

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

CALIFORNIA DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE - FEDERAL FUND

Report Covering the Period: From: ^M04 ^D01 ^Y2003 To: ^M06 ^D30 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		12069.65
(b) Cash on Hand at Beginning of Reporting Period	25504.31	
(c) Total Receipts (from Line 19)	30087.24	93521.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55591.55	105591.55
<hr/>		
7. Total Disbursements (from Line 31)	50000.00	100000.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5591.55	5591.55
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

CALIFORNIA DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE - FEDERAL FUND

Report Covering the Period: From: ^M04 ⁻01 ⁻2003 To: ^M06 ⁻30 ⁻2003

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)	1133.34	
(ii) Unitemized	26937.64	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	30070.98	93484.14
(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)	30070.98	93484.14
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.)	16.26	37.76
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30087.24	93521.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30087.24	93521.90

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	50000.00	100000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50000.00	100000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	50000.00	100000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	30070.98	93484.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30070.98	93484.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 8	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
CALIFORNIA DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE - FEDERAL FUND

Full Name (Last, First, Middle Initial) A. Biles		Date of Receipt M / D / Y 04 / 01 / 2003
Mailing Address 804 Frederick St		Transaction ID: SA11A1.6573
City Santa Cruz	State CA	Zip Code 95062-2203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 176.67
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Burg		Date of Receipt M / D / Y 04 / 01 / 2003
Mailing Address Ste 203 1430 E Main St		Transaction ID: SA11A1.6622
City Santa Maria	State CA	Zip Code 93454-4832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 176.66
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 329.99	

Full Name (Last, First, Middle Initial) C. Persons		Date of Receipt M / D / Y 04 / 01 / 2003
Mailing Address Ste 225 1442 Irvine Blvd		Transaction ID: SA11A1.6428
City Tustin	State CA	Zip Code 92780-5848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 176.67
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	▶	530.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/8	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CALIFORNIA DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE - FEDERAL FUND

Full Name (Last, First, Middle Initial) A. Robin		Date of Receipt M / D / Y 04 / 01 / 2003
Mailing Address Ste 103 1245 W Huntington Dr		Transaction ID: SA11A1.8742
City Arcadia	State CA	Zip Code 91007-6384
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼	299.99

Full Name (Last, First, Middle Initial) B. Velora		Date of Receipt M / D / Y 04 / 01 / 2003
Mailing Address Ste D 15048 Bear Valley Rd		Transaction ID: SA11A1.8575
City Victorville	State CA	Zip Code 92392-9235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼	260.00

Full Name (Last, First, Middle Initial) C. Webb		Date of Receipt M / D / Y 04 / 01 / 2003
Mailing Address 417B2 Via Balderama		Transaction ID: SA11A1.8314
City Temecula	State CA	Zip Code 92562-6335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 178.67
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼	329.99

SUBTOTAL of Receipts This Page (optional)	▶	603.34
TOTAL This Period (last page this line number only)	▶	1133.34

**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)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input 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)
CALIFORNIA DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE - FEDERAL FUND

Full Name (Last, First, Middle Initial) A. CALIFORNIA DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE - FEDERAL FUND		Transaction ID: SB22.9640
Mailing Address 1201 K STREET		Date of Disbursement 05 / 07 / 2003
City SACRAMENTO	State CA	Zip Code 95814
Purpose of Disbursement Transfers to Affiliated		Amount of Each Disbursement this Period 50000.00
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	
Category/ Type		

SUBTOTAL of Disbursements This Page (optional)	▶	50000.00
TOTAL This Period (last page this line number only)	▶	50000.00