

**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) **Check if different than previously reported. (ACC)**
 211 E Chicago Ave
 Suite 700
 Chicago IL 80611 - 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: | (b) Monthly Report Due On: | Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| | April 15 Quarterly Report(Q1) | Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | Dec 20 (M12) (Non-Election Year Only) | |
| | July 15 Quarterly Report(Q2) | Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (YE) | |
| | October 15 Quarterly Report(Q3) | (c) 12-Day PRE-Election Report for the: | Primary (12P) | General (12G) | Runoff (12R) | |
| | January 31 Quarterly Report(YE) | Convention (12C) | Special (12G) | | | |
| | <input checked="" type="checkbox"/> July 31 Mid-Year Report(Non-election Year Only) (MY) | Election on | | | in the State of | |
| | Termination Report (TER) | (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 2003 through 06 30 2003

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 07 17 2003

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 | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: ^M01 ^D01 ^Y2003 To: ^M06 ^D30 ^Y2003

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D | | 91495.00 |
| (b) Cash on Hand at Beginning of Reporting Period | 91495.00 | |
| (c) Total Receipts (from Line 19) | 37800.00 | 37800.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 129295.00 | 129295.00 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 1000.00 | 1000.00 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 128295.00 | 128295.00 |
| <hr/> | | |
| 9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |
| <hr/> | | |
| 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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: ^M01 ^D01 ^Y2003 To: ^M06 ^D30 ^Y2003

| 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) | 20050.00 | |
| (ii) Unitemized | 17750.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 37800.00 | 37800.00 |
| (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) | 37800.00 | 37800.00 |
| 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)) | 37800.00 | 37800.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 37800.00 | 37800.00 |

DETAILED SUMMARY PAGE

of Disbursements

| 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. 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 ActMty (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)).. | 1000.00 | 1000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 1000.00 | 1000.00 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 37800.00 | 37800.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 37800.00 | 37800.00 |
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 6 / 24 | |
| | <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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Carl D. Adkins, Jr. | | Date of Receipt M / D / Y 03 / 26 / 2003 |
| Mailing Address 1120 Gaskins Road, #201 | | Transaction ID: SA11A1.6286 |
| City Richmond | State VA | Zip Code 23233 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Kyoto Awamura | | Date of Receipt M / D / Y 03 / 28 / 2003 |
| Mailing Address 925 116th Avenue, NE, Suite 251 | | Transaction ID: SA11A1.6477 |
| City Bellevue | State WA | Zip Code 98004 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. James C. Baell | | Date of Receipt M / D / Y 03 / 28 / 2003 |
| Mailing Address 1243 Savannah Highway | | Transaction ID: SA11A1.6480 |
| City Charleston | State SC | Zip Code 29407 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Children's Dentistry, PA | Occupation Pediatric Dentist | |
| Receipt For: Primary General 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) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 24 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Joel H. Berg | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address U. Washington Dept. Ped. Dent. 1859 NE Pacific Street | | Transaction ID: SA11A1.6520 |
| City Seattle | State WA | Zip Code 98195-7136 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer University of Washington | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Jed M. Best | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address 180 West End Avenue, #1DE | | Transaction ID: SA11A1.6530 |
| City New York | State NY | Zip Code 10023 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. John A. Bogart | | Date of Receipt M / D / Y 03 / 21 / 2003 |
| Mailing Address 1011 East Turnbridge Circle | | Transaction ID: SA11A1.6255 |
| City Springfield | State MO | Zip Code 65810 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 24 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Kim Boiling | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address P.O. Box 1359 | | Transaction ID: SA11A1.6468 |
| 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. Boiling, DMD, PSC | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Robert Boraz | | Date of Receipt M / D / Y 05 / 06 / 2003 |
| Mailing Address 51 Falcon Hills Drive | | Transaction ID: SA11A1.6416 |
| City Highlands Ranch | State CO | Zip Code 80126-7121 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Norwood & Boraz, D.D.S., P.C. | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Stephen R. Branam | | Date of Receipt M / D / Y 05 / 06 / 2003 |
| Mailing Address 3140 Dustin Road | | Transaction ID: SA11A1.6503 |
| City Oregon | State OH | Zip Code 43618 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 9 / 24 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Kennell P. Brown, Jr. | | Date of Receipt M / D / Y 03 / 26 / 2003 |
| Mailing Address 308 North Lewis Street, #2 | | Transaction ID: SA11A1.6295 |
| City New Iberia | State LA | Zip Code 70563 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Rita M. Cammarata | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address 5252 Westchester, Suite 190 | | Transaction ID: SA11A1.6505 |
| City Houston | State TX | Zip Code 77065 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Dube-Cammarata Pediatric Dentistry | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Scott Cashion | | Date of Receipt M / D / Y 08 / 05 / 2003 |
| Mailing Address 402 Tumstone Trail | | Transaction ID: SA11A1.6485 |
| City Greensboro | State NC | Zip Code 27455 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 10 / 24 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Theodore P. Cral | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address Doylestown Pediatric Dentistry Georgetown Commons, #2 | | Transaction ID: SA11A1.6456 |
| City Doylestown | State PA | Zip Code 18901 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Doylestown Pediatric Dentistry, PC | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Gila Drossler | | Date of Receipt M / D / Y 03 / 28 / 2003 |
| Mailing Address 184D Jefferson Street | | Transaction ID: SA11A1.6481 |
| City San Francisco | State CA | Zip Code 94123-1146 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. John H. Gerstenmaier | | Date of Receipt M / D / Y 03 / 21 / 2003 |
| Mailing Address 3094 West Market | | Transaction ID: SA11A1.6251 |
| City Akron | State OH | Zip Code 44313 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer J. H. Gerstenmaier DDS In-c. | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|----------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 11 / 24 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Dr. Tameba L. Gough | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address 515 Laredo Circle | | Transaction ID: SA11A1.6487 |
| City State Zip Code Allen TX 75013-2743 | 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Dr. Cliff Hartmann | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address 10202 West Hayes Avenue | | Transaction ID: SA11A1.6484 |
| City State Zip Code West Allis WI 53226 | Amount of Each Receipt this Period 500.00 | |
| 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 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. Craig S. Holander | | Date of Receipt M / D / Y 03 / 21 / 2003 |
| Mailing Address 3555 Sunset Office Drive, #210 | | Transaction ID: SA11A1.6284 |
| City State Zip Code Sunset Hills MO 63127 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Pediatric Dentistry of Sunset Hills | Occupation Pediatric Dentist | |
| Receipt For: Primary General 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 12 / 24 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Craig S. Halander | | Date of Receipt M / D / Y 04 / 07 / 2003 |
| Mailing Address 3555 Sunset Office Drive, #210 | | Transaction ID: SA11A1.6397 |
| City Sunset Hills | State MO | Zip Code 63127 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Pediatric Dentistry of Sunset Hills | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Kyle House | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address 419 State Street, #4 | | Transaction ID: SA11A1.6467 |
| City Hood River | State OR | Zip Code 97031 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Brad C. Hwang | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address 17107 S.E. 331 Street | | Transaction ID: SA11A1.6507 |
| City Auburn | State WA | Zip Code 98002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Children's Dental Care | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|---|----------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 / 24 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Jeffrey C. Jaynes | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address 5800 Coit Road, Suite 600 | | Transaction ID: SA11A1.6451 |
| City | State | Zip Code |
| Piano | TX | 75023 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Brad M. Jerger | | Date of Receipt M / D / Y 03 / 28 / 2003 |
| Mailing Address 2101 North Main Street | | Transaction ID: SA11A1.6482 |
| City | State | Zip Code |
| Decatur | IL | 62526 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Mark G. Leeger | | Date of Receipt M / D / Y 03 / 28 / 2003 |
| Mailing Address 477 Calle Higuera | | Transaction ID: SA11A1.6308 |
| City | State | Zip Code |
| Camarillo | CA | 93010 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 24 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <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

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. John R. Liu | | Date of Receipt M / D / Y 04 / 02 / 2003 |
| Mailing Address 23115 SE 40th Court | | Transaction ID: SA11A1.6321 |
| City Sammamish | State WA | Zip Code 98075 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Julie A. Martinez | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address 8 Meadow Star Court | | Transaction ID: SA11A1.6440 |
| City The Woodlands | State TX | Zip Code 77381 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Shane Moore | | Date of Receipt M / D / Y 04 / 18 / 2003 |
| Mailing Address 7201 West 34th | | Transaction ID: SA11A1.6377 |
| City Amarillo | State TX | Zip Code 79109 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| 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 15 / 24 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Jack W. Moraw | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address 4200 Bryant Irvin Road, Ste. 129 | | Transaction ID: SA11A1.6450 |
| City Fort Worth | State TX | Zip Code 76109 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Richard P. Mungo | | Date of Receipt M / D / Y 04 / 07 / 2003 |
| Mailing Address 7891 Talbert Avenue, #103 | | Transaction ID: SA11A1.6341 |
| City Huntington Beach | State CA | Zip Code 92648-1313 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Donald T. Norby | | Date of Receipt M / D / Y 04 / 02 / 2003 |
| Mailing Address 1701 Leighton Avenue | | Transaction ID: SA11A1.6315 |
| City Anniston | State AL | Zip Code 36207 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 24 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Burton Nussbaum | | Date of Receipt M / D / Y 03 / 26 / 2003 |
| Mailing Address 1 South Forge Lane | | Transaction ID: SA11A1.6278 |
| City Cherry Hill | State NJ | Zip Code 08002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Dentistry for Special People, P.A. | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Jerome Okada | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address 1320 S. Green Bay Road | | Transaction ID: SA11A1.6492 |
| City Racine | State WI | Zip Code 53406 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Racine Dental Group SC | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Walter R. Pfizinger | | Date of Receipt M / D / Y 05 / 06 / 2003 |
| Mailing Address 340 N. Main Street, Suite 207 | | Transaction ID: SA11A1.6420 |
| City St. Charles | State MO | Zip Code 63301 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Bridgeport Dental Services | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| 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 17 / 24 | |
| | <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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Charles Poland, III | | Date of Receipt M / D / Y 03 / 26 / 2003 |
| Mailing Address 7526 East 82nd Street, #125 | | Transaction ID: SA11A1.6290 |
| City Indianapolis | State IN | Zip Code 46256-1410 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Judith A. Regsdale | | Date of Receipt M / D / Y 04 / 18 / 2003 |
| Mailing Address 1001 Medical Plaza Drive, #350 | | Transaction ID: SA11A1.6367 |
| City The Woodlands | State TX | Zip Code 77380 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Pediatric Dentistry of the Woodlands | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Curt S. Ralstrom | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address 39400 Garfield Road, Suite 200 | | Transaction ID: SA11A1.6490 |
| City Clinton Township | State MI | Zip Code 48038-4068 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| 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: PAGE 18 / 24 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Edward Rick | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address 180B First Avenue | | Transaction ID: SA11A1.6454 |
| City Sterling | State IL | Zip Code 61081 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Edward L. Rick, DDS, MS. PC | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Lindsey Robinson | | Date of Receipt M / D / Y 05 / 06 / 2003 |
| Mailing Address 103B4 Alta Street | | Transaction ID: SA11A1.6409 |
| City Grass Valley | State CA | Zip Code 95945-6111 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Melvin L. Rowan | | Date of Receipt M / D / Y 05 / 06 / 2003 |
| Mailing Address 112D Via Mirabel | | Transaction ID: SA11A1.6531 |
| City Palos Verdes | State CA | Zip Code 90274 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 10 / 24 | |
| | <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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Neophytos L. Savida | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address 248 Timber Edge Lane | | Transaction ID: SA11A1.6518 |
| City Palos Park | State IL | Zip Code 60464 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Neophytos L. Savida, D.D.-S., Ltd. | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Stanley A. Sheppard | | Date of Receipt M / D / Y 03 / 26 / 2003 |
| Mailing Address 2424 East Plaza Drive | | Transaction ID: SA11A1.6297 |
| City Tallahassee | State FL | Zip Code 32308 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Frederick H. Simmons | | Date of Receipt M / D / Y 03 / 26 / 2003 |
| Mailing Address P.O. Box 10129 | | Transaction ID: SA11A1.6280 |
| City Terre Haute | State IN | Zip Code 47801-0129 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

| | | |
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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 24 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <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

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Heber Simmons, Jr. | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address 1855 Crane Ridge Drive | | Transaction ID: SA11A1.6449 |
| City Jackson | State MS | Zip Code 39216 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. James Steiner | | Date of Receipt M / D / Y 03 / 28 / 2003 |
| Mailing Address Children's Hospital Medical Center 3333 Burnet Avenue | | Transaction ID: SA11A1.6302 |
| City Cincinnati | State OH | Zip Code 45229-3039 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Children's Hospital Medical Center | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Mark Steinmetz | | Date of Receipt M / D / Y 06 / 05 / 2003 |
| Mailing Address W3132 Van Roy Road | | Transaction ID: SA11A1.6458 |
| City Appleton | State WI | Zip Code 54915-3582 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| 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: PAGE 21 / 24

(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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Robin Stratmann | | Date of Receipt M / D / Y 04 / 18 / 2003 |
| Mailing Address Pediatric Dentistry 9802 FM 1960 Bypass, Suite 270 | | Transaction ID: SA11A1.6375 |
| City Humble | State TX | Zip Code 77338-3572 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| Full Name (Last, First, Middle Initial) B. Dr. John C. Strickus | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address 1703 Temple Avenue | | Transaction ID: SA11A1.6395 |
| City Nashville | State TN | Zip Code 37215 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Nanni Behrke Tatum | | Date of Receipt M / D / Y 05 / 08 / 2003 |
| Mailing Address 1414 East Blanco Road | | Transaction ID: SA11A1.6527 |
| City Boerne | State TX | Zip Code 78008 |
| 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: Primary General 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) ▶

**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 22 / 24 | |
| | <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. Eric A. LeDuits | | Date of Receipt M / D / Y 03 / 21 / 2003 |
| Mailing Address 2971 Chapel Valley Road, #202 | | Transaction ID: SA11A1.6256 |
| City Fitchburg | State WI | Zip Code 53711-6410 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| Full Name (Last, First, Middle Initial) B. Dr. Denis P. Trupkin | | Date of Receipt M / D / Y 03 / 28 / 2003 |
| Mailing Address 7400 NW 5th Street | | Transaction ID: SA11A1.6473 |
| City Plantation | State FL | Zip Code 33317 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Nacht, Trupkin & Babyak DDS PA | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. Monica Yepaz-Villareal | | Date of Receipt M / D / Y 04 / 18 / 2003 |
| Mailing Address 1861 Robert Wynn, Suite D | | Transaction ID: SA11A1.6359 |
| City El Paso | State TX | Zip Code 79538 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self-Employed | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2250.00 |
| 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: | | PAGE 23 / 24 | | |
| | (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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Joseph S. Young | | Date of Receipt M / D / Y 05 / 06 / 2003 |
| Mailing Address 1855 Crane Ridge Drive | | Transaction ID: SA11A1.6408 |
| City Jackson | State MS | Zip Code 39216 |
| 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 20050.00 |

**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 24 / 24

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SIMPSON FOR CONGRESS | | Transaction ID: SB23.6533 Date of Disbursement 02 / 21 / 2003 |
| Mailing Address 131 N. OAK | | Amount of Each Disbursement this Period 1000.00 |
| City BLACKFOOT | State ID ID | |
| Zip Code 83221 | | |
| Purpose of Disbursement Mike Simpson 2004 U.S. House Election | | |
| Candidate Name SIMPSON FOR CONGRESS | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2004 Primary X General Other (specify) ▼ | |
| State: ID | District: D2 | |

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