 Mar 20 (M3)
 Apr 20 (M4)
 May 20 (M5)
 Jun 20 (M6)
 Jul 20 (M7)
 Aug 20 (M8)
 Sep 20 (M9)
 Oct 20 (M10)
 Nov 20 (M11) (Non-Election Year Only)
 Dec 20 (M12) (Non-Election Year Only)
 Jan 31 (M13)
 (c) 12-Day PRE-Election Report for the:
 Primary (12P)
 Convention (12C)
 General (12G)
 Special (12S)
 Runoff (12R)
 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 01 01 2002 through 03 31 2002

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 Dr. John S. Rutkauskas

Signature of Treasurer Electronically Filed by Dr. John S. Rutkauskas Date 04 15 2002

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
(Revised 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^{Month} 01 ^{Day} 01 ^{Year} 2002 To: ^{Month} 03 ^{Day} 31 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		67400.00
(b) Cash on Hand at Beginning of Reporting Period	67400.00	
(c) Total Receipts (from Line 19)	6365.00	6365.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73765.00	73765.00
7. Total Disbursements (from Line 30)	1000.00	1000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72765.00	72765.00
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**

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Page 3

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{YYYY}2002

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		
(i) Itemized (use Schedule A)	4200.00	
(ii) Unitemized	2165.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6365.00	6365.00
(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 32, page 4)	6365.00	6365.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	6365.00	6365.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	6365.00	6365.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	1000.00	1000.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	1000.00	1000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	1000.00	1000.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	6365.00	6365.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	6365.00	6365.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 8	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Dr. Kim Boing

Mailing Address
P.O. Box 2222

City State Zip Code
London KY 40743

Date of Receipt
M / D / Y
01 / 04 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Pediatric Dentist

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

Transaction ID: SA11A1.4909

Full Name (Last, First, Middle Initial)
B. Dr. Carol J. Braun

Mailing Address
2816 Veach Road

City State Zip Code
Owensboro IN 42303

Date of Receipt
M / D / Y
03 / 28 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4911

Full Name (Last, First, Middle Initial)
C. Dr. Jay A. Levitt

Mailing Address
435 Arrowhead Boulevard

City State Zip Code
Jonesboro GA 30236

Date of Receipt
M / D / Y
01 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Pediatric Dentist

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

Transaction ID: SA11A1.4929

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 8

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. Stephen J. Mass

Mailing Address
201 East 62nd Street

City State Zip Code
New York NY 10021

Date of Receipt
N M / D E / Y Y Y Y
01 / 04 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
Occupation
Pediatric Dentist

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

Transaction ID: SA11A1.4942

B. Full Name (Last, First, Middle Initial)
Dr. Neophytos L. Savida

Mailing Address
248 Timber Edge Lane

City State Zip Code
Palos Park IL 60464

Date of Receipt
N M / D E / Y Y Y Y
01 / 22 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.4954

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

Mailing Address
125 Siegler Street

City State Zip Code
Green Bay WI 54305

Date of Receipt
N M / D E / Y Y Y Y
03 / 29 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Park West Pediatric Dental Associates Occupation
Pediatric Dentist

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

Transaction ID: SA11A1.4960

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 8	
	<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. H. Carroll Walker, Jr.

Mailing Address
100 Brandon Road, Suite W

City State Zip Code
Starkville MS 39750

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
RA Ewald & WL Wrobel DDS, Ltd Pediatric Dentist

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

Transaction ID: SA11A1.4962

B. Full Name (Last, First, Middle Initial)
Dr. William L. Wrobel

Mailing Address
1704 Polaris Circle

City State Zip Code
Ottawa IL 61350

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
RA Ewald & WL Wrobel DDS, Ltd Pediatric Dentist

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

Transaction ID: SA11A1.4965

C.

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	4200.00

**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)

PAGE 6 / 8

<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

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

Full Name (Last, First, Middle Initial) A. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN (1984)		Date of Disbursement 03 / 27 / 2002
Mailing Address PO BOX 2048 City ALBUQUERQUE State NM Zip Code 87103		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement New Mexico 2006 US Senate Election		Transaction ID: 5B23.4967
Candidate Name Jeff Bingaman		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: NM	District: 00	

B.

C.

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