

APR 1 1 32 PM '96

March 26, 1996


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

Dear Filing Officer:

Enclosed please find an original and one copy of the following amendment for the California Dental PAC/Federal for the period 7/1/95 through 12/31/95, which is being sent to you certified mail, return receipt requested.

Please endorse this transmittal letter and one copy as acknowledgment of receipt and return it in the preaddressed, stamped envelope provided.

Sincerely,



Lee DaCosta
CaDPAC Assistant

Enclosure - FEC Form 3X

c: Secretary of State, CA

12045600

10/1/96

SECRET

California

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916 443 0000

916 443 2900 ext 68

9403037279

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

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

Hand Delivered

DATE OF RECEIPT

4-1-96

First Class Mail

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and Registration

DATE OF RECEIPT

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Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

JMN
PREPARER

4-1-96
DATE PREPARED

9 6 0 3 0 3 7 2 7 6 0

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL
COMMISSION
APR 1 1996

APR 1 1996

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) California Dental Political Action Committee/Federal		2. FEC IDENTIFICATION NUMBER C00005751
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1201 K Street, 15th Floor		
CITY, STATE and ZIP CODE Sacramento, CA 95814-3093		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____
In the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/95</u> through <u>12/31/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 13,752.08
(b) Cash on Hand at Beginning of Reporting Period	\$ 105,947.88	
(c) Total Receipts (from Line 19)	\$ 125,216.34	\$ 342,412.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 231,164.22	\$ 356,164.22
7. Total Disbursements (from Line 30)	\$ 29,708.20	\$ 154,708.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 201,456.02	\$ 201,456.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Roger Killredge

Signature of Treasurer

Date

3/26/96

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

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FEC FORM 3X

(revised 9/93)

2 4 0 3 0 2 7 2 7

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

California Dental Political Action Committee/Federal

REPORT COVERING PERIOD

FROM 7/1/95

TO 12/31/95

I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	11,223.00	15,321.59	11(a)
ii. Unitemized	112,584.24	324,959.52	11(a)
iii. Total (add i and ii) >	123,809.24	340,281.11	11(a)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a ii, b and c) >	123,809.24	340,281.11	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,407.10	2,131.03	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	125,216.34	342,412.14	19
20. Total Federal Receipts (subtract line 18 from line 19) >	125,216.34	342,412.14	20

II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)
ii. Non-Federal Share	-0-	-0-	21(a)
b. Other Federal Operating Expenditures	15.00	15.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	25,000.00	150,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,693.20	4,693.20	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	29,708.20	154,708.20	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	29,708.20	154,708.20	31

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	-0-	-0-	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	-0-	-0-	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

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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)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

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

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

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

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

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SUBTOTAL of Receipts This Page (optional)	\$1,050.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL DOUCET 111 PLAZA PROFESSIONAL BLDG EL CERRITO, CA 94530	SELF	11/08/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARK DOUGLAS 4827 LAGUNA WEST WAY # 5 ELK GROVE, CA 95758	SELF	11/17/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HERMAN DURAN 130 N SAN MATEO DR SAN MATEO, CA 94401	SELF	11/28/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$425.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
VINCENT FARHOOD 3000 ALAMO DR STE 206 VACAVILLE, CA 95687	SELF	11/20/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$275.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LELAND FERGUSON 5150 GRAVES AVE SAN JOSE, CA 95129	SELF	11/27/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL GALLEG0 122 BANK ST GRASS VALLEY, CA 95945	SELF	12/08/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$214.29
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LOUIS GEISSBERGER 1341 S ELISEO DR GREENBRAE, CA 94904	SELF	12/01/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$	\$300.00

SUBTOTAL of Receipts This Page (optional) \$975.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

9 3 0 3 0 3 7 2 7 6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID GILLETT 7080 SKYWAY # A PARADISE, CA 95969 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: DENTIST Aggregate Year-to-Date: \$ 225.00	11/06/95	\$75.00
ALBERT GROSNICK 333 EL DORADO ST MONTEREY, CA 93940 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: DENTIST Aggregate Year-to-Date: \$ 300.00	11/29/95	\$150.00
ANDREW HARSANY 175 N JACKSON AVE SAN JOSE, CA 95116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: DENTIST Aggregate Year-to-Date: \$ 200.00	12/05/95	\$75.00
JOHN HOGG, III 2370 PROFESSIONAL DR ROSEVILLE, CA 95661 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: DENTIST Aggregate Year-to-Date: \$ 300.00	12/08/95	\$150.00
STEPHEN HOLIFIELD 16 HENDERSON RD LEXINGTON, MA 02173 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: DENTIST Aggregate Year-to-Date: \$ 278.57	11/16/95	\$150.00
CAREN HOVDEN 901 CAMPUS DR # 202 DALY CITY, CA 94015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: DENTIST Aggregate Year-to-Date: \$ 300.00	11/25/95	\$150.00
RICHARD JACKSON 2525 K ST # 101 SACRAMENTO, CA 95816 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: DENTIST Aggregate Year-to-Date: \$ 275.00	11/24/95	\$150.00
SUBTOTAL of Receipts This Page (optional)			\$900.00
TOTAL This Period (last page this line number only)			

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

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

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SUBTOTAL of Receipts This Page (optional) \$900.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

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

SUBTOTAL of Receipts This Page (optional)

\$975.00

TOTAL This Period (last page this line number only)

94030072748

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NAME OF COMMITTEE (in Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

A. Full Name, Mailing Address and ZIP Code PHILIP MALDONADO 151 W COLLEGE STREET COVINA, CA 91723		Name of Employer SELF	Date (month, day, year) 11/29/95	Amount of Each Receipt This Period \$225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00
B. Full Name, Mailing Address and ZIP Code RICHARD MATSUEDA 17511 CRENSHAW BLVD TORRANCE, CA 90504		Name of Employer SELF	Date (month, day, year) 11/20/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
C. Full Name, Mailing Address and ZIP Code DAVID MC INTIRE 3517 MARCONI AVE STE 105 SACRAMENTO, CA 95821		Name of Employer SELF	Date (month, day, year) 12/01/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$275.00
D. Full Name, Mailing Address and ZIP Code MICHAEL MC KEEVER 7880 WREN AVE STE A111 GILROY, CA 95020		Name of Employer SELF	Date (month, day, year) 11/30/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$375.00
E. Full Name, Mailing Address and ZIP Code RONALD MEAD 990 BOYSEN AVE SAN LUIS OBISPO, CA 93401		Name of Employer SELF	Date (month, day, year) 11/24/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$275.00
F. Full Name, Mailing Address and ZIP Code WILLIAM MELARKEY 2650 21ST ST SACRAMENTO, CA 95818		Name of Employer SELF	Date (month, day, year) 11/14/95	Amount of Each Receipt This Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$300.00
G. Full Name, Mailing Address and ZIP Code JEFFREY MILES 2418 EAST AVE LIVERMORE, CA 94550		Name of Employer SELF	Date (month, day, year) 11/10/95	Amount of Each Receipt This Period \$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DENTIST	Aggregate Year-to-Date > \$	\$225.00

24030072749

SUBTOTAL of Receipts This Page (optional)	\$1,050.00
TOTAL This Period (last page this line number only)	\$1,050.00

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NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

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

SUBTOTAL of Receipts This Page (optional)

\$675.00

TOTAL This Period (last page this line number only)

2403057270

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NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

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

SUBTOTAL of Receipts This Page (optional)

\$1,175.00

TOTAL This Period (last page this line number only)

95030372731

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NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

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

SUBTOTAL of Receipts This Page (optional)

\$1,050.00

TOTAL This Period (last page this line number only)

93030572772

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NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

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

SUBTOTAL of Receipts This Page (optional) \$1,200.00

TOTAL This Period (last page this line number only)

25030372713

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NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

9303067274

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RUSSELL, WEBB 930 W FOOTHILL BLVD # C UPLAND, CA 91786	SELF	11/21/95	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$ 275.00	
GREGORY WINNEN P O BOX 3349 NAPA, CA 94558	SELF	11/20/95	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
SUBTOTAL of Receipts This Page (optional)			\$225.00
TOTAL This Period (last page this line number only)			\$11,225.00

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NAME OF COMMITTEE (In Full)

California Dental Political Action Committee/Federal

9 3 0 3 0 7 2 7 5

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
River City Bank 825 K Street Mall Sacramento, CA 95814	Interest earned on account.	7/31/95	114.94
	Occupation	8/31/95	123.53
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		9/30/95 128.36
		10/31/95	116.69
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
" "	"	12/31/95	54.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mercantile Bank 455 Capitol Mall Sacramento, CA 95814	Interest earned on CD.	11/27/95	441.43
	Occupation	12/27/95	427.19
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (optional)

1,407.10

TOTAL This Period (last page this line number only)

1,407.10

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 16 OF 17
FOR LINE NUMBER 22.

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NAME OF COMMITTEE (in Full)

California Dental Political Action Committee/Federal

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

SUBTOTAL of Disbursements This Page (optional) 25,000.00

TOTAL This Period (last page this line number only) 25,000.00

24030372716

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 17 OF 17
FOR LINE NUMBER 23.

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NAME OF COMMITTEE (in Full)

California Dental Political Action Committee/Federal

96030372777

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

SUBTOTAL of Disbursements This Page (optional)

4,693.20

TOTAL This Period (last page this line number only)

4,693.20

Federal Election Commission
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PREPARER

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