

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2012 through 09 / 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 11 / 08 / 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.....	203431.57	
(c) Total Receipts (from Line 19)	119402.00	125552.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	322833.57	428833.57
7. Total Disbursements (from Line 31).....	37500.00	143500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	285333.57	285333.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

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

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).....	110100.00	115650.00
(ii) Unitemized	9302.00	9902.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	119402.00	125552.00
(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)	119402.00	125552.00
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))..... ▶	119402.00	125552.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	119402.00	125552.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	37500.00	143500.00
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)) ..	37500.00	143500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37500.00	143500.00

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)	119402.00	125552.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119402.00	125552.00
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: (check only one)	PAGE 6 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Courtney Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 20322 Huebner Rd Ste 103
 City San Antonio State TX Zip Code 78258-3463
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : SA11AI.16248
 Amount of Each Receipt this Period
250.00

B. Dr. Brian K. Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Princeton Pike Bldg 6, #108
 City Lawrenceville State NJ Zip Code 08648-2207
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.15779
 Amount of Each Receipt this Period
250.00

C. Dr. Tricia J. Altschuler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4431 NE 28th Avenue
 City Lighthouse Point State FL Zip Code 33064-7221
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.15780
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 150
	<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. Kyle D. Amspaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1816 Chapel Dr Ste F
 City Findlay State OH Zip Code 45840-1343
 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 **08 / 06 / 2012**
Transaction ID : SA11AI.15987
 Amount of Each Receipt this Period **250.00**

B. Dr. Deanna E. Aronoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 1171 Murrieta Blvd Ste 101
 City Livermore State CA Zip Code 94550-4143
 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 **09 / 27 / 2012**
Transaction ID : SA11AI.16258
 Amount of Each Receipt this Period **250.00**

C. Dr. Maria Aslani-Breit
 Full Name (Last, First, Middle Initial)
 Mailing Address 1655 Elmwood Avenue
 City Rochester State NY Zip Code 14620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 16 / 2012**
Transaction ID : SA11AI.15723
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 150
	<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. Carl O. Atkins Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2560 Gaskins Rd
 City Richmond State VA Zip Code 23238-1468
 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 **500.00**

Date of Receipt **08 / 07 / 2012**
Transaction ID : SA11AI.16018
 Amount of Each Receipt this Period **500.00**

B. Dr. Bobbi L. Augustyn
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 Campus Dr Ste 245
 City Plymouth State MN Zip Code 55441-2678
 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 **09 / 27 / 2012**
Transaction ID : SA11AI.16260
 Amount of Each Receipt this Period **250.00**

C. Dr. Alan E. Babigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 514 Bloomfield Dr
 City Fayetteville State NC Zip Code 28311-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Village Family Dental Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **08 / 09 / 2012**
Transaction ID : SA11AI.16022
 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 9 OF 150
	<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. Philip M. Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 4220 Little Rd
 City Arlington State TX Zip Code 76016-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 13 / 2012**
Transaction ID : SA11AI.15715
 Amount of Each Receipt this Period **250.00**

B. Dr. Phillip A. Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Sawyer St
 City Oshkosh State WI Zip Code 54902-4280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 11 / 2012**
Transaction ID : SA11AI.15698
 Amount of Each Receipt this Period **250.00**

C. Dr. Jackie L. Banahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3141 Beaumont Centre Cir Ste 100
 City Lexington State KY Zip Code 40513-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackie L. Banahan, D.M.D. Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.15782
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Richard J. Baylon
Full Name (Last, First, Middle Initial)

Mailing Address 155 Lakeland Shores Rd

City Lakeland State MN Zip Code 55043-9601

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 09 / 14 / 2012
Transaction ID : SA11AI.16171

Amount of Each Receipt this Period 250.00

B. Dr. K. Jean Beauchamp
Full Name (Last, First, Middle Initial)

Mailing Address 2297 Rudolphtown Road

City Clarksville State TN Zip Code 37043

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 ▼ 500.00

Date of Receipt 07 / 24 / 2012
Transaction ID : SA11AI.15899

Amount of Each Receipt this Period 500.00

C. Dr. Neal R. Benham
Full Name (Last, First, Middle Initial)

Mailing Address 3131 Stein Blvd

City Eau Claire State WI Zip Code 54701-6978

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 08 / 06 / 2012
Transaction ID : SA11AI.15988

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 11 OF 150
	<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	<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. Jed M. Best		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 Transaction ID : SA11AI.15909
Mailing Address 180 W End Ave Apt 1D		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10023-4917
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Samuel G. Blanchard		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15879
Mailing Address 1230 Berkshire Rd		Amount of Each Receipt this Period 250.00
City Grosse Pointe Park	State MI	Zip Code 48230-1035
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Melanie J. Blanton		Date of Receipt MM / DD / YYYY 08 / 20 / 2012 Transaction ID : SA11AI.16065
Mailing Address 10705 Anderson Rd		Amount of Each Receipt this Period 250.00
City Easley	State SC	Zip Code 29642-8298
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. John A. Bogert
Full Name (Last, First, Middle Initial)

Mailing Address 1011 E Turnbridge Cir

City Springfield State MO Zip Code 65810-2868

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

Name of Employer Retired Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2012
Transaction ID : SA11AI.15910

Amount of Each Receipt this Period 250.00

B. Dr. Susan Bordenave-Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 7314 North Engelwood Drive

City Peoria State IL Zip Code 61614-2114

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

Name of Employer Self-Employed Occupation General Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2012
Transaction ID : SA11AI.15962

Amount of Each Receipt this Period 250.00

C. Dr. Brit E. Bowers
Full Name (Last, First, Middle Initial)

Mailing Address Building A
801 Sunset Dr # 3

City Johnson City State TN Zip Code 37604-3033

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 08 / 23 / 2012
Transaction ID : SA11AI.16096

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 150
	<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	<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. Nicholas J. Brajevich		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : SA11AI.16173
Mailing Address 7 Misty Acres Rd		Amount of Each Receipt this Period 250.00
City Rolling Hills Estates	State CA	Zip Code 90274-5749
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Todd S. Brasuell		Date of Receipt MM / DD / YYYY 07 / 19 / 2012 Transaction ID : SA11AI.15772
Mailing Address 189 Greenbriar Blvd # A		Amount of Each Receipt this Period 250.00
City Covington	State LA	Zip Code 70433-7234
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Carol J. Braun		Date of Receipt MM / DD / YYYY 07 / 19 / 2012 Transaction ID : SA11AI.15746
Mailing Address 2816 Veach Rd		Amount of Each Receipt this Period 250.00
City Owensboro	State KY	Zip Code 42303-6295
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Richard F. Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 Lochwood West Dr
 City Cary State NC Zip Code 27518-8301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self-Employed Occupation: Pediatric Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt: 07 / 26 / 2012
Transaction ID : SA11AI.15914
 Amount of Each Receipt this Period: 250.00

B. Dr. Charles R. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 19365 7th Ave NE # D-108
 City Poulsbo State WA Zip Code 98370-7441
 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: 09 / 24 / 2012
Transaction ID : SA11AI.16250
 Amount of Each Receipt this Period: 250.00

C. Dr. Jeffrey N. Brownstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 13575 W Indian School Rd Ste 1000
 City Litchfield Park State AZ Zip Code 85340-4926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: West Valley Ped. Dent. Occupation: Pediatric Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt: 09 / 27 / 2012
Transaction ID : SA11AI.16261
 Amount of Each Receipt this Period: 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Jeffrey C. Bryson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 S Miller Way
 City Nampa State ID Zip Code 83686-7539
 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
 M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012
Transaction ID : SA11AI.15785
 Amount of Each Receipt this Period
250.00

B. Dr. Jeffrey S. Burg
 Full Name (Last, First, Middle Initial)
 Mailing Address 9161 Wedgefield Dr
 City Sandy State UT Zip Code 84093-3834
 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
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012
Transaction ID : SA11AI.16263
 Amount of Each Receipt this Period
250.00

C. Dr. Alfred M. Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 3027 Hidden Mdw
 City Seguin State TX Zip Code 78155-1859
 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
 M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2012
Transaction ID : SA11AI.15748
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Mike Burrows		Date of Receipt MM / DD / YYYY 07 / 30 / 2012 Transaction ID : SA11AI.15957
Mailing Address 303 Bancario Ste 11-12		Amount of Each Receipt this Period 250.00
City Marion	State AR	Zip Code 72364-2825
FEC ID number of contributing federal political committee. C	Name of Employer Marion Pediatric Dentistry	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Maria Calcina		Date of Receipt MM / DD / YYYY 07 / 19 / 2012 Transaction ID : SA11AI.15749
Mailing Address 19214 Clay Rd Ste D		Amount of Each Receipt this Period 250.00
City Katy	State TX	Zip Code 77449-4082
FEC ID number of contributing federal political committee. C	Name of Employer Clay Dental PLLC	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Rita M. Cammarata		Date of Receipt MM / DD / YYYY 07 / 19 / 2012 Transaction ID : SA11AI.15750
Mailing Address 5252 Westchester St Ste 190		Amount of Each Receipt this Period 500.00
City Houston	State TX	Zip Code 77005-4144
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Mark L. Cannon
 Full Name (Last, First, Middle Initial)
 Mailing Address Grove Medical Center, #308
 RFD 4160
 City Long Grove State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.15787
 Amount of Each Receipt this Period **250.00**

B. Dr. John J. Caravolas
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Hope Ave Ste 306C
 City Waltham State MA Zip Code 02453-2717
 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 **08 / 03 / 2012**
Transaction ID : SA11AI.15977
 Amount of Each Receipt this Period **250.00**

C. Dr. Susan H. Carron
 Full Name (Last, First, Middle Initial)
 Mailing Address 40105 Grand River Ave Ste 2
 City Novi State MI Zip Code 48375-2170
 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 **08 / 02 / 2012**
Transaction ID : SA11AI.15973
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Sobia Carter
Full Name (Last, First, Middle Initial)

Mailing Address 4025 Mechanicsville Turnpike

City	State	Zip Code
Richmond	VA	23223-1117

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
07	/	20	/	2012

Transaction ID : SA11AI.15788

Amount of Each Receipt this Period
250.00

B. Dr. Nancy A. Cavotta-Morton
Full Name (Last, First, Middle Initial)

Mailing Address 9 Century Hill Drive

City	State	Zip Code
Latham	NY	12110-2113

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

Name of Employer	Occupation
Capital District Pediatric Dentistry	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
08	/	17	/	2012

Transaction ID : SA11AI.16061

Amount of Each Receipt this Period
250.00

C. Dr. Richard S. Chaet
Full Name (Last, First, Middle Initial)

Mailing Address 9830 N 50th St

City	State	Zip Code
Paradise Valley	AZ	85253-1008

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
07	/	13	/	2012

Transaction ID : SA11AI.15714

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 150
	<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"/>	<input type="checkbox"/> 17

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

A. Dr. William L. Chambers
 Full Name (Last, First, Middle Initial)
 Mailing Address 10B Yorkshire St
 City Asheville State NC Zip Code 28803-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 13 / 2012**
Transaction ID : SA11AI.15717
 Amount of Each Receipt this Period **250.00**

B. Dr. Ritu Kalra Chandak
 Full Name (Last, First, Middle Initial)
 Mailing Address 9704 Heathermill Ln
 City Raleigh State NC Zip Code 27617-8506
 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 **09 / 27 / 2012**
Transaction ID : SA11AI.16265
 Amount of Each Receipt this Period **250.00**

C. Dr. Elizabeth S. Check
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Springfield Xing
 City Savannah State GA Zip Code 31411-2131
 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 **09 / 30 / 2012**
Transaction ID : SA11AI.16305
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Simon Cheirif
Full Name (Last, First, Middle Initial)

Mailing Address 10460 Queens Blvd., Ste. 1F

City Forest Hills	State NJ	Zip Code 11375-7301
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : SA11Al.15967

Amount of Each Receipt this Period
250.00

B. Dr. Chifan Cheng
Full Name (Last, First, Middle Initial)

Mailing Address 1209 East Colorado Avenue, #102

City Urbana	State IL	Zip Code 61801-6393
----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.16050

Amount of Each Receipt this Period
250.00

C. Dr. Stephen M. Cito
Full Name (Last, First, Middle Initial)

Mailing Address 3900 Eubank Blvd NE Ste 2

City Albuquerque	State NM	Zip Code 87111-3427
---------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.16175

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Pamela C. Clark		Date of Receipt MM / DD / YYYY 07 / 03 / 2012 Transaction ID : SA11AI.15618
Mailing Address 2360 County Road 94 Ste 102 Suite 102		Amount of Each Receipt this Period 500.00
City Pearlland State TX Zip Code 77584-5135	FEC ID number of contributing federal political committee. C	
Name of Employer Pearlland Pediatric Dentistry Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) B. Dr. Theresa L. Clifton		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.16068
Mailing Address 77 Vilcom Center Dr Ste 310		Amount of Each Receipt this Period 250.00
City Chapel Hill State NC Zip Code 27514-1788	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) C. Dr. H. Bryan Cobb		Date of Receipt MM / DD / YYYY 07 / 16 / 2012 Transaction ID : SA11AI.15733
Mailing Address 2600 Oakcrest Ave Ste A		Amount of Each Receipt this Period 250.00
City Greensboro State NC Zip Code 27408-1935	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

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 23 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Anthony P. Colandrea Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Old Main St
 City Rocky Hill State CT Zip Code 06067-1522
 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
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012
Transaction ID : SA11AI.15728
 Amount of Each Receipt this Period
 250.00

B. Dr. Brian D. Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 7777 Forest Ln Ste C626
 City Dallas State TX Zip Code 75230-2549
 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
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.16306
 Amount of Each Receipt this Period
 250.00

C. Dr. Julie M. Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 8130 Hope Xing
 City Evansville State IN Zip Code 47712-2935
 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
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2012
Transaction ID : SA11AI.16154
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 150
	<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"/>	<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. Brad S. Comeaux		Date of Receipt 08 / 20 / 2012 Transaction ID : SA11AI.16098
Mailing Address 9000 Airline Hwy Ste 100		Amount of Each Receipt this Period 250.00
City Baton Rouge	State LA	Zip Code 70815-4183
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Paige Sigsworth Comeaux		Date of Receipt 08 / 20 / 2012 Transaction ID : SA11AI.16099
Mailing Address 9000 Airline Highway, #100		Amount of Each Receipt this Period 250.00
City Baton Rouge	State LA	Zip Code 70815-4183
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Santos Cortez Jr.		Date of Receipt 07 / 27 / 2012 Transaction ID : SA11AI.15952
Mailing Address 3320 N. Los Coyotes Diagonal, #200		Amount of Each Receipt this Period 250.00
City Long Beach	State CA	Zip Code 90808-3938
FEC ID number of contributing federal political committee. C	Name of Employer Santos Cortez, DDS & Assoc	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**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 25 OF 150
	<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	<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. Nancy E. Cosenza		Date of Receipt MM / DD / YYYY 08 / 21 / 2012 Transaction ID : SA11AI.16104
Mailing Address 97 N Main St		Amount of Each Receipt this Period 250.00
City Southampton	State NY	Zip Code 11968-3309
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Lenora G. Covington		Date of Receipt MM / DD / YYYY 07 / 19 / 2012 Transaction ID : SA11AI.15774
Mailing Address 216 Cedar Bluff Dr		Amount of Each Receipt this Period 250.00
City Moore	State SC	Zip Code 29369-8950
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert D. Coyle		Date of Receipt MM / DD / YYYY 07 / 24 / 2012 Transaction ID : SA11AI.15901
Mailing Address 4404 Thornbrook Ter		Amount of Each Receipt this Period 250.00
City Columbia	State MO	Zip Code 65203-9741
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 150
	<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. James J. Crall
Full Name (Last, First, Middle Initial)

Mailing Address 827 Levering Ave Apt 811

City	State	Zip Code
Los Angeles	CA	90024-2764

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

Name of Employer	Occupation
UCLA Pediatric Dentistry	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
07	/	15	/	2012

Transaction ID : SA11AI.15721

Amount of Each Receipt this Period
250.00

B. Dr. Gary L. Creisher
Full Name (Last, First, Middle Initial)

Mailing Address 5 Webhannet Pl Ste 1

City	State	Zip Code
Kennebunk	ME	04043-7275

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

Name of Employer	Occupation
York County Pediatric Dentistry	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
09	/	27	/	2012

Transaction ID : SA11AI.16267

Amount of Each Receipt this Period
250.00

C. Dr. James P. Crews II
Full Name (Last, First, Middle Initial)

Mailing Address 2200 E Parrish Ave Bldg C # 202

City	State	Zip Code
Owensboro	KY	42303-1449

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

Name of Employer	Occupation
Pediatric Dentistry Owensboro	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
09	/	04	/	2012

Transaction ID : SA11AI.16139

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. David J. Crippen
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 29th St
 City Sacramento State CA Zip Code 95816-4306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Pediatric Dentistry Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.15790
 Amount of Each Receipt this Period 250.00

B. Dr. Timothy F. Crisp
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Canary Ln
 City Winchester State KY Zip Code 40391-1645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 07 / 26 / 2012
Transaction ID : SA11AI.15948
 Amount of Each Receipt this Period 250.00

C. Dr. Theodore P. Croll
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 N Shady Retreat Rd
 Georgetown Commons, #2
 City Doylestown State PA Zip Code 18901-2503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doylestown Pediatric Dentistry Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.16070
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 150
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<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. J. David Crossley		Date of Receipt 08 / 07 / 2012 Transaction ID : SA11AI.16017
Mailing Address 8200 Hulls Mill Rd		Amount of Each Receipt this Period 250.00
City Talbot	State TN	Zip Code 37877-8918
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Yasmi O. Crystal		Date of Receipt 09 / 14 / 2012 Transaction ID : SA11AI.16176
Mailing Address 111 E Union Ave		Amount of Each Receipt this Period 250.00
City Bound Brook	State NJ	Zip Code 08805-1761
FEC ID number of contributing federal political committee. C		
Name of Employer Comprehensive Ped. Dentistry	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Brian L. Cullen		Date of Receipt 09 / 20 / 2012 Transaction ID : SA11AI.16214
Mailing Address 2359 S 22nd Dr Ste 1		Amount of Each Receipt this Period 250.00
City Yuma	State AZ	Zip Code 85364-8870
FEC ID number of contributing federal political committee. C		
Name of Employer Pediatric Dentistry of Yuma	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**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 29 OF 150
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	<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

Full Name (Last, First, Middle Initial) A. Dr. Claire L. Cullen		Date of Receipt MM / DD / YYYY 08 / 08 / 2012 Transaction ID : SA11Al.16019
Mailing Address 40105 Grand River Ave Ste 2		Amount of Each Receipt this Period 250.00
City Novi	State MI	Zip Code 48375-2170
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jennifer L. Cully		Date of Receipt MM / DD / YYYY 08 / 06 / 2012 Transaction ID : SA11Al.16012
Mailing Address 41 Hearthstone Ln		Amount of Each Receipt this Period 250.00
City Marlton	State NJ	Zip Code 08053-5366
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ronald A. Curran		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 Transaction ID : SA11Al.15915
Mailing Address 5036 Yale St Ste 302		Amount of Each Receipt this Period 250.00
City Metairie	State LA	Zip Code 70006-3980
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 150
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	<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	<input type="checkbox"/> 17

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

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

Mailing Address 6500 Quaker Ave Ste F

City Lubbock State TX Zip Code 79413-5138

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
09 / 11 / 2012
Transaction ID : SA11AI.16156

Amount of Each Receipt this Period
250.00

B. Dr. Margaret A. Curry
Full Name (Last, First, Middle Initial)

Mailing Address 6464 Sutcliffe Dr

City Alexandria State VA Zip Code 22315-5579

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
08 / 27 / 2012
Transaction ID : SA11AI.16115

Amount of Each Receipt this Period
250.00

C. Dr. David K. Curtis
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hospital Dr

City Columbus State MS Zip Code 39705-1921

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
08 / 06 / 2012
Transaction ID : SA11AI.15991

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 150
	<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	<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. Jason T. Decker		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15792
Mailing Address 25 Tarragon Ter		Amount of Each Receipt this Period 250.00
City Clifton Park	State NY	Zip Code 12065-2643
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jill A. Decker		Date of Receipt MM / DD / YYYY 08 / 14 / 2012 Transaction ID : SA11AI.16041
Mailing Address 240 Sherman St		Amount of Each Receipt this Period 250.00
City Longmont	State CO	Zip Code 80501-5312
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Beatriz De la Roche		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.16071
Mailing Address 6583 State Route 819 S Ste 1		Amount of Each Receipt this Period 250.00
City Mt Pleasant	State PA	Zip Code 15666-3503
FEC ID number of contributing federal political committee. C	Name of Employer Tender Care Pediatric Dentistr	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**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 33 OF 150
	<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	<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. Robert L. Delarosa		Date of Receipt MM / DD / YYYY 07 / 02 / 2012 Transaction ID : SA11AI.15584
Mailing Address 9000 Airline Hwy Ste 100		Amount of Each Receipt this Period 250.00
City Baton Rouge	State LA	Zip Code 70815-4183
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Daniel de la Torre		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.16073
Mailing Address 1075 Central Park Ave Ste 400		Amount of Each Receipt this Period 250.00
City Scarsdale	State NY	Zip Code 10583-3232
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven C. Demetriou		Date of Receipt MM / DD / YYYY 07 / 16 / 2012 Transaction ID : SA11AI.15735
Mailing Address 1147 Main St		Amount of Each Receipt this Period 250.00
City Tewksbury	State MA	Zip Code 01876-2080
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. John H. Deppen
Full Name (Last, First, Middle Initial)

Mailing Address 6121 S Westnedge Ave

City Portage State MI Zip Code 49002-2882

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
M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SA11AI.15605

Amount of Each Receipt this Period
250.00

B. Dr. Lawrence Dinkes
Full Name (Last, First, Middle Initial)

Mailing Address 4702 Main St

City Bridgeport State CT Zip Code 06606-1823

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

Name of Employer Commerce Park Dental
Occupation 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
09 / 05 / 2012

Transaction ID : SA11AI.16140

Amount of Each Receipt this Period
250.00

C. Dr. Roland R. Ditto
Full Name (Last, First, Middle Initial)

Mailing Address 2347 Cason St

City Lafayette State IN Zip Code 47904-2670

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
M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15793

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 150
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Kevin J. Donly		Date of Receipt 07 / 12 / 2012 Transaction ID : SA11AI.15709
Mailing Address 7703 Floyd Curl Dr		Amount of Each Receipt this Period 250.00
City San Antonio	State TX	Zip Code 78229-3901
FEC ID number of contributing federal political committee. C	Name of Employer University of Texas	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Larry D. Dormois		Date of Receipt 07 / 20 / 2012 Transaction ID : SA11AI.15795
Mailing Address 7675 Wolf River Cir Ste 102		Amount of Each Receipt this Period 250.00
City Germantown	State TN	Zip Code 38138-1747
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gila C. Dorostkar		Date of Receipt 07 / 03 / 2012 Transaction ID : SA11AI.15621
Mailing Address 38 Avila Street		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94123-2008
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Isabel G. Driggers			Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15797
Mailing Address 1000 Tanner Ford Blvd Ste 370			Amount of Each Receipt this Period 250.00
City Hanahan	State SC	Zip Code 29410-4712	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Deryl W. Drum			Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : SA11AI.15964
Mailing Address 317 Tamarack Lane, #B			Amount of Each Receipt this Period 250.00
City Shiloh	State IL	Zip Code 62269-2993	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer All Grins 4 Kids Pediatric Dentistry		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Fred B. Dunkelberger			Date of Receipt MM / DD / YYYY 07 / 12 / 2012 Transaction ID : SA11AI.15707
Mailing Address 79 Smokerise Pt			Amount of Each Receipt this Period 250.00
City Peachtree City	State GA	Zip Code 30269-4068	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 150
	<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. Mary Beth Dunn
Full Name (Last, First, Middle Initial)

Mailing Address 2733 Wehrle Dr Ste 300

City State Zip Code
Williamsville NY 14221-7348

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
07 / 20 / 2012
Transaction ID : SA11AI.15798

Amount of Each Receipt this Period
250.00

B. Dr. Joel T. Edwards
Full Name (Last, First, Middle Initial)

Mailing Address 1508 N Grandview Ave Ste 5

City State Zip Code
Odessa TX 79761-3040

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
09 / 27 / 2012
Transaction ID : SA11AI.16269

Amount of Each Receipt this Period
250.00

C. Dr. Robert H. Ellis Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 8905 Two Notch Rd

City State Zip Code
Columbia SC 29223-6367

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
07 / 12 / 2012
Transaction ID : SA11AI.15711

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 150
	<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. Catharine A. Enright
 Full Name (Last, First, Middle Initial)
 Mailing Address 3280 Howell Mill Road, NW
 City Atlanta State GA Zip Code 30327
 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
 08 / 05 / 2012
Transaction ID : SA11AI.15981
 Amount of Each Receipt this Period
 250.00

B. Dr. Frank J. Enriquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 23727 Hawthorne Blvd Ste 4B
 City Torrance State CA Zip Code 90505-5939
 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
 09 / 14 / 2012
Transaction ID : SA11AI.16178
 Amount of Each Receipt this Period
 250.00

C. Dr. Kelli L. Ettlbrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 8380 Warren Pkwy Ste 400
 City Frisco State TX Zip Code 75034-4253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 07 / 20 / 2012
Transaction ID : SA11AI.15799
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Meredith A. Evans		Date of Receipt MM / DD / YYYY 07 / 03 / 2012 Transaction ID : SA11AI.15623
Mailing Address 125 Siegler St		Amount of Each Receipt this Period 250.00
City Green Bay	State WI	Zip Code 54303-2635
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Morgan P. Evershed		Date of Receipt MM / DD / YYYY 07 / 02 / 2012 Transaction ID : SA11AI.15588
Mailing Address 2273 E Wilcox Dr		Amount of Each Receipt this Period 250.00
City Sierra Vista	State AZ	Zip Code 85635-2755
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dental Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Melanie J. Fatone		Date of Receipt MM / DD / YYYY 08 / 02 / 2012 Transaction ID : SA11AI.15975
Mailing Address 110 Buckley Rd		Amount of Each Receipt this Period 250.00
City Salem	State CT	Zip Code 06420-3742
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Jay L. Felsenstein		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15801
Mailing Address 4521 US Highway 9		Amount of Each Receipt this Period 250.00
City Howell	State NJ	Zip Code 07731-3380
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. M. Claire B. Field		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 Transaction ID : SA11AI.15917
Mailing Address 200 Grandview Rd		Amount of Each Receipt this Period 250.00
City Media	State PA	Zip Code 19063-1708
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. David F. Fishbaugh		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : SA11AI.16180
Mailing Address 3434 Douglas Rd		Amount of Each Receipt this Period 250.00
City South Bend	State IN	Zip Code 46635-1776
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. John J. Flowers Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2431 W Main St Ste 201

City Dothan	State AL	Zip Code 36301-1250
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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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
07	/	31	/	2012

Transaction ID : SA11Al.15961

Amount of Each Receipt this Period
250.00

B. Dr. Tyger A. Foster
Full Name (Last, First, Middle Initial)

Mailing Address 145 Sullys Trl Ste 1

City Pittsford	State NY	Zip Code 14534-4561
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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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
09	/	14	/	2012

Transaction ID : SA11Al.16182

Amount of Each Receipt this Period
250.00

C. Dr. Susan Gehm Francis
Full Name (Last, First, Middle Initial)

Mailing Address 3200 Bellmead Dr

City Bellmead	State TX	Zip Code 76705-3077
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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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
08	/	24	/	2012

Transaction ID : SA11Al.16075

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 150
	<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. Casey R. Frazier
Full Name (Last, First, Middle Initial)

Mailing Address 100 Medical Center Pkwy Ste 700

City Huntsville	State TX	Zip Code 77340-4965
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatric Dentistry, P.C.	Occupation Pediatric Dentist
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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
07	/	26	/	2012

Transaction ID : SA11AI.15919

Amount of Each Receipt this Period
250.00

B. Dr. Carol A. French
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1813 #1 Thames Alley

City Irmo	State SC	Zip Code 29063-1813
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11AI.15881

Amount of Each Receipt this Period
250.00

C. Dr. Joseph D. Fridgen
Full Name (Last, First, Middle Initial)

Mailing Address 189 N Bascom Ave Ste 200

City San Jose	State CA	Zip Code 95128-1869
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11AI.15803

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 150
	<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	<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. Lynn K. Fujimoto		Date of Receipt MM / DD / YYYY 08 / 13 / 2012 Transaction ID : SA11AI.16038
Mailing Address 850 Kamehameha Hwy		Amount of Each Receipt this Period 250.00
City Pearl City	State HI	Zip Code 96782-2656
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven J. Fuson		Date of Receipt MM / DD / YYYY 07 / 02 / 2012 Transaction ID : SA11AI.15589
Mailing Address 7675 Wolf Circle, #102		Amount of Each Receipt this Period 250.00
City Germantown	State TN	Zip Code 38138
FEC ID number of contributing federal political committee.	C	
Name of Employer Pediatric Dental Group	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard J. Galeone		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15804
Mailing Address 122 Holly Drive		Amount of Each Receipt this Period 250.00
City Lansdale	State PA	Zip Code 19446-0737
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Andrew H. Garabedian
Full Name (Last, First, Middle Initial)

Mailing Address 915 E 24th Ave

City Spokane State WA Zip Code 99203-3329

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
09 / 27 / 2012
Transaction ID : SA11AI.16271

Amount of Each Receipt this Period
250.00

B. Dr. Irma L. Garcia
Full Name (Last, First, Middle Initial)

Mailing Address 3694 Hilborn Road, #100

City Fairfield State CA Zip Code 94534-7994

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 26 / 2012
Transaction ID : SA11AI.15920

Amount of Each Receipt this Period
250.00

C. Dr. Geraldine Garcia-Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 955 Main St Ste 101

City Winchester State MA Zip Code 01890-4300

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

Name of Employer Occupation Pediatric Dental Associates Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 15 / 2012
Transaction ID : SA11AI.15722

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Shakeh Garibyan			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2012 Transaction ID : SA11AI.16244
Mailing Address 539 Salem St Apt 3			Amount of Each Receipt this Period 250.00
City Glendale	State CA	Zip Code 91203-2144	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Lacy V. Garrett			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012 Transaction ID : SA11AI.15966
Mailing Address 1676 Jefferson Ave			Amount of Each Receipt this Period 250.00
City New Orleans	State LA	Zip Code 70115-4949	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Jonathan M. Gidan			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 Transaction ID : SA11AI.16212
Mailing Address 12840 Riverside Dr Ste 504			Amount of Each Receipt this Period 250.00
City North Hollywood	State CA	Zip Code 91607-3354	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 350.00
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Joseph Giuliano
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 Hamburg Turnpike
 City Pompton Lakes State NJ Zip Code 07442-2330
 Name of Employer Ped. Dentistry of North Jersey Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.16272
 Amount of Each Receipt this Period
 250.00

B. Dr. Kathryn M. Glazer
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Copperfield Dr
 City Madison State CT Zip Code 06443-1886
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2012
Transaction ID : SA11AI.15902
 Amount of Each Receipt this Period
 250.00

C. Dr. Jerry W. Godkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 14721 Pebble Bend Dr At F M 1960 W
 City Houston State TX Zip Code 77068-2929
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2012
Transaction ID : SA11AI.15777
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 150
	<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	<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. Lori C. Good		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.16298
Mailing Address 11616 Iberia Pl		Amount of Each Receipt this Period 250.00
City San Diego	State CA	Zip Code 92128-2404
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Scott D Goodman		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 Transaction ID : SA11AI.15949
Mailing Address 1340 Matthews Township Pkwy Ste 201		Amount of Each Receipt this Period 500.00
City Matthews	State NC	Zip Code 28105-4681
FEC ID number of contributing federal political committee. C		
Name of Employer Ped. Dentistry of Matthews	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael L. Gordon		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.16273
Mailing Address 3544 Springdale Rd		Amount of Each Receipt this Period 250.00
City Cincinnati	State OH	Zip Code 45251-1331
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 48 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Tamela L. Gough
Full Name (Last, First, Middle Initial)

Mailing Address 201 N Alma Dr Ste 100

City State Zip Code
Allen TX 75013-2814

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
08 / 17 / 2012
Transaction ID : SA11Al.16051

Amount of Each Receipt this Period
250.00

B. Dr. Kristine A. Grazioso
Full Name (Last, First, Middle Initial)

Mailing Address 223 Route 3A, #102

City State Zip Code
Cohasset MA 02025

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 ▼
500.00

Date of Receipt
07 / 19 / 2012
Transaction ID : SA11Al.16309

Amount of Each Receipt this Period
500.00

C. Dr. Kristine A. Grazioso
Full Name (Last, First, Middle Initial)

Mailing Address 223 Route 3A, #102

City State Zip Code
Cohasset MA 02025

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 ▼
750.00

Date of Receipt
09 / 26 / 2012
Transaction ID : SA11Al.16310

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 49 OF 150
	<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. Kenneth D. Greenstadt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3565 Torrance Boulevard
 City Torrance State CA Zip Code 90503-4847
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012
Transaction ID : SA11AI.16215
 Amount of Each Receipt this Period
 250.00

B. Dr. Robert L. Gregorsok
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 W 1st St
 City Cedar Falls State IA Zip Code 50613-2113
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.16021
 Amount of Each Receipt this Period
 250.00

C. Dr. Ann L. Griffen
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 W 12th Ave
 City Columbus State OH Zip Code 43210-1267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University
 Occupation 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
 09 / 25 / 2012
Transaction ID : SA11AI.16254
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 150
	<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	<input type="checkbox"/> 17

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

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

A. Dr. Kenneth W. Groman
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Georgian Bay Dr
 City Morganville State NJ Zip Code 07751-1354
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.15805
 Amount of Each Receipt this Period
250.00

B. Dr. Wayne M. Grossman
 Full Name (Last, First, Middle Initial)
 Mailing Address 11230 Gold Express Drive, #302
 City Gold River State CA Zip Code 95670-4484
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.15806
 Amount of Each Receipt this Period
250.00

C. Dr. Gulsun Gul
 Full Name (Last, First, Middle Initial)
 Mailing Address 375 Lee St
 City Brookline State MA Zip Code 02445-5914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Dental School Occupation 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
 07 / 02 / 2012
Transaction ID : SA11AI.15591
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 150
	<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. George A. Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 3830 McCullough Ave Ste 100

City San Antonio	State TX	Zip Code 78212-5260
---------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2012

Transaction ID : SA11AI.16102

Amount of Each Receipt this Period
250.00

B. Dr. James Haas
Full Name (Last, First, Middle Initial)

Mailing Address 17 Isabella Dr

City Londonderry	State NH	Zip Code 03053-3044
---------------------	-------------	------------------------

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

Name of Employer Vanguard Dental Group	Occupation 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
07	/	03	/	2012

Transaction ID : SA11AI.15624

Amount of Each Receipt this Period
250.00

C. Dr. Charles R. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 2918 Eastern Shore Dr SE

City Hampton Cove	State AL	Zip Code 35763-9339
----------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Pediatric Dentist
-----------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2012

Transaction ID : SA11AI.16015

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Robert S. Haring			Date of Receipt 07 / 26 / 2012 Transaction ID : SA11AI.15921
Mailing Address 100 N High St Ste D			Amount of Each Receipt this Period 250.00
City Dublin	State OH	Zip Code 43017-2155	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Amybeth Harmon			Date of Receipt 07 / 20 / 2012 Transaction ID : SA11AI.15807
Mailing Address 2710 Pleasant Hill Road			Amount of Each Receipt this Period 250.00
City Pleasant Hill	State CA	Zip Code 94523-2036	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. J. Huel Harris			Date of Receipt 07 / 26 / 2012 Transaction ID : SA11AI.15950
Mailing Address 1014 S. 28th Avenue			Amount of Each Receipt this Period 250.00
City Hattiesburg	State MS	Zip Code 39402-2600	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Mark R. Harrison
Full Name (Last, First, Middle Initial)

Mailing Address 40 Portsmouth Avenue

City Exeter State NH Zip Code 03833-2106

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 ▼ 500.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.15808

Amount of Each Receipt this Period 250.00

B. Dr. Robin D. Harshaw
Full Name (Last, First, Middle Initial)

Mailing Address 780 W Lancaster Ave Ste 100

City Bryn Mawr State PA Zip Code 19010-3400

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.15809

Amount of Each Receipt this Period 250.00

C. Dr. Donald W. Haskins
Full Name (Last, First, Middle Initial)

Mailing Address 5222 N Portland Ave

City Oklahoma City State OK Zip Code 73112-2070

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2012
Transaction ID : SA11AI.15890

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Susie S. Hayden
Full Name (Last, First, Middle Initial)

Mailing Address 20322 Huebner Rd Ste 103

City San Antonio	State TX	Zip Code 78258-3463
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Transaction ID : SA11AI.16252

Amount of Each Receipt this Period
250.00

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

Mailing Address 737 N Michigan Ave Ste 1330

City Chicago	State IL	Zip Code 60611-5401
-----------------	-------------	------------------------

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

Name of Employer Pediatric Dental Health Assoc.	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
08	/	27	/	2012

Transaction ID : SA11AI.16116

Amount of Each Receipt this Period
300.00

C. Dr. Peter A. Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 5475 Remington Rd

City Las Cruces	State NM	Zip Code 88011-7594
--------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11AI.16052

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 150
	<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. Stephen M. Heaney
Full Name (Last, First, Middle Initial)

Mailing Address 64 Orland Square Dr Ste 216

City Orland Park State IL Zip Code 60462-6544

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 08 / 29 / 2012
Transaction ID : SA11Al.16119

Amount of Each Receipt this Period 250.00

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

Mailing Address 1526 W Glendale Ave Ste 103

City Phoenix State AZ Zip Code 85021-8576

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

Name of Employer N. Phoenix Pediatric Dentistry LLC Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2012
Transaction ID : SA11Al.16023

Amount of Each Receipt this Period 500.00

C. Dr. Vickie L. Hemann
Full Name (Last, First, Middle Initial)

Mailing Address 1209 E Colorado Ave

City Urbana State IL Zip Code 61801-6392

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.15810

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 56 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Raven R. Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 765 Straits Tpke
 City Middlebury State CT Zip Code 06762-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dynobite Smiles Occupation 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
 07 / 20 / 2012
Transaction ID : SA11AI.15812
 Amount of Each Receipt this Period
 250.00

B. Dr. Matthew C. Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 1439 Stillwater Ave Ste 7
 City Cheyenne State WY Zip Code 82009-7367
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2012
Transaction ID : SA11AI.15593
 Amount of Each Receipt this Period
 250.00

C. Dr. Gregory G Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Barkley Cir
 City Fort Myers State FL Zip Code 33907-7531
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11AI.15650
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Sarah Hill		Date of Receipt MM / DD / YYYY 07 / 19 / 2012 Transaction ID : SA11AI.15775
Mailing Address 1308 34th Street		Amount of Each Receipt this Period 250.00
City Anacortes	State WA	Zip Code 98221-3321
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ty A. Hinze		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15815
Mailing Address 8380 Warren Pkwy Ste 400		Amount of Each Receipt this Period 250.00
City Frisco	State TX	Zip Code 75034-4253
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Cynthia L. Hipp		Date of Receipt MM / DD / YYYY 07 / 11 / 2012 Transaction ID : SA11AI.15699
Mailing Address 2 Vale Rd		Amount of Each Receipt this Period 250.00
City Charleston	State SC	Zip Code 29407-7447
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Mark S. Hochberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Overbrook Ln
 City State Zip Code
 Glen Head NY 11545-2795
 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
 07 / 20 / 2012
Transaction ID : SA11AI.15817
 Amount of Each Receipt this Period
 250.00

B. Dr. Eric D. Hodges
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410 S 73rd St
 City State Zip Code
 Omaha NE 68124-2395
 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
 08 / 24 / 2012
Transaction ID : SA11AI.16077
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael Hoffmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 Francis Place, #305
 City State Zip Code
 St. Louis MO 63105-2465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General 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
 07 / 20 / 2012
Transaction ID : SA11AI.15818
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Brent L. Holman
Full Name (Last, First, Middle Initial)

Mailing Address 2538 University Dr S # A

City Fargo State ND Zip Code 58103-5737

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 11 / 2012
Transaction ID : SA11AI.15700

Amount of Each Receipt this Period
250.00

B. Dr. James M. Hori
Full Name (Last, First, Middle Initial)

Mailing Address 94-229 Waipahu Depot St Ste 501

City Waipahu State HI Zip Code 96797-3035

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
09 / 14 / 2012
Transaction ID : SA11AI.16205

Amount of Each Receipt this Period
250.00

C. Dr. Zachary L. Houser
Full Name (Last, First, Middle Initial)

Mailing Address 9480 Briar Village Pt Ste 301

City Colorado Springs State CO Zip Code 80920-7923

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
09 / 21 / 2012
Transaction ID : SA11AI.16236

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Richard P. Hsu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1789 NW 173rd Ave
 City Beaverton State OR Zip Code 97006-4817
 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
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2012
Transaction ID : SA11AI.16217
 Amount of Each Receipt this Period
250.00

B. Dr. Howard H. Hunt Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Griner St
 City Del Rio State TX Zip Code 78840-5534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amigo Children's Dental Occupation 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
07 / 20 / 2012
Transaction ID : SA11AI.15822
 Amount of Each Receipt this Period
250.00

C. Dr. Jessie Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 N. Alma Drive, #100
 City Allen State TX Zip Code 75013-2814
 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
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012
Transaction ID : SA11AI.16078
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Brad C. Hwang
Full Name (Last, First, Middle Initial)

Mailing Address 24837 104th Ave SE Ste 200

City Kent	State WA	Zip Code 98030-6800
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	06	/	2012

Transaction ID : SA11AI.15993

Amount of Each Receipt this Period
250.00

B. Dr. Bilkisu Idakoji
Full Name (Last, First, Middle Initial)

Mailing Address 1535 Nagle St

City Houston	State TX	Zip Code 77003-4542
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.15738

Amount of Each Receipt this Period
250.00

C. Dr. John Iwasaki
Full Name (Last, First, Middle Initial)

Mailing Address 19 Padanaram Road

City Danbury	State CT	Zip Code 06811-4824
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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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11AI.16053

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 150
	<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. Jenny Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 76 Peachtree Rd Ste 100

City Asheville State NC Zip Code 28803-5041

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

Name of Employer Asheville Pediatric Dentistry Occupation 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
 08 / 24 / 2012
Transaction ID : SA11AI.16079

Amount of Each Receipt this Period
 250.00

B. Dr. Lois A. Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 505 Laguardia PI Apt L4

City New York State NY Zip Code 10012-0045

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
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.16081

Amount of Each Receipt this Period
 250.00

C. Dr. Perry L. Jeffries
Full Name (Last, First, Middle Initial)

Mailing Address 871 Huffman Street

City Greensboro State NC Zip Code 27405-7205

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.15823

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 150
<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. Bret M. Jerger
Full Name (Last, First, Middle Initial)

Mailing Address 2101 N Main St

City Decatur	State IL	Zip Code 62526-4375
-----------------	-------------	------------------------

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

Name of Employer Jerger Pediatric Dentistry, P.C.	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
08	/	30	/	2012

Transaction ID : SA11Al.16124

Amount of Each Receipt this Period
1000.00

B. Dr. Raquel M. Jham
Full Name (Last, First, Middle Initial)

Mailing Address 7618 Polk St

City Forest Park	State IL	Zip Code 60130-2230
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2012

Transaction ID : SA11Al.15995

Amount of Each Receipt this Period
250.00

C. Dr. E. LaRee Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 2800 Wakefield Pines Drive, #110

City Raleigh	State NC	Zip Code 27614-8597
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2012

Transaction ID : SA11Al.15922

Amount of Each Receipt this Period
250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Julie Y. Jong
Full Name (Last, First, Middle Initial)

Mailing Address 555 Westfield Ave

City Westfield	State NJ	Zip Code 07090-3375
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Transaction ID : SA11AI.16218

Amount of Each Receipt this Period
250.00

B. Dr. Andrew J. Kapust
Full Name (Last, First, Middle Initial)

Mailing Address 344 Cleveland Ave SE Ste J

City Tumwater	State WA	Zip Code 98501-3342
------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.16274

Amount of Each Receipt this Period
250.00

C. Dr. I. Gary Katcoff
Full Name (Last, First, Middle Initial)

Mailing Address 3559 Wheeler Road

City Augusta	State GA	Zip Code 30909-6500
-----------------	-------------	------------------------

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

Name of Employer I. Gary Katcoff DDS PC	Occupation 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
09	/	27	/	2012

Transaction ID : SA11AI.16275

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. George A. Kates		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 Transaction ID : SA11AI.15923
Mailing Address 15 Old Beach Rd		Amount of Each Receipt this Period 250.00
City Newport	State RI	Zip Code 02840-3285
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Lewis A. Kay		Date of Receipt MM / DD / YYYY 08 / 06 / 2012 Transaction ID : SA11AI.15996
Mailing Address 401 Mallard Ln		Amount of Each Receipt this Period 750.00
City Moorestown	State NJ	Zip Code 08057-4304
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. John J. Keating III		Date of Receipt MM / DD / YYYY 08 / 17 / 2012 Transaction ID : SA11AI.16054
Mailing Address 529 New Jersey Ave		Amount of Each Receipt this Period 250.00
City Absecon	State NJ	Zip Code 08201-2435
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 150
	<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	<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. Douglas B. Keck		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2012 Transaction ID : SA11AI.15824
Mailing Address 62 Denison Dr		Amount of Each Receipt this Period 250.00
City Guilford	State CT	Zip Code 06437-2344
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard W. Kennedy		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2012 Transaction ID : SA11AI.15701
Mailing Address 1246 Nilles Rd Ste 3		Amount of Each Receipt this Period 250.00
City Fairfield	State OH	Zip Code 45014-2785
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul A. Kennedy III		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 03 / 2012 Transaction ID : SA11AI.16315
Mailing Address 6200 Saratoga Boulevard		Amount of Each Receipt this Period 250.00
City Corpus Christi	State TX	Zip Code 78414
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 150
	<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	<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. Paul A. Kennedy Jr.		Date of Receipt MM / DD / YYYY 07 / 09 / 2012 Transaction ID : SA11AI.16316
Mailing Address 6200 Saratoga Boulevard		Amount of Each Receipt this Period 250.00
City Corpus Christi	State TX	Zip Code 78414
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mahnaz M. Khan		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.16279
Mailing Address 959 Brush Hollow Rd		Amount of Each Receipt this Period 250.00
City Westbury	State NY	Zip Code 11590-1778
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ameneh Khosrovani		Date of Receipt MM / DD / YYYY 08 / 23 / 2012 Transaction ID : SA11AI.16112
Mailing Address 2640 Telegraph Ave # 101		Amount of Each Receipt this Period 250.00
City Berkeley	State CA	Zip Code 94704-3322
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 150
	<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	<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 T. King		Date of Receipt MM / DD / YYYY 09 / 06 / 2012 Transaction ID : SA11AI.16143
Mailing Address 125 Cool Springs Blvd Ste 140		Amount of Each Receipt this Period 250.00
City Franklin	State TN	Zip Code 37067-6475
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Timothy R. Kinzel		Date of Receipt MM / DD / YYYY 08 / 06 / 2012 Transaction ID : SA11AI.15998
Mailing Address 7001 Old Sauk Rd		Amount of Each Receipt this Period 250.00
City Madison	State WI	Zip Code 53717-2308
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Derek G. Kirkham		Date of Receipt MM / DD / YYYY 09 / 17 / 2012 Transaction ID : SA11AI.16213
Mailing Address 9480 Briar Village Pt Ste 301		Amount of Each Receipt this Period 250.00
City Colorado Springs	State CO	Zip Code 80920-7923
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 150
	<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. Daniel R. Klein
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Abbot Rd

City East Lansing State MI Zip Code 48823-8535

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 26 / 2012
Transaction ID : SA11AI.15925

Amount of Each Receipt this Period
250.00

B. Dr. Richard A. Kline
Full Name (Last, First, Middle Initial)

Mailing Address 8831 Satyr Hill Rd Ste 200

City Baltimore State MD Zip Code 21234-2308

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
09 / 27 / 2012
Transaction ID : SA11AI.16280

Amount of Each Receipt this Period
250.00

C. Dr. Mark H. Kogut
Full Name (Last, First, Middle Initial)

Mailing Address 8325 Walnut Hill Ln Ste 111

City Dallas State TX Zip Code 75231-4212

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
09 / 14 / 2012
Transaction ID : SA11AI.16206

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Shari C. Kohn		Date of Receipt MM / DD / YYYY 07 / 02 / 2012 Transaction ID : SA11AI.16312
Mailing Address 3 Dipping Pond Ct		Amount of Each Receipt this Period 250.00
City Lutherville	State MD	Zip Code 21093-3518
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Amy E. Kramer		Date of Receipt MM / DD / YYYY 09 / 20 / 2012 Transaction ID : SA11AI.16220
Mailing Address 3279 Fernglade Rd		Amount of Each Receipt this Period 250.00
City Verona	State WI	Zip Code 53593
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kimberly A. Kretsch		Date of Receipt MM / DD / YYYY 09 / 24 / 2012 Transaction ID : SA11AI.16242
Mailing Address 1056 S 88th St		Amount of Each Receipt this Period 250.00
City Louisville	State CO	Zip Code 80027-9460
FEC ID number of contributing federal political committee. C		
Name of Employer Young Dentistry for Children	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**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 72 OF 150
	<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. Stacey R. Kutsch
Full Name (Last, First, Middle Initial)

Mailing Address 299 Piper St

City Richland State WA Zip Code 99352-8703

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 09 / 2012
Transaction ID : SA11AI.15678

Amount of Each Receipt this Period
250.00

B. Dr. Dennis M. Lambert
Full Name (Last, First, Middle Initial)

Mailing Address 8205 Corporate Way

City Mason State OH Zip Code 45040

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
08 / 05 / 2012
Transaction ID : SA11AI.15983

Amount of Each Receipt this Period
250.00

C. Dr. Beverly A. Largent
Full Name (Last, First, Middle Initial)

Mailing Address 3008 Oregon St

City Paducah State KY Zip Code 42001-5651

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

Name of Employer Beverly A. Largent, DMD Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 20 / 2012
Transaction ID : SA11AI.16067

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 150
	<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. Steven D. Lasser
Full Name (Last, First, Middle Initial)

Mailing Address 1090 New London Ave

City Cranston State RI Zip Code 02920-3035

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2012
Transaction ID : SA11AI.15927

Amount of Each Receipt this Period 250.00

B. Dr. Hoanh B. Le
Full Name (Last, First, Middle Initial)

Mailing Address 430 N Woodlawn St

City Wichita State KS Zip Code 67208-4300

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

Name of Employer KidSpace Pediatric Dentistry Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2012
Transaction ID : SA11AI.15679

Amount of Each Receipt this Period 250.00

C. Dr. Tra T. Le
Full Name (Last, First, Middle Initial)

Mailing Address 14591 Newport Ave Ste 108

City Tustin State CA Zip Code 92780-6026

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

Name of Employer Dentistry for KiDDS Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2012
Transaction ID : SA11AI.16148

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Kecia S. Leary		Date of Receipt 08 / 22 / 2012 Transaction ID : SA11AI.16110
Mailing Address 609 N Jerico St		Amount of Each Receipt this Period 250.00
City Nixa	State MO	Zip Code 65714-8963
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jason M. Lee		Date of Receipt 08 / 24 / 2012 Transaction ID : SA11AI.16083
Mailing Address 12801 Plum Hollow Dr		Amount of Each Receipt this Period 250.00
City Oklahoma City	State OK	Zip Code 73142-5147
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Andrea R. Leopold		Date of Receipt 07 / 20 / 2012 Transaction ID : SA11AI.15826
Mailing Address 2600 Fox Creek Dr		Amount of Each Receipt this Period 250.00
City Lima	State OH	Zip Code 45805-4801
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Brynn L. Leroux
Full Name (Last, First, Middle Initial)

Mailing Address 9000 Airline Hwy Ste 100

City Baton Rouge State LA Zip Code 70815-4183

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 08 / 21 / 2012
Transaction ID : SA11AI.16106

Amount of Each Receipt this Period 250.00

B. Dr. Stephen C. Levin
Full Name (Last, First, Middle Initial)

Mailing Address 2003 Rock Spring Rd

City Forest Hill State MD Zip Code 21050-2611

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

Name of Employer Stephen C Levin DDSPA Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2012
Transaction ID : SA11AI.15689

Amount of Each Receipt this Period 250.00

C. Dr. Jasper L. Lewis Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Johns Hopkins Dr

City Greenville State NC Zip Code 27834-7227

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.15883

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. William H. Lieberman			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 14 / 2012 Transaction ID : SA11AI.16184		
Mailing Address 152 Broad St			Amount of Each Receipt this Period 250.00		
City Red Bank	State NJ	Zip Code 07701-2046			
FEC ID number of contributing federal political committee. C					
Name of Employer Self-Employed		Occupation Pediatric Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Dr. Amy Treese Light			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2012 Transaction ID : SA11AI.15828		
Mailing Address 9812 Falls Rd Ste 118			Amount of Each Receipt this Period 250.00		
City Potomac	State MD	Zip Code 20854-3918			
FEC ID number of contributing federal political committee. C					
Name of Employer Amy Light, DMD, PC		Occupation Pediatric Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Dr. Doris Lin-Song			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2012 Transaction ID : SA11AI.15829		
Mailing Address 1 Parker Ave			Amount of Each Receipt this Period 250.00		
City San Francisco	State CA	Zip Code 94118-2614			
FEC ID number of contributing federal political committee. C					
Name of Employer Self-Employed		Occupation Pediatric Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

**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 77 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Gary S. Lindner
Full Name (Last, First, Middle Initial)

Mailing Address 72 S River Rd

City Bedford State NH Zip Code 03110-6759

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2012
Transaction ID : SA11AI.15732

Amount of Each Receipt this Period 250.00

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

Mailing Address 477 Calle Higuera

City Camarillo State CA Zip Code 93010-1812

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

Name of Employer Retired Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2012
Transaction ID : SA11AI.15999

Amount of Each Receipt this Period 500.00

C. Dr. Tammi T. Lockhart
Full Name (Last, First, Middle Initial)

Mailing Address 109 Dunton Hill Ln

City Clinton State MS Zip Code 39056-6216

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 09 / 27 / 2012
Transaction ID : SA11AI.16282

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 78 OF 150
	<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. Larry W. Loveridge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1921 S Arthur St
 City Kennewick State WA Zip Code 99338-1856
 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 **08 / 24 / 2012**
Transaction ID : SA11AI.16085
 Amount of Each Receipt this Period **250.00**

B. Dr. Catherine L. Lyles
 Full Name (Last, First, Middle Initial)
 Mailing Address 13032 Nacogdoches Road, #202
 City San Antonio State TX Zip Code 78217-1962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 03 / 2012**
Transaction ID : SA11AI.15633
 Amount of Each Receipt this Period **250.00**

C. Dr. Thomas J. Madl Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 Harrison Ave Ste 300
 City Harrison State OH Zip Code 45030-2132
 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 **09 / 14 / 2012**
Transaction ID : SA11AI.16185
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 150
	<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. Margaret Madonian
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Oswego Street
 City Liverpool State NY Zip Code 13088-5178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 10 / 2012**
Transaction ID : SA11AI.15690
 Amount of Each Receipt this Period **250.00**

B. Dr. Tammy L. Maharrey
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 381436
 City Germantown State TN Zip Code 38183-1436
 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 **08 / 30 / 2012**
Transaction ID : SA11AI.16132
 Amount of Each Receipt this Period **250.00**

C. Dr. Rachel A. Maher
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 Foulk Rd Ste 200
 City Wilmington State DE Zip Code 19810-3650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.15833
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Martin J. Makowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 39400 Garfield Rd Ste 200
 City Clinton Township State MI Zip Code 48038-4096
 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 **500.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.15834
 Amount of Each Receipt this Period **500.00**

B. Dr. Cynthia A. Manders
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 N Dixie Dr Ste 310
 City Lake Jackson State TX Zip Code 77566-5958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 12 / 2012**
Transaction ID : SA11AI.15708
 Amount of Each Receipt this Period **250.00**

C. Dr. Aaron M. Mannella
 Full Name (Last, First, Middle Initial)
 Mailing Address 390 State Route 10
 City Randolph State NJ Zip Code 07869-2141
 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 **350.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.15835
 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 81 OF 150
	<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. Nidia P. Marchese
 Full Name (Last, First, Middle Initial)
 Mailing Address Mt Margaret Estates
 16 September Dr
 City State Zip Code
 Scranton PA 18512
 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
 09 / 20 / 2012
Transaction ID : SA11AI.16222
 Amount of Each Receipt this Period
 250.00

B. Dr. Barry K. Marcum
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Stevens Entry
 City State Zip Code
 Peachtree City GA 30269-1325
 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
 07 / 20 / 2012
Transaction ID : SA11AI.15837
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael P. Marfori
 Full Name (Last, First, Middle Initial)
 Mailing Address 4151 Hunters Park Ln Ste 124
 City State Zip Code
 Orlando FL 32837-3617
 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
 08 / 21 / 2012
Transaction ID : SA11AI.16107
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 150
	<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. Brian S. Martin
Full Name (Last, First, Middle Initial)

Mailing Address 116 Shannon Dr

City Blawnox State PA Zip Code 15238-1714

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
08 / 24 / 2012
Transaction ID : SA11AI.16087

Amount of Each Receipt this Period
250.00

B. Dr. H. Edward Martin
Full Name (Last, First, Middle Initial)

Mailing Address 4601 West 109th Street, #217

City Overland Park State KS Zip Code 66211-1314

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

Name of Employer Self Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 23 / 2012
Transaction ID : SA11AI.15891

Amount of Each Receipt this Period
250.00

C. Dr. Josefina V. Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 310 Stagecoach Trl Ste 1000

City San Marcos State TX Zip Code 78666-5157

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 ▼ 500.00

Date of Receipt
08 / 06 / 2012
Transaction ID : SA11AI.16013

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 150
	<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. Elliott David Maser
Full Name (Last, First, Middle Initial)

Mailing Address 3101 Bristol Rd Ste 1

City Bensalem State PA Zip Code 19020-2168

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 ▼ 500.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.15838

Amount of Each Receipt this Period 500.00

B. Dr. Claudia Masouredis
Full Name (Last, First, Middle Initial)

Mailing Address 801 Portola Drive, Ste 109

City San Francisco State CA Zip Code 94127-1234

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2012
Transaction ID : SA11AI.15892

Amount of Each Receipt this Period 250.00

C. Dr. Michael S. Mathews
Full Name (Last, First, Middle Initial)

Mailing Address 409 Layne Dr

City West Burlington State IA Zip Code 52655-1060

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 09 / 14 / 2012
Transaction ID : SA11AI.16187

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 84 OF 150
	<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. Raymond A. Maturo
Full Name (Last, First, Middle Initial)

Mailing Address 2074 S Main St

City Ann Arbor State MI Zip Code 48103-6962

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
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2012
Transaction ID : SA11AI.15680

Amount of Each Receipt this Period
250.00

B. Dr. Frank J. Maye
Full Name (Last, First, Middle Initial)

Mailing Address 19615 State Road 7 Ste 33

City Boca Raton State FL Zip Code 33498-4700

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

Name of Employer Maye Pediatric Dentistry Occupation 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
07 / 20 / 2012
Transaction ID : SA11AI.15840

Amount of Each Receipt this Period
250.00

C. Dr. Denise L. McAllister
Full Name (Last, First, Middle Initial)

Mailing Address 888 Busse Hwy

City Park Ridge State IL Zip Code 60068-5901

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
M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012
Transaction ID : SA11AI.16189

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 150
	<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. Timothy P. McCabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Westfield Ave
 City Westfield State NJ Zip Code 07090-3375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westfield Pediatric Dental Group Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 05 / 2012**
Transaction ID : SA11AI.16142
 Amount of Each Receipt this Period **500.00**

B. Dr. Georganne P. McCandless
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 School St Ste 42
 City Tomball State TX Zip Code 77375-4595
 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 **09 / 25 / 2012**
Transaction ID : SA11AI.16246
 Amount of Each Receipt this Period **250.00**

C. Dr. Michael J. McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Dennett Farm Rd
 City Buxton State ME Zip Code 04093-6225
 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 **08 / 19 / 2012**
Transaction ID : SA11AI.16063
 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 86 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. K. Renee McGough
Full Name (Last, First, Middle Initial)

Mailing Address 2392 H G Mosley Pkwy

City Longview State TX Zip Code 75604-3661

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
08 / 10 / 2012
Transaction ID : SA11AI.16028

Amount of Each Receipt this Period
250.00

B. Dr. Eugene J. McGuire
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Pond Rd Ste 105

City Allentown State PA Zip Code 18104-2254

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 ▼ 500.00

Date of Receipt
09 / 10 / 2012
Transaction ID : SA11AI.16152

Amount of Each Receipt this Period
500.00

C. Dr. Lezley P. McIlveen
Full Name (Last, First, Middle Initial)

Mailing Address 131 Elden St Ste 130

City Herndon State VA Zip Code 20170-4835

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 26 / 2012
Transaction ID : SA11AI.15929

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 87 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Dennis J. McTigue			Date of Receipt MM / DD / YYYY 07 / 25 / 2012 Transaction ID : SA11AI.15907
Mailing Address 305 W 12th Ave			Amount of Each Receipt this Period 250.00
City Columbus	State OH	Zip Code 43210-1267	
FEC ID number of contributing federal political committee. C			
Name of Employer OSU College of Dentistry	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Jessica A. Meeske			Date of Receipt MM / DD / YYYY 07 / 19 / 2012 Transaction ID : SA11AI.15757
Mailing Address 601 N Saint Joseph Ave			Amount of Each Receipt this Period 250.00
City Hastings	State NE	Zip Code 68901-7531	
FEC ID number of contributing federal political committee. C			
Name of Employer Lockwood Meeske Ped. Dentistry	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert H. Melton			Date of Receipt MM / DD / YYYY 07 / 16 / 2012 Transaction ID : SA11AI.15727
Mailing Address PO Box 712			Amount of Each Receipt this Period 250.00
City Drumright	State OK	Zip Code 74030-0712	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Andrew S. Middleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6643 Hwy 98
 City Hattiesburg State MS Zip Code 39402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 23 / 2012**
Transaction ID : SA11AI.15894
 Amount of Each Receipt this Period **250.00**

B. Dr. Charles W. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 4220 Little Rd
 City Arlington State TX Zip Code 76016-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 19 / 2012**
Transaction ID : SA11AI.15759
 Amount of Each Receipt this Period **250.00**

C. Dr. David M. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 206 8011 Robin Hill Rd
 City Newburgh State IN Zip Code 47629-0206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.15842
 Amount of Each Receipt this Period **250.00**

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

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

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

FOR LINE NUMBER: PAGE 89 OF 150
(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. Dr. Jade Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 517 Hammill Ln
 City Reno State NV Zip Code 89511-1004
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.16300
 Amount of Each Receipt this Period
 250.00

B. Dr. Margaret A. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Redbird Cir
 City De Pere State WI Zip Code 54115-8785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Dental Clinic Of Green Bay
 Occupation 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
 07 / 20 / 2012
Transaction ID : SA11AI.15844
 Amount of Each Receipt this Period
 250.00

C. Dr. Anthony L. Minutilo
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 Route 176, #111
 City Crystal Lake State IL Zip Code 60014
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.15846
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Martha B. Miqueo
Full Name (Last, First, Middle Initial)

Mailing Address 300 Sylvan Ave

City Englewood Cliffs State NJ Zip Code 07632-2525

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

Name of Employer VIZSTARA Occupation 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
 07 / 17 / 2012
Transaction ID : SA11AI.15740

Amount of Each Receipt this Period
 250.00

B. Dr. Gregory S. Mokotoff
Full Name (Last, First, Middle Initial)

Mailing Address 1478 Post Rd

City Fairfield State CT Zip Code 06824-5938

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

Name of Employer Kids First Pediatric Dentistry Occupation 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
 07 / 09 / 2012
Transaction ID : SA11AI.15664

Amount of Each Receipt this Period
 250.00

C. Dr. Ericka Montalvan
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Park Blvd Unit F

City Massapequa Park State NY Zip Code 11762-2740

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2012
Transaction ID : SA11AI.15692

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Edward H. Moody Jr.			Date of Receipt
Mailing Address 920 W Main St			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.16044
Morristown	TN	37814-4515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self-Employed	Pediatric Dentist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Margaret G. Moore			Date of Receipt
Mailing Address 900 Professional Dr			<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.15931
Warner Robins	GA	31088-0520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self-Employed	Pediatric Dentist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Shane Moore			Date of Receipt
Mailing Address 2455 W Interstate 40			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.15725
Amarillo	TX	79109-1852	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self-Employed	Pediatric Dentist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 92 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Shane Moore
Full Name (Last, First, Middle Initial)

Mailing Address 2455 W Interstate 40

City Amarillo State TX Zip Code 79109-1852

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 ▼ 500.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.16301

Amount of Each Receipt this Period 250.00

B. Dr. Robert E. Morgan
Full Name (Last, First, Middle Initial)

Mailing Address Richardson Medical Park
375 Municipal Dr Ste 104

City Richardson State TX Zip Code 75080-3543

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2012
Transaction ID : SA11AI.15683

Amount of Each Receipt this Period 250.00

C. Dr. Stephen Moriguchi
Full Name (Last, First, Middle Initial)

Mailing Address 4211 Waiialae Ave Ste 405

City Honolulu State HI Zip Code 96816-5317

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 09 / 20 / 2012
Transaction ID : SA11AI.16224

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 150
	<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. Jack W. Morrow
Full Name (Last, First, Middle Initial)

Mailing Address 4200 Bryant Irvin Rd Ste 129

City	State	Zip Code
Fort Worth	TX	76109-4212

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
09	/	14	/	2012

Transaction ID : SA11AI.16190

Amount of Each Receipt this Period
250.00

B. Dr. Cecilia A. Moy
Full Name (Last, First, Middle Initial)

Mailing Address 4015 Henderson Rd

City	State	Zip Code
Columbus	OH	43220-2288

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
09	/	26	/	2012

Transaction ID : SA11AI.16247

Amount of Each Receipt this Period
250.00

C. Dr. Gary R. Myers
Full Name (Last, First, Middle Initial)

Mailing Address 3200 Old Jennings Rd

City	State	Zip Code
Middleburg	FL	32068-3414

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

Name of Employer	Occupation
Myers Pediatric Dent.& Orthodontics	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
07	/	18	/	2012

Transaction ID : SA11AI.15745

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 150
	<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"/>	<input type="checkbox"/> 17

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

A. Dr. Mark L. Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 1551 Renaissance Towne Dr Ste 540

City	State	Zip Code
Bountiful	UT	84010-7678

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
07	/	20	/	2012

Transaction ID : SA11AI.15848

Amount of Each Receipt this Period
250.00

B. Dr. Rick J. Nichols
Full Name (Last, First, Middle Initial)

Mailing Address 104 E Olive Ave Ste 200

City	State	Zip Code
Redlands	CA	92373-5255

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
08	/	16	/	2012

Transaction ID : SA11AI.16049

Amount of Each Receipt this Period
250.00

C. Dr. Scott W. Nieman
Full Name (Last, First, Middle Initial)

Mailing Address 395 N West St # A

City	State	Zip Code
Westerville	OH	43082-1400

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
07	/	19	/	2012

Transaction ID : SA11AI.15764

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Steven Niethamer
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 S Farrell Dr Ste C101
 City State Zip Code
 Palm Springs CA 92262-7962
 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
 09 / 04 / 2012
Transaction ID : SA11AI.16135
 Amount of Each Receipt this Period
 250.00

B. Dr. W. Patrick Noonan
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 South Breiel Boulevard
 City State Zip Code
 Middletown OH 45044-5157
 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
 08 / 24 / 2012
Transaction ID : SA11AI.16088
 Amount of Each Receipt this Period
 250.00

C. Dr. Dennis Paul Nutter
 Full Name (Last, First, Middle Initial)
 Mailing Address 3694 Hilborn Rd Ste 100
 City State Zip Code
 Fairfield CA 94534-7994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dr Dennis P. Nutter Ped. Dent. 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
 07 / 09 / 2012
Transaction ID : SA11AI.15665
 Amount of Each Receipt this Period
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 150
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Joseph P. O'Donnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 955 Main St Ste 101
 City Winchester State MA Zip Code 01890-4300
 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 **09 / 27 / 2012**
Transaction ID : SA11AI.16284
 Amount of Each Receipt this Period **250.00**

B. Dr. David H. Okawachi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1761 W Romneya Dr Ste F
 City Anaheim State CA Zip Code 92801-1816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 03 / 2012**
Transaction ID : SA11AI.15627
 Amount of Each Receipt this Period **250.00**

C. Dr. Joe S. Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3813 Kiwanis Circle, #200
 City Sioux Falls State SD Zip Code 57105-4266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Dental Center Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 02 / 2012**
Transaction ID : SA11AI.15597
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 150
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		<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. David D. Olson
Full Name (Last, First, Middle Initial)

Mailing Address 10931 Raven Ridge Rd Ste 105

City Raleigh State NC Zip Code 27614-6499

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

Name of Employer Raleigh Pediatric Dentistry Occupation 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
 07 / 02 / 2012
Transaction ID : SA11AI.15598

Amount of Each Receipt this Period
 250.00

B. Dr. Joanne R. Oppenheim
Full Name (Last, First, Middle Initial)

Mailing Address 737 N Michigan Ave Ste 1330

City Chicago State IL Zip Code 60611-5401

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

Name of Employer Pediatric Dental Health Associates Occupation 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
 07 / 20 / 2012
Transaction ID : SA11AI.15850

Amount of Each Receipt this Period
 250.00

C. Dr. James W. Orbon
Full Name (Last, First, Middle Initial)

Mailing Address 1 E Phillip Rd Ste 102

City Vernon Hills State IL Zip Code 60061-1858

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
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2012
Transaction ID : SA11AI.16035

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 150
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	<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

Full Name (Last, First, Middle Initial) A. Dr. Kristin Paoli		Date of Receipt
Mailing Address 239 Northern Blvd Ste 3		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
South Abington Township	PA	18411-9302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self-Employed	Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Dr. Gurveena Parhar		Date of Receipt
Mailing Address 31 River Ct Apt 2611		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Jersey City	NJ	07310-2034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self-Employed	Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Dr. Douglas L. Park		Date of Receipt
Mailing Address 1201 SE 223rd Ave Ste 240		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Gresham	OR	97030-2579
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self-Employed	Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 99 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

A. Dr. Phillip R. Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3700 W. Robinson, #102
 City Norman State OK Zip Code 73072-3639
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012
Transaction ID : SA11AI.16000
 Amount of Each Receipt this Period
 250.00

B. Dr. Kyle E. Pedersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2560 Foxfield Road, #190
 City Saint Charles State IL Zip Code 60174-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dayspring Pediatric Dentistry
 Occupation 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
 07 / 02 / 2012
Transaction ID : SA11AI.15614
 Amount of Each Receipt this Period
 250.00

C. Dr. Cynthia P. Pelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 8708 SE 17th Ave
 City Portland State OR Zip Code 97202-7331
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.16286
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Ricardo A. Perez
Full Name (Last, First, Middle Initial)

Mailing Address 5530 Wisconsin Ave Ste 1230

City Chevy Chase	State MD	Zip Code 20815-4301
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.16191

Amount of Each Receipt this Period
250.00

B. Dr. Dennis R. Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 5420 Park Dr

City Rocklin	State CA	Zip Code 95765-5562
-----------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
08	/	06	/	2012

Transaction ID : SA11AI.16001

Amount of Each Receipt this Period
250.00

C. Dr. Steven D. Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 5536 Lake Mendota Dr

City Madison	State WI	Zip Code 53705-1247
-----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation General Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	06	/	2012

Transaction ID : SA11AI.16002

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Gloria A. Phillips			Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2012 Transaction ID : SA11AI.15741
Mailing Address PO Box 421165			Amount of Each Receipt this Period 250.00
City Houston	State TX	Zip Code 77242-1165	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Jeanette D. Pikarski			Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 Transaction ID : SA11AI.16208
Mailing Address 24 Lewiston Cir			Amount of Each Receipt this Period 250.00
City Lancaster	State PA	Zip Code 17601-4822	
FEC ID number of contributing federal political committee. C			
Name of Employer Sunshine Dental, PC	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Steven M. Pilipovich			Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 Transaction ID : SA11AI.16193
Mailing Address 800 Poplar St			Amount of Each Receipt this Period 250.00
City Terre Haute	State IN	Zip Code 47807-3724	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Harold J. Pincus
Full Name (Last, First, Middle Initial)

Mailing Address 11317 Berger Ter

City Potomac State MD Zip Code 20854-2017

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2012
Transaction ID : SA11Al.15669

Amount of Each Receipt this Period 250.00

B. Dr. Michael D. Plunk
Full Name (Last, First, Middle Initial)

Mailing Address 1151 N Buckner Blvd Ste 402

City Dallas State TX Zip Code 75218-3407

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2012
Transaction ID : SA11Al.15670

Amount of Each Receipt this Period 250.00

C. Dr. Mitchell B. Poiset
Full Name (Last, First, Middle Initial)

Mailing Address 7930 Frost St Ste 101

City San Diego State CA Zip Code 92123-2756

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 08 / 10 / 2012
Transaction ID : SA11Al.16029

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 150
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 5 Tudor City Place, #1739

City New York State NY Zip Code 10017-6876

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 08 / 21 / 2012
Transaction ID : SA11AI.16108

Amount of Each Receipt this Period 250.00

B. Dr. Ronald L. Poulos
Full Name (Last, First, Middle Initial)

Mailing Address 7655 5 Mile Rd Ste 214

City Cincinnati State OH Zip Code 45230-4326

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 08 / 17 / 2012
Transaction ID : SA11AI.16055

Amount of Each Receipt this Period 250.00

C. Dr. Austin C. Powell
Full Name (Last, First, Middle Initial)

Mailing Address 1626 29th Ct S

City Homewood State AL Zip Code 35209-2442

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 08 / 26 / 2012
Transaction ID : SA11AI.16114

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 150
	<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	<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. Nick A. Prater		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.16288
Mailing Address 13095 S Mur Len Rd Ste 160		Amount of Each Receipt this Period 250.00
City Olathe	State KS	Zip Code 66062-1298
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen C. Pretzer		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 Transaction ID : SA11AI.15932
Mailing Address 7401 Creedmoor Rd		Amount of Each Receipt this Period 250.00
City Raleigh	State NC	Zip Code 27613-1640
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Mindy A. Price		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 Transaction ID : SA11AI.15719
Mailing Address 1253 Pennsylvania Ave		Amount of Each Receipt this Period 250.00
City Columbus	State OH	Zip Code 43201-3124
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. William N. Quinton		Date of Receipt MM / DD / YYYY 09 / 11 / 2012 Transaction ID : SA11AI.16157
Mailing Address 837 S Main St		Amount of Each Receipt this Period 250.00
City Greenville	State MS	Zip Code 38701-5871
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Brian C. Quo		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15851
Mailing Address 882 Emerson St Ste A		Amount of Each Receipt this Period 250.00
City Palo Alto	State CA	Zip Code 94301-2448
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gregory K. Rabitz		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 Transaction ID : SA11AI.16031
Mailing Address 1600 Willow St Ste 250		Amount of Each Receipt this Period 250.00
City San Jose	State CA	Zip Code 95125-5115
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Daniel G. Raether		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 Transaction ID : SA11AI.15934
Mailing Address 2805 Campus Dr Ste 245		Amount of Each Receipt this Period 250.00
City Plymouth	State MN	Zip Code 55441-2678
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Nancy L. Rajchel		Date of Receipt MM / DD / YYYY 09 / 04 / 2012 Transaction ID : SA11AI.16137
Mailing Address 4509 Union Deposit Rd		Amount of Each Receipt this Period 250.00
City Harrisburg	State PA	Zip Code 17111-2911
FEC ID number of contributing federal political committee. C	Name of Employer Kearns, Ashby, Rajchel, DDS	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Curt S. Ralstrom		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15852
Mailing Address 39400 Garfield Rd Ste 200		Amount of Each Receipt this Period 500.00
City Clinton Township	State MI	Zip Code 48038-4096
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 150
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	<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. Mario E. Ramos
Full Name (Last, First, Middle Initial)

Mailing Address 6 Prospect Street, #1A

City Midland Park State NJ Zip Code 07432-1606

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

Name of Employer Pediatric Dentistry of Midland Park Occupation 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
 08 / 06 / 2012

Transaction ID : SA11AI.16003

Amount of Each Receipt this Period
 250.00

B. Dr. Rockland A. Ray
Full Name (Last, First, Middle Initial)

Mailing Address 26777 Lorain Rd Ste 514

City North Olmsted State OH Zip Code 44070-3223

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11AI.15853

Amount of Each Receipt this Period
 250.00

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

Mailing Address 17742 Beach Blvd Ste 320

City Huntington Beach State CA Zip Code 92647-6853

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

Name of Employer Paul Reggiardo DDS, APC 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
 08 / 06 / 2012

Transaction ID : SA11AI.16016

Amount of Each Receipt this Period
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Olga L. Restrepo		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 Transaction ID : SA11AI.16194
Mailing Address 266 Main St		Amount of Each Receipt this Period 250.00
City Sturbridge	State MA	Zip Code 01566-1540
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Reneida E. Reyes		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 09 / 2012 Transaction ID : SA11AI.15688
Mailing Address 1 Hanson Place, #2204		Amount of Each Receipt this Period 500.00
City Brooklyn	State NY	Zip Code 11243-2907
FEC ID number of contributing federal political committee. C	Name of Employer Reneida E. Reyes, DDs, MPH, PC	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jason Richards		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2012 Transaction ID : SA11AI.15884
Mailing Address 5860 Alexis Rd		Amount of Each Receipt this Period 250.00
City Sylvania	State OH	Zip Code 43560-2347
FEC ID number of contributing federal political committee. C	Name of Employer Sylvania Pediatric Dental Care	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 150
	<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	<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 L. Rick		Date of Receipt MM / DD / YYYY 09 / 17 / 2012 Transaction ID : SA11AI.16227
Mailing Address 1808 First Avenue		Amount of Each Receipt this Period 250.00
City Sterling	State IL	Zip Code 61081-1202
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Patricia L. Ridgley		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : SA11AI.16196
Mailing Address PO Box 1847 18803 SW Boones Ferry Road		Amount of Each Receipt this Period 250.00
City Tualatin	State OR	Zip Code 97062-1847
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gregory A. Robbins		Date of Receipt MM / DD / YYYY 08 / 30 / 2012 Transaction ID : SA11AI.16133
Mailing Address 4420 E Bristol St		Amount of Each Receipt this Period 250.00
City Elkhart	State IN	Zip Code 46514-6946
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Jessica L Robertson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 W Beal Rd
 City Flagstaff State AZ Zip Code 86001-1281
 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
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2012
Transaction ID : SA11AI.15702
 Amount of Each Receipt this Period
250.00

B. Dr. Kirk J. Robertson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1024 N San Francisco St Ste 10
 City Flagstaff State AZ Zip Code 86001-3266
 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
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2012
Transaction ID : SA11AI.15703
 Amount of Each Receipt this Period
250.00

C. Dr. Lindsey A. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 453 South Auburn Street
 City Grass Valley State CA Zip Code 95945-7224
 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
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2012
Transaction ID : SA11AI.16153
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 150
	<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	<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. Fariborz Rodef		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 03 / 2012 Transaction ID : SA11AI.15628
Mailing Address 2233 E Garvey Ave N		Amount of Each Receipt this Period 250.00
City West Covina	State CA	Zip Code 91791-1500
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Victoria J. Roeder		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 Transaction ID : SA11AI.16238
Mailing Address 211 W Millstream Rd		Amount of Each Receipt this Period 250.00
City Cream Ridge	State NJ	Zip Code 08514-2356
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Nick Rogers		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2012 Transaction ID : SA11AI.16004
Mailing Address 1939 N 11th St		Amount of Each Receipt this Period 250.00
City Arkansas City	State KS	Zip Code 67005-1724
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation General Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**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 112 OF 150
	<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. Alex K. Roh
Full Name (Last, First, Middle Initial)

Mailing Address 2215 Cedar Springs Rd Apt 113

City Dallas	State TX	Zip Code 75201-1812
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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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
07	/	03	/	2012

Transaction ID : SA11AI.15635

Amount of Each Receipt this Period
250.00

B. Dr. Francisco J. Romero
Full Name (Last, First, Middle Initial)

Mailing Address 160 Tun Pedro Ada St

City Tamuning	State GU	Zip Code 96913-3650
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Pediatric Dental Center	Occupation Pediatric Dentist
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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
08	/	10	/	2012

Transaction ID : SA11AI.16033

Amount of Each Receipt this Period
250.00

C. Dr. Michael S. Rosenbaum
Full Name (Last, First, Middle Initial)

Mailing Address Whitmarsh Corporate Center
7 E Skippack Pike Ste 100

City Ambler	State PA	Zip Code 19002-5308
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FEC ID number of contributing federal political committee. **C**

Name of Employer Episcopal Hospital	Occupation Pediatric Dentist
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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
07	/	09	/	2012

Transaction ID : SA11AI.15671

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. David L. Rothman
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Ocean Ave

City San Francisco State CA Zip Code 94127-2605

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
08 / 17 / 2012
Transaction ID : SA11AI.16056

Amount of Each Receipt this Period
250.00

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

Mailing Address 222 Lilly Rd NE

City Olympia State WA Zip Code 98506-6103

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 20 / 2012
Transaction ID : SA11AI.15855

Amount of Each Receipt this Period
250.00

C. Dr. Paul I. Rubin
Full Name (Last, First, Middle Initial)

Mailing Address 6801 Warren Pkwy Ste 115

City Frisco State TX Zip Code 75034-4299

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 03 / 2012
Transaction ID : SA11AI.15629

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Paul I. Rubin		Date of Receipt MM / DD / YYYY 07 / 19 / 2012 Transaction ID : SA11AI.15765
Mailing Address 6801 Warren Pkwy Ste 115		Amount of Each Receipt this Period 500.00
City Frisco	State TX	Zip Code 75034-4299
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. David L. Russell		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15857
Mailing Address 14 Racetrack Rd NW		Amount of Each Receipt this Period 250.00
City Fort Walton Beach	State FL	Zip Code 32547-1642
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. David L. Russell		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.16289
Mailing Address 14 Racetrack Rd NW		Amount of Each Receipt this Period 250.00
City Fort Walton Beach	State FL	Zip Code 32547-1642
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 150
<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. Gary D. Sabbadini		Date of Receipt MM / DD / YYYY 07 / 08 / 2012 Transaction ID : SA11AI.15655
Mailing Address 1500 Tara Hills Dr Ste 100		Amount of Each Receipt this Period 250.00
City Pinole State CA Zip Code 94564-2526	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dr. Alan Sacks		Date of Receipt MM / DD / YYYY 08 / 06 / 2012 Transaction ID : SA11AI.16005
Mailing Address 1129 Bloomfield Avenue		Amount of Each Receipt this Period 250.00
City West Caldwell State NJ Zip Code 07006-7127	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 250.00
Name of Employer Self-Employed Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dr. Estela Sanchez		Date of Receipt MM / DD / YYYY 07 / 23 / 2012 Transaction ID : SA11AI.15895
Mailing Address 3320 N Los Coyotes Diagonal Ste 200		Amount of Each Receipt this Period 250.00
City Long Beach State CA Zip Code 90808-3938	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Brian J. Saunders		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2012 Transaction ID : SA11AI.15860
Mailing Address 48 Christamon W		Amount of Each Receipt this Period 250.00
City Irvine	State CA	Zip Code 92620-1835
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ilse Savelli		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 Transaction ID : SA11AI.16198
Mailing Address 355 K St Ste A		Amount of Each Receipt this Period 250.00
City Chula Vista	State CA	Zip Code 91911-1209
FEC ID number of contributing federal political committee. C		
Name of Employer Chula Vista Smiles Pediatric Dental Pr	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Neophytos L. Savide		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 06 / 2012 Transaction ID : SA11AI.15651
Mailing Address 12001 S Harlem Ave		Amount of Each Receipt this Period 500.00
City Palos Heights	State IL	Zip Code 60463-1139
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Jayne F. Scherrman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2012 Transaction ID : SA11AI.16291
Mailing Address 2845 Professional Ct		Amount of Each Receipt this Period 250.00
City Cape Girardeau	State MO	
Zip Code 63703-5035		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dr. Emily B. Scholl		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 06 / 2012 Transaction ID : SA11AI.16007
Mailing Address 14 Bouchard Dr		Amount of Each Receipt this Period 250.00
City Brunswick	State ME	
Zip Code 04011-2823		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dr. Janet Y. Schrodi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2012 Transaction ID : SA11AI.15767
Mailing Address 17411 Chatsworth St Ste 100		Amount of Each Receipt this Period 250.00
City Granada Hills	State CA	
Zip Code 91344-7612		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 150
	<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. Kathleen A. Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address 278 Memorial Drive, Suite B

City State Zip Code
Crystal Lake IL 60014-6254

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
07 / 10 / 2012
Transaction ID : SA11AI.15695

Amount of Each Receipt this Period
250.00

B. Dr. Norman J. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 14 E Westfield Ave

City State Zip Code
Roselle Park NJ 07204-2283

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
07 / 02 / 2012
Transaction ID : SA11AI.15600

Amount of Each Receipt this Period
250.00

C. Dr. Steven S. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 54 Riviera Dr

City State Zip Code
Monroe Twp NJ 08831-8891

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

Name of Employer Occupation
Staten Island University Hospital 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
09 / 13 / 2012
Transaction ID : SA11AI.16164

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 150
	<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. N. Sue Seale
Full Name (Last, First, Middle Initial)

Mailing Address 6815 Cornelia Ln

City Dallas State TX Zip Code 75214-3220

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 26 / 2012
Transaction ID : SA11AI.15935

Amount of Each Receipt this Period
250.00

B. Dr. Homer Sedighi
Full Name (Last, First, Middle Initial)

Mailing Address 2 West Dr

City Chesterfield State MO Zip Code 63017-1843

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 20 / 2012
Transaction ID : SA11AI.15862

Amount of Each Receipt this Period
250.00

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

Mailing Address 600 N North Ct

City Palatine State IL Zip Code 60067-8155

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
08 / 30 / 2012
Transaction ID : SA11AI.16129

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 150
	<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. Barry P. Setzer
Full Name (Last, First, Middle Initial)

Mailing Address 8355 Bayberry Rd

City Jacksonville State FL Zip Code 32256-4427

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 ▼ **750.00**

Date of Receipt **08 / 04 / 2012**

Transaction ID : SA11AI.15980

Amount of Each Receipt this Period **750.00**

B. Dr. Leland W. Shenfield
Full Name (Last, First, Middle Initial)

Mailing Address 16030 Bothell Everett Hwy Ste 250

City Mill Creek State WA Zip Code 98012-1274

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

Name of Employer Mill Creek Children's Dentistry Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 06 / 2012**

Transaction ID : SA11AI.16008

Amount of Each Receipt this Period **250.00**

c. Dr. Stanley A. Sheppard
Full Name (Last, First, Middle Initial)

Mailing Address 2424 E Plaza Dr

City Tallahassee State FL Zip Code 32308-5301

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 **07 / 19 / 2012**

Transaction ID : SA11AI.15769

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 121 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Nannette R. Sherman		Date of Receipt MM / DD / YYYY 09 / 13 / 2012 Transaction ID : SA11AI.16203
Mailing Address 7908 Cincinnati Dayton Rd Ste R		Amount of Each Receipt this Period 250.00
City West Chester	State OH	Zip Code 45069-6630
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Kanoknuch Shiflett		Date of Receipt MM / DD / YYYY 07 / 09 / 2012 Transaction ID : SA11AI.15672
Mailing Address 933 South Sunset Avenue, #205		Amount of Each Receipt this Period 250.00
City West Covina	State CA	Zip Code 91790-3410
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Deven V. Shroff		Date of Receipt MM / DD / YYYY 08 / 03 / 2012 Transaction ID : SA11AI.15979
Mailing Address 10045 Baltimore National Pike Ste A1		Amount of Each Receipt this Period 250.00
City Ellicott City	State MD	Zip Code 21042-3673
FEC ID number of contributing federal political committee. C	Name of Employer smiles4children	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**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 122 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. Elliot R. Shulman		Date of Receipt MM / DD / YYYY 09 / 12 / 2012 Transaction ID : SA11AI.16158
Mailing Address 43 Garden Ln		Amount of Each Receipt this Period 250.00
City Morgantown	State WV	Zip Code 26501-2291
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Maria L. S. Simon		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : SA11AI.16318
Mailing Address 1560 Sherman Avenue, #610		Amount of Each Receipt this Period 250.00
City Evanston	State IL	Zip Code 60201-4806
FEC ID number of contributing federal political committee.	C	
Name of Employer North Shore Dent. for Children	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James C. Singleton		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 Transaction ID : SA11AI.15937
Mailing Address 22423 Columbia Glacier Loop		Amount of Each Receipt this Period 250.00
City Eagle River	State AK	Zip Code 99577-9528
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 150
	<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	<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. Catherine M. Skarulis		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15885
Mailing Address Syosset Medical Arts Building 50 Underhill Blvd		Amount of Each Receipt this Period 250.00
City Syosset State NY Zip Code 11791-3418	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) B. Dr. Rebecca L. Slayton		Date of Receipt MM / DD / YYYY 07 / 05 / 2012 Transaction ID : SA11AI.15645
Mailing Address S201 Dental Science Bldg.		Amount of Each Receipt this Period 250.00
City Iowa City State IA Zip Code 52242	FEC ID number of contributing federal political committee. C	
Name of Employer University of Iowa Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) C. Dr. John L. Snuggs		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 Transaction ID : SA11AI.15951
Mailing Address 3809 Whites Ferry Rd		Amount of Each Receipt this Period 250.00
City West Monroe State LA Zip Code 71291-2006	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Pediatric Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Hazelmei D. Soliman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4969 Trescott Ct
 City State Zip Code
 Dublin CA 94568-4844
 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
 09 / 21 / 2012
Transaction ID : SA11AI.16235
 Amount of Each Receipt this Period
 250.00

B. Dr. Steven J. Solow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Walnut St Ste 1014
 City State Zip Code
 Philadelphia PA 19102-2906
 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
 07 / 26 / 2012
Transaction ID : SA11AI.15939
 Amount of Each Receipt this Period
 250.00

C. Dr. Eugene D. Stevenson Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11165 La Quinta Pl
 City State Zip Code
 El Paso TX 79936-5221
 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
 08 / 24 / 2012
Transaction ID : SA11AI.16090
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. John W. Stewart			Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.16293
Mailing Address 440 E Hospital Ln			Amount of Each Receipt this Period 250.00
City Terre Haute	State IN	Zip Code 47802-4251	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer Wabash Valley Children's Dentistry		Occupation General Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Bob C. Stone			Date of Receipt MM / DD / YYYY 08 / 06 / 2012 Transaction ID : SA11AI.16009
Mailing Address 406 W Boughton Rd Ste B			Amount of Each Receipt this Period 250.00
City Bolingbrook	State IL	Zip Code 60440-3721	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Angela M. Stout			Date of Receipt MM / DD / YYYY 07 / 04 / 2012 Transaction ID : SA11AI.15639
Mailing Address 716 Bethlehem Pike			Amount of Each Receipt this Period 250.00
City Erdenheim	State PA	Zip Code 19038	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer Self-Employed		Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 150
	<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

Full Name (Last, First, Middle Initial) A. Dr. David M. Strange Jr.		Date of Receipt 08 / 28 / 2012 Transaction ID : SA11AI.16118
Mailing Address 7975 Allison Way		Amount of Each Receipt this Period 250.00
City Arvada	State CO	Zip Code 80005-4428
FEC ID number of contributing federal political committee. C	Name of Employer Pediatric Dental Group	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Karen A. Sue		Date of Receipt 09 / 21 / 2012 Transaction ID : SA11AI.16239
Mailing Address 2277 Michael Drive, #2		Amount of Each Receipt this Period 250.00
City Newbury Park	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Dean T. Sueda		Date of Receipt 07 / 20 / 2012 Transaction ID : SA11AI.15863
Mailing Address 1441 Kapiolani Blvd Ste 617		Amount of Each Receipt this Period 250.00
City Honolulu	State HI	Zip Code 96814-4403
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Candice R. Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5436 Commerce St PO Box 2880
 City Saint Francisville State LA Zip Code 70775-4411
 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
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.16294
 Amount of Each Receipt this Period
250.00

B. Dr. David A. Sumikawa
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Kapiolani Blvd Ste 1048
 City Honolulu State HI Zip Code 96814-3517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Dental Group Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.15864
 Amount of Each Receipt this Period
250.00

C. Dr. Erin B. Sutton
 Full Name (Last, First, Middle Initial)
 Mailing Address 931 Mar Walt Dr
 City Fort Walton Beach State FL Zip Code 32547-6759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerald Coast Dentistry Occupation General 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
 07 / 03 / 2012
Transaction ID : SA11AI.15631
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 150
	<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. Purnima C. Swearingen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4707 Washington Road, #2
 City Kenosha State WI Zip Code 53144-1597
 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 **09 / 27 / 2012**
Transaction ID : SA11AI.16295
 Amount of Each Receipt this Period **250.00**

B. Dr. Jennifer Tan Heahlke
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Kapiolani Blvd Ste 1048
 City Honolulu State HI Zip Code 96814-3517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.15831
 Amount of Each Receipt this Period **250.00**

C. Dr. Leslie K. Tanimura
 Full Name (Last, First, Middle Initial)
 Mailing Address 2390 Country Hills Dr Ste 102
 City Antioch State CA Zip Code 94509-7437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.15867
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 150
	<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	<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. Jordan Tarver			Date of Receipt 08 / 17 / 2012 Transaction ID : SA11AI.16057
Mailing Address 1111 Parkway Frontage Road N			Amount of Each Receipt this Period 250.00
City Lakeland	State FL	Zip Code 33803-0400	
FEC ID number of contributing federal political committee. C			
Name of Employer Dentistry for Children	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Ben Taylor			Date of Receipt 07 / 20 / 2012 Transaction ID : SA11AI.15868
Mailing Address 6756 Poss Road			Amount of Each Receipt this Period 250.00
City San Antonio	State TX	Zip Code 78238-2258	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Eric A. teDuits			Date of Receipt 07 / 19 / 2012 Transaction ID : SA11AI.15770
Mailing Address 5544 E Cheryl Pkwy			Amount of Each Receipt this Period 500.00
City Fitchburg	State WI	Zip Code 53711-5312	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Pediatric Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Eric A. teDuits
Full Name (Last, First, Middle Initial)

Mailing Address 5544 E Cheryl Pkwy

City Fitchburg State WI Zip Code 53711-5312

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 ▼ 750.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.16296

Amount of Each Receipt this Period
250.00

B. Dr. Ashley S. Tercero
Full Name (Last, First, Middle Initial)

Mailing Address 3909 Creekside Loop Ste 140

City Yakima State WA Zip Code 98902-4880

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

Name of Employer Yakima Pediatric Dentistry Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 04 / 2012
Transaction ID : SA11AI.15641

Amount of Each Receipt this Period
250.00

C. Dr. Luke Teruya
Full Name (Last, First, Middle Initial)

Mailing Address 4211 Waiialae Ave Ste 405

City Honolulu State HI Zip Code 96816-5317

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
08 / 17 / 2012
Transaction ID : SA11AI.16062

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Scott Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 16814 Placer Hills Rd
 City Meadow Vista State CA Zip Code 95722-9531
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11AI.16058
 Amount of Each Receipt this Period
 250.00

B. Dr. Maria B. Tiefenbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 5226 Graford Pl
 City Corpus Christi State TX Zip Code 78413-5372
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2012
Transaction ID : SA11AI.15583
 Amount of Each Receipt this Period
 250.00

C. Dr. Mary E. Tierney
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 N Western Ave Ste 1A
 City Chicago State IL Zip Code 60625-2051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer City Kids Dental, PC Occupation 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
 07 / 26 / 2012
Transaction ID : SA11AI.15941
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Terri E. Train		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2012 Transaction ID : SA11AI.15705
Mailing Address 100 N Central Expy Ste 1108		Amount of Each Receipt this Period 250.00
City Richardson	State TX	Zip Code 75080-5328
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Lisa M. Trevino		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 06 / 2012 Transaction ID : SA11AI.16010
Mailing Address 8323 Whisper Point Dr		Amount of Each Receipt this Period 250.00
City Houston	State TX	Zip Code 77040-6095
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gilbert A. Trujillo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2012 Transaction ID : SA11AI.15953
Mailing Address 517 Hammill Ln		Amount of Each Receipt this Period 250.00
City Reno	State NV	Zip Code 89511-1004
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 150
	<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. Harley J. Turner III
 Full Name (Last, First, Middle Initial)
 Mailing Address 365B E Blackstock Rd
 City Spartanburg State SC Zip Code 29301-3762
 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 **08 / 01 / 2012**
Transaction ID : SA11AI.15970
 Amount of Each Receipt this Period **250.00**

B. Dr. Christine M. Tweedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 42nd Ave SW Ste 24
 City Seattle State WA Zip Code 98116-4240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westside Children's Dentistry Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 26 / 2012**
Transaction ID : SA11AI.15942
 Amount of Each Receipt this Period **250.00**

C. Dr. Joseph A. Tylka
 Full Name (Last, First, Middle Initial)
 Mailing Address Grove Medical Center, #308 R.F.D. 4160
 City Long Grove State IL Zip Code 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.15869
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Joseph A. Tylka
Full Name (Last, First, Middle Initial)

Mailing Address Grove Medical Center, #308
R.F.D. 4160

City Long Grove State IL Zip Code 60047

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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 16 / 2012
Transaction ID : SA11AI.16047

Amount of Each Receipt this Period
200.00

B. Dr. John H. Unkel
Full Name (Last, First, Middle Initial)

Mailing Address 11730 Burray Rd

City Chesterfield State VA Zip Code 23838-5155

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
M M / D D / Y Y Y Y Y Y
09 / 27 / 2012
Transaction ID : SA11AI.16297

Amount of Each Receipt this Period
250.00

C. Dr. Eric J. Van Miller
Full Name (Last, First, Middle Initial)

Mailing Address 125 Siegler St

City Green Bay State WI Zip Code 54303-2635

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

Name of Employer Park-West Pediatric Dental Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 26 / 2012
Transaction ID : SA11AI.15944

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 135 OF 150
	<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	<input type="checkbox"/> 17

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

A. Dr. Alejandra Villasenor
Full Name (Last, First, Middle Initial)

Mailing Address 8325 Walnut Hill Lane, Suite 111

City Dallas	State TX	Zip Code 75231-4212
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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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
08	/	21	/	2012

Transaction ID : SA11Al.16109

Amount of Each Receipt this Period
250.00

B. Dr. Leslie Suzanne Wallace
Full Name (Last, First, Middle Initial)

Mailing Address 179 Cobbler Cir

City Hendersonville	State TN	Zip Code 37075-3963
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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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
07	/	08	/	2012

Transaction ID : SA11Al.15657

Amount of Each Receipt this Period
250.00

C. Dr. Carrie A. Wanamaker
Full Name (Last, First, Middle Initial)

Mailing Address 100 Riley St Ste B

City East Aurora	State NY	Zip Code 14052-1830
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11Al.16146

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 150
	<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	<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. Gary Warrington		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : SA11Al.16201
Mailing Address 955 Main Street		Amount of Each Receipt this Period 250.00
City Winchester	State MA	Zip Code 01890-1961
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Nicole K. Weddell		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11Al.15871
Mailing Address 3737 N Meridian St Ste 100		Amount of Each Receipt this Period 250.00
City Indianapolis	State IN	Zip Code 46208-4357
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jack Weil		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 Transaction ID : SA11Al.15955
Mailing Address 402 Maple Avenue W., Suite B		Amount of Each Receipt this Period 250.00
City Vienna	State VA	Zip Code 22180-4223
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 150
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Bruce H. Weiner		Date of Receipt MM / DD / YYYY 07 / 19 / 2012 Transaction ID : SA11AI.15773
Mailing Address 6210 John Ryan Dr Ste 100		Amount of Each Receipt this Period 250.00
City Fort Worth	State TX	Zip Code 76132-4111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul A. Weiss		Date of Receipt MM / DD / YYYY 09 / 13 / 2012 Transaction ID : SA11AI.16169
Mailing Address 1150 Youngs Rd Ste 106		Amount of Each Receipt this Period 250.00
City Williamsville	State NY	Zip Code 14221-8024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. William L. Whatley Jr.		Date of Receipt MM / DD / YYYY 07 / 09 / 2012 Transaction ID : SA11AI.15675
Mailing Address 2487 Demere Rd Ste 300		Amount of Each Receipt this Period 250.00
City Saint Simons Island	State GA	Zip Code 31522-5642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**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 138 OF 150
	<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	<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. B. Gene Whitehead		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15872
Mailing Address 718 Lakeview Rd Suite A		Amount of Each Receipt this Period 250.00
City Clearwater	State FL	Zip Code 33756
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Fred C. Whitmire Jr.		Date of Receipt MM / DD / YYYY 07 / 10 / 2012 Transaction ID : SA11AI.15694
Mailing Address 951 Riverfront Pkwy Ste 201		Amount of Each Receipt this Period 250.00
City Chattanooga	State TN	Zip Code 37402-2102
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Whitney R. Wignall		Date of Receipt MM / DD / YYYY 08 / 17 / 2012 Transaction ID : SA11AI.16060
Mailing Address 10 Terison Dr		Amount of Each Receipt this Period 250.00
City Falmouth	State ME	Zip Code 04105-2618
FEC ID number of contributing federal political committee. C	Name of Employer Southern Maine Pediatric Dentistry	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**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 139 OF 150
	<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	<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. Abby T. Wilentz		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.16092
Mailing Address 7400 NW 5th St		Amount of Each Receipt this Period 250.00
City Plantation	State FL	Zip Code 33317-1606
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas G. Wilson		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.15874
Mailing Address 8515 Douglas Ave Ste 26		Amount of Each Receipt this Period 250.00
City Des Moines	State IA	Zip Code 50322-2927
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ronald L. Winder		Date of Receipt MM / DD / YYYY 07 / 04 / 2012 Transaction ID : SA11AI.15642
Mailing Address 5602 South Memorial Drive		Amount of Each Receipt this Period 250.00
City Tulsa	State OK	Zip Code 74145-9016
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 150
	<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. Jackson E. Winters
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Lima Avenue
 City Findlay State OH Zip Code 45840-3040
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.16202
 Amount of Each Receipt this Period
 250.00

B. Dr. John B. Wittgen
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 N Weinbach Ave Ste 910
 City Evansville State IN Zip Code 47711-6607
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.16093
 Amount of Each Receipt this Period
 250.00

C. Dr. Carol B. Wooddell
 Full Name (Last, First, Middle Initial)
 Mailing Address 9295 Old Keene Mill Rd
 City Burke State VA Zip Code 22015-4202
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2012
Transaction ID : SA11AI.15946
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 150
	<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	<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. Jody L. Wright		Date of Receipt MM / DD / YYYY 07 / 16 / 2012
Mailing Address 60 Glass Ct		Transaction ID : SA11Al.15737
City Springboro	State OH	Zip Code 45066-9079
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Karen Yee-Lo		Date of Receipt MM / DD / YYYY 07 / 20 / 2012
Mailing Address 7609 Steilacoom Boulevard		Transaction ID : SA11Al.15875
City Lakewood	State WA	Zip Code 98498-6199
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Huey-Ju Grace Yeh		Date of Receipt MM / DD / YYYY 07 / 20 / 2012
Mailing Address 1148 S. Garfield Ave.		Transaction ID : SA11Al.15876
City Alhambra	State CA	Zip Code 91801-4713
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**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 142 OF 150
	<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. Sue Nimer Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 7105 Founders Pl
 City Vestavia State AL Zip Code 35242-2516
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2012
Transaction ID : SA11AI.16160
 Amount of Each Receipt this Period
250.00

B. Dr. Stacy Zarakiotis
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Sherwood Pl
 City Greenwich State CT Zip Code 06830-5638
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.15878
 Amount of Each Receipt this Period
250.00

C. Dr. Stacy Zarakiotis
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Sherwood Pl
 City Greenwich State CT Zip Code 06830-5638
 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2012
Transaction ID : SA11AI.15947
 Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 143 OF 150
(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. Alan R. Zicherman

Mailing Address 1 Roosevelt Ave

City Peabody State MA Zip Code 01960-2200

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
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11Al.16095

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

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	110100.00

**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. BILL CASSIDY FOR CONGRESS

Mailing Address PO BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
LA 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2012

Transaction ID : SB23.15549

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS

Mailing Address 1675-F E SEMINOLE

City State Zip Code
SPRINGFIELD MO 65804

Purpose of Disbursement
MO 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2012

Transaction ID : SB23.15573

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BROWNLEY, JULIA

Mailing Address 5613 FOXWOOD DRIVE

City State Zip Code
OAK PARK CA 91377

Purpose of Disbursement
CA 2012 House General

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2012

Transaction ID : SB23.15554

Amount of Each Disbursement this Period

500.00

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

4500.00

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

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**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. CITIZENS TO ELECT RICK LARSEN

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
WA 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : SB23.15571

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ

Mailing Address 1212 S. Victory Blvd.
Suite 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement
CA 2012 House General

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 47

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2012

Transaction ID : SB23.15568

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
IL 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2012

Transaction ID : SB23.15567

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 CHRIS MURPHY

Mailing Address PO BOX 127

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
CT 2012 Senate General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SB23.15576

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
GA 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.15570

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. HELLER FOR SENATE

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement
NV 2012 Senate General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2012

Transaction ID : SB23.15565

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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**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. KINZINGER FOR CONGRESS

Mailing Address PO BOX 487

City NEW LENOX State IL Zip Code 60451

Purpose of Disbursement
IL 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : SB23.15579

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address PO BOX 479

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
CT 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2012

Transaction ID : SB23.15559

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MCCOLLUM FOR CONGRESS

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement
MN 2012 House General

Candidate Name

Office Sought: House
 Senate
 President
State: MN District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB23.15574

Amount of Each Disbursement this Period

1500.00

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

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

3000.00

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. MOBROOKSFORCONGRESS.COM

Mailing Address 7610 FOXFIRE DRIVE

City HUNTSVILLE State AL Zip Code 35802

Purpose of Disbursement
AL 2012 House General

Candidate Name

Office Sought: House
 Senate
 President
State: AL District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SB23.15575

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
GA 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.15569

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address PO BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
MI 2012 Senate General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SB23.15582

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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**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. STEVE DAINES FOR MONTANA

Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement
MT 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2012

Transaction ID : SB23.15561

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address PO Box 661
PO BOX 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
IL 2012 House General

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	12	/	2012

Transaction ID : SB23.15552

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement
IN 2012 House General

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2012

Transaction ID : SB23.15563

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

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**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. WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City **BURLINGTON** State **VT** Zip Code **05402**

Purpose of Disbursement
VT 2012 House General

Candidate Name

Office Sought: House
 Senate
 President
State: **VT** District: **00**

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

08 / 14 / 2012

Transaction ID : SB23.15572

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

1000.00

37500.00