

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Pediatric Dentistry Political Action Committee

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

2. FEC IDENTIFICATION NUMBER C C00365965 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

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

5. Covering Period 04 / 01 / 2012 through 06 / 30 / 2012

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 John S. Rutkauskas [Electronically Filed] Date 07 / 13 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		303281.57
(b) Cash on Hand at Beginning of Reporting Period.....	256881.57	
(c) Total Receipts (from Line 19) .....	4550.00	6150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	261431.57	309431.57
7. Total Disbursements (from Line 31).....	58000.00	106000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	203431.57	203431.57
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: 04 / 01 / 2012 To: 06 / 30 / 2012

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).....	4050.00	5550.00
(ii) Unitemized .....	500.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4550.00	6150.00
(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) .....	4550.00	6150.00
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 Transfers (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))..... ▶	4550.00	6150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4550.00	6150.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	58000.00	106000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	58000.00	106000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58000.00	106000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4550.00	6150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4550.00	6150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Daniel P. Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 S Linden Rd Ste 800  
 City State Zip Code  
 Flint MI 48532-4069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mid Michigan Ped. Dentistry Pediatric Dentist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.15538**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Jeffrey A. Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Riley Hospital for Children  
 702 Barnhill Drive, #1110  
 City State Zip Code  
 Indianapolis IN 46202-5200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Riley Hospital for Children Pediatric Dentist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2012  
**Transaction ID : SA11AI.15506**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. David L. Good**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19245 Casa Pl  
 City State Zip Code  
 Tarzana CA 91356-4423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Pediatric Dentist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.15542**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Mark Harrison**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 Portsmouth Avenue  
City Exeter State NH Zip Code 03833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mark R. Harrison, DDS, PA Occupation Pediatric Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
05 / 31 / 2012  
Transaction ID : SA11AI.15507  
Amount of Each Receipt this Period  
250.00

**B. Dr. Cliff Hartmann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10202 West Hayes Avenue  
City West Allis State WI Zip Code 53226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer C. R. Hartmann, DDS, SC Occupation Pediatric Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
06 / 29 / 2012  
Transaction ID : SA11AI.15543  
Amount of Each Receipt this Period  
500.00

**C. Dr. Rhea Haugseth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2155 Post Oak Tritt Rd Ste 450  
City Marietta State GA Zip Code 30062-8608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Pediatric Dentist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
05 / 30 / 2012  
Transaction ID : SA11AI.15508  
Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<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. Dr. Kyle House**  
Full Name (Last, First, Middle Initial)  
Mailing Address 419 State Street, #4

City Hood River	State OR	Zip Code 97031
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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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

**Transaction ID : SA11AI.15509**

Amount of Each Receipt this Period  
1000.00

**B. Dr. Eric J. Koren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9215 Cincinnati Columbus Rd

City West Chester	State OH	Zip Code 45069-4178
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ped. Dental Assoc. W. Chester	Occupation Pediatric Dentist
---	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.15539**

Amount of Each Receipt this Period  
500.00

**C. Dr. Noah A. Quinn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 808 S Mildred St

City Philadelphia	State PA	Zip Code 19147-2825
----------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.15547**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Jane M. Thomason**

Mailing Address 18700 N 64th Dr Ste 302

City State Zip Code  
 Glendale AZ 85308-7114

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

Name of Employer Occupation  
 Self-Employed Pediatric Dentist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11Al.15545**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4050.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILIRAKIS FOR CONGRESS**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
FL 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2012

Transaction ID : SB23.15528

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BUTTERFIELD FOR CONGRESS COMMITTEE**

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement  
NC 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2012

Transaction ID : SB23.15518

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
VA 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2012

Transaction ID : SB23.15536

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHARLES BOUSTANY JR. FOR CONGRESS**

Mailing Address 331 Beverly Drive

City Lafayette State LA Zip Code 70503

Purpose of Disbursement  
LA 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

Transaction ID : SB23.15521

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR HARKIN**

Mailing Address P O BOX 811

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
IA 2014 Senate General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2012

Transaction ID : SB23.15519

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR JOSH MANDEL INC**

Mailing Address 50 WEST BROAD STREET SUITE 1900

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
OH 2012 Senate General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB23.15532

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CLARKE FOR CONGRESS**

Mailing Address 111-36 200TH STREET

City HOLLIS State NY Zip Code 11412

Purpose of Disbursement  
NY 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2012

**Transaction ID : SB23.15524**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. COBLE FOR CONGRESS**

Mailing Address PO Box 1177  
PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement  
NC 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2012

**Transaction ID : SB23.15527**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DUTCH RUPPERSBERGER FOR CONGRESS**

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement  
MD 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2012

**Transaction ID : SB23.15523**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ENGEL FOR CONGRESS**

Mailing Address 462 CALIFORNIA ROAD

City BRONXVILLE State NY Zip Code 10708

Purpose of Disbursement  
NY 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 17

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2012

**Transaction ID : SB23.15530**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF FARR**

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
CA 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 17

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB23.15522**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
PA 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2012

**Transaction ID : SB23.15514**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ROSA DELAURO**

Mailing Address 49 HUNTINGTON STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement  
CT 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CT District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2012

**Transaction ID : SB23.15534**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. KAY GRANGER CAMPAIGN FUND**

Mailing Address 715 Jones Street Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement  
TX 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2012

**Transaction ID : SB23.15535**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. KEADLE FOR CONGRESS 2012**

Mailing Address 113 SEA HIDE COURT

City MOORESVILLE State NC Zip Code 28117

Purpose of Disbursement  
NC 2012 House Primary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2012

**Transaction ID : SB23.15512**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
TN 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2012

Transaction ID : SB23.15511

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement  
ID 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: ID District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2012

Transaction ID : SB23.15525

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. WALTER JONES COMMITTEE**

Mailing Address PO BOX 3962

City GREENVILLE State NC Zip Code 27836

Purpose of Disbursement  
NC 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2012

Transaction ID : SB23.15516

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. WALTER JONES COMMITTEE**

Mailing Address PO BOX 3962

City GREENVILLE State NC Zip Code 27836

Purpose of Disbursement  
NC 2012 House Primary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2012

**Transaction ID : SB23.15520**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**B. WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
KY 2012 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : SB23.15537**

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00
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58000.00
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