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Image# 15950113809

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| | For Other Than An A | Authorized Comm | ittee | | Office Use Only |
|--|--------------------------------|---------------------------|----------------------|-------------------|--|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If over the line | | 12FE4M5 | |
| American Academy of | Pediatric Dentistry | y Political Action | Committee |) | |
| | | | | | |
| ADDRESS (number and street) | 211 E Chicago Ave | | | | |
| Charle if different | Suite 1600 | | | | |
| Check if different than previously reported. (ACC) | Chicago | | | IL L | 60611 |
| 2. FEC IDENTIFICATION NU | JMBER ▼ | CITY 🛦 | | STATE 🛦 | ZIP CODE ▲ |
| C C00365965 | 3 | B. IS THIS REPORT | NEW (N) OR | AM (A) | ENDED |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: | (b) Monthly Report Due On: | Feb 20 (M2) Mar 20 (M3) | May 20 (M5) | | 20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only) |
| April 15 | | Apr 20 (M4) | Jul 20 (M7) | Oct 2 | 20 (M10) Jan 31 (YE) |
| Quarterly Report (C | Q1) (c) 12-Day | Primary | 12P) | General (| 12G) Runoff (12R) |
| July 15 Quarterly Report (C | PRE-Election Report for the | | on (12C) | Special (1 | 28) |
| October 15 Quarterly Report (C | · | o. Convent | WI (120) | Openiai (1 | 20) |
| X January 31 Year-End Report (Y | | ection on | / D D / | Y Y Y Y | in the State of |
| July 31 Mid-Year Report (Non-electio Year Only) (MY) | POST-Election Report for the | | (30G) | Runoff (30 | DR) Special (30S) |
| Termination Report (TER) | | ection on | / D D / | Y Y Y | in the State of |
| 5. Covering Period 11 | | 14 throug | h 12 | 31 | 2014 |
| I certify that I have examined th | is Report and to the bes | st of my knowledge a | nd belief it is tru | ue, correct and | complete. |
| Type or Print Name of Treasure | John S. Rutkauskas | | | | |
| Signature of Treasurer John | S. Rutkauskas | [Electroni | cally Filed] | Date 01 | / 28 / 2015 |
| NOTE: Submission of false, errone | eous, or incomplete inform | nation may subject the | person signing th | nis Report to the | e penalties of 2 U.S.C. §437g. |
| Office Use | | | | | FEC FORM 3X Rev. 12/2004 |
| l I Only I | 1 | ı | 1 | 1 1 | |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: 11 25 2014 To: 12 31 2014

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6. | (a) Cash on Hand January 1, 2014 | | 337190.57 |
| | (b) Cash on Hand at Beginning of Reporting Period | 245741.57 | |
| | (c) Total Receipts (from Line 19) | 2000.00 | 124551.00 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 247741.57 | 461741.57 |
| 7. | Total Disbursements (from Line 31) | 5000.00 | 219000.00 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 242741.57 | 242741.57 |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| . Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | | |
| (i) Itemized (use Schedule A) | 2000.00 | 106450.00 |
| (ii) Unitemized | , 0.00 | 8851.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)▶ | , 2000.00 | 115301.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | | 445004.00 |
| Totals to Line 33, page 5)▶ | 2000.00 | 115301.00 |
| . Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| 3. All Loans Received | 0.00 | 0.00 |
| | | |
| Loan Repayments Received | 0.00 | 0.00 |
| 6. Offsets To Operating Expenditures | , | , |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 6. Refunds of Contributions Made | | |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 9250.00 |
| . Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 3. Transfers from Non-Federal and Levin Funds | | , |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| | 200 | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (a) Total Transfers (add 19/s) and 19/s) | 0.00 | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| | | |
| . Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 2000.00 | 124551.00 |
| . Total Federal Receipts | | |
| (subtract Line 18(c) from Line 19)▶ | 2000.00 | 124551.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------|---|----------------------------|-----------------------------------|
| | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | 23.5.1941 1041 10 5410 |
| | (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 | 0.00 | 0.00 |
| , . | (add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party | 0.00 | 0.00 |
| | Committees | 0.00 | 0.00 |
| 3. | Contributions to Federal Candidates/Committees | | |
| i | and Other Political Committees | 5000.00 | 219000.00 |
| | Independent Expenditures | 0.00 | 0.00 |
| b. 1 | (use Schedule E) Coordinated Party Expenditures | 3.00 | 0.00 |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | , | , , , , , | |
| 6. | Loan Repayments Made | 0.00 | 0.00 |
| 7 | Loans Made | 0.00 | 0.00 |
| 8. | Refunds of Contributions To: | 7 | 7 |
| | (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 |
| | (646) 46 17(66) | 7 | |
| | (d) Total Contribution Refunds | 0.00 | |
| | (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| 9. | Other Disbursements | 0.00 | 0.00 |
| J. 1 | Other Dispursements | 0.00 | 0.00 |
| 0. | Federal Election Activity (2 U.S.C. §431(20)) | | |
| | (a) Allocated Federal Election Activity | | |
| | (from Schedule H6) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 5.00 |
| | (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 |
| | 2103 00(a)(i), 00(a)(ii) and 00(b)) | | 7 |
| 1. | Total Disbursements (add Lines 21(c), 22, | | |
| : | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 5000.00 | 219000.00 |
| | Total Follows Bishows and | | |
| | Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| | from Line 31) | 5000.00 | 219000.00 |

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 |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 2000.00 | 115301.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2000.00 | 115301.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 3. 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

| FOF | R LINE | NU | MBER | : | PAGE | 6 | OF | 9 |
|------|---------|----|------|---|------|----|----|----|
| (che | ck only | or | ne) | | | | | |
| X | 11a | | 11b | | 11c | 12 | | |
| | 13 | | 14 | | 15 | 16 | ; | 17 |

| or for commercial purposes, other than using the | ratements may not be sold or used by any perso name and address of any political committee to | |
|---|--|------------------------------------|
| NAME OF COMMITTEE (In Full) | | |
| | Dentistry Political Action Committee | ee |
| Full Name (Last, First, Middle Initial) 1. Dr. John A. Acosta | | Date of Receipt |
| Mailing Address 7675 Wolf River Circle, #102 | | 11 25 _ 2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.18355 |
| Germantown | TN 38138 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Self-Employed | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| | , , , | |
| Full Name (Last, First, Middle Initial) 3. Dr. Kristin H. Bothun | | Date of Receipt |
| Mailing Address 212 Star St | | 11 28 2014 |
| City | State Zip Code | Transaction ID : SA11AI.18356 |
| Mankato | MN 56001-4825 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Pediatric and Adolescent Dentistry | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) C. Dr. Charles R. Hall | | Date of Receipt |
| Mailing Address 2918 Eastern Shore Drive | | 12 15 _ 2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.18358 |
| Hampton Cove | AL 35763-9339 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Retired | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | ggi-ogato Tour to Date 🔻 | |
| Other (specify) ▼ | 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| TOTAL This Period (last page this line number of | <u>_</u> | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| FOR | LINE | NU | MBER | : | PAGE | 7 | OF | 9 |
|------|---------|----|------|---|------|----|----|----|
| (che | ck only | or | ne) | | | | | |
| X | 11a | | 11b | | 11c | 12 | 2 | |
| | 13 | | 14 | | 15 | 16 | 6 | 17 |

| | d Statements may not be sold or used by any pers the name and address of any political committee t | |
|--|---|------------------------------------|
| NAME OF COMMITTEE (In Full) | | |
| American Academy of Pediat | ric Dentistry Political Action Commi | ttee |
| Full Name (Last, First, Middle Initial) A. Dr. Jennifer L. Hoffer | | Date of Receipt |
| Mailing Address 710 Brookside Ave Ste 6 | | 12 22 2014 |
| City | State Zip Code | Transaction ID : SA11AI.18362 |
| Redlands | CA 92373-5181 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | 1 |
| Self-Employed | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ |] |
| Primary General | 55 0 | |
| Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Michael King | | Date of Receipt |
| Mailing Address 30 E. 40th Street, #503 | | 12 10 _ 2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.18357 |
| New York | NY 10016 | Amount of Each Receipt this Period |
| FEC ID number of contributing | | |
| federal political committee. | C | 250.00 |
| Name of Employer | Occupation | 1 |
| Self-Employed | Pediatric Dentist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 30 0 | |
| Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Rita J. Tamulis-Shea | | Date of Receipt |
| Mailing Address 3290 Executive Dr | | 12 22 2014 |
| City | State Zip Code | Transaction ID : SA11AI.18360 |
| Joliet | IL 60431-8464 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | - |
| Self-Employed | Pediatric Dentist | _ |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 55 0 | |
| Other (specify) ▼ | 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| | <u>r</u> | |
| TOTAL This Period (last page this line numb | per only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| F | ЭR | LINE | NU | MBER | : | PAGE | 8 | OF | 9 |
|----|----|---------|----|------|---|------|----|----|----|
| (c | he | ck only | or | ne) | | | | | |
| | X | 11a | | 11b | | 11c | 12 | | |
| | | 13 | | 14 | | 15 | 16 | ; | 17 |

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

| 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 Pediat | ric Dentistry Political Action Commit | tee |
| Full Name (Last, First, Middle Initial) Dr. Mark S. Weaver Mailing Address 4638 W Gate Blvd | | Date of Receipt |
| City Austin | State Zip Code TX 78745-1461 | 12 22 2014 Transaction ID : SA11Al.18359 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer Self-Employed | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Theresa M. White Mailing Address 809 SW 89th St Ste A | | Date of Receipt |
| City Oklahoma City | State Zip Code OK 73139-9300 | 11 25 2014 Transaction ID : SA11AI.18354 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self-Employed | Occupation Pediatric Dentist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) | ' | Date of Receipt |
| Mailing Address | State 7in Code | M = M / D = D / Y = Y = Y |
| City | State Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional |) | 500.00 |
| TOTAL This Period (last page this line numl | per only) | 2000.00 |

| SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 9 OF | | | | | |
|---|---|----------------------------|----------------------|-------------------------|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b 27 | one) 22 X 23 28a 28b | 24 25 26 28c 29 30 | | | |
| Any information copied from such Reports and Statem | | | | | | | |
| or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Academy of Pediatric De | • | | | om such committee. | | | |
| Full Name (Last, First, Middle Initial) A. COLE FOR CONGRESS | | | Date of Disburseme | ent | | | |
| Mailing Address P.O. BOX 722256 | | | 12 01 | 2014 | | | |
| NORMAN | State Zip Code OK 73070 | | Transaction ID : \$ | SB23.18352 | | | |
| Purpose of Disbursement OK 2016 House General | | | Amount of Each Di | sbursement this Period | | | |
| Candidate Name | | Category/ Type | | 5000.00 | | | |
| Senate President | nent For: 2016 Primary | | | | | | |
| State: OK District: 04 Full Name (Last, First, Middle Initial) B. | | | Date of Disburseme | ent | | | |
| Mailing Address | | | M = M / D = D | / | | | |
| City | State Zip Code | | | | | | |
| Purpose of Disbursement | | · · · | Amount of Each Di | sbursement this Period | | | |
| Candidate Name | | Category/ Type | | | | | |
| | nent For: Primary General Other (specify) ▼ | 71 | | | | | |
| Full Name (Last, First, Middle Initial) C. | | | Date of Disburseme | _ | | | |
| Mailing Address | | | M M / D D | / | | | |
| City | State Zip Code | | | | | | |
| Purpose of Disbursement | | | Assessed of Early D | ala managari da Baria d | | | |
| Candidate Name | | Category/ Type | | sbursement this Period | | | |
| | nent For: Primary General Other (specify) | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | 5000.00 | | | |
| TOTAL This Period (last page this line number only). | | | 1 1 1 1 | 5000.00 | | | |