

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 California Dental Political Action Committee-Federal

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 1201 K Street
 15th Floor
 Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00005751

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on _____ in the State of _____

(d) 30-Day Post-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)
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Election on _____ in the State of _____

5. Covering Period 01 01 2003 through 03 31 2003

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 Ann Peck

Signature of Treasurer Electronically Filed by Ann Peck Date 04 22 2003

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

Office Use Only								
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
California Dental Political Action Committee-Federal

Report Covering the Period: From: ^M0¹ [:]0¹ ^Y200³ To: ^M0³ [:]3¹ ^Y200³

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 200 ³		12069.65
(b) Cash on Hand at Beginning of Reporting Period	12069.65	
(c) Total Receipts (from Line 19)	61854.66	61854.66
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73924.31	73924.31
<hr/>		
7. Total Disbursements (from Line 31)	50000.00	50000.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23924.31	23924.31
<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**

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Page 3

Write or Type Committee Name

California Dental Political Action Committee-Federal

Report Covering the Period: From: ^M01 ^D01 ^Y2003 To: ^M03 ^D31 ^Y2003

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)	9456.00	
(ii) Unitemized	52377.16	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	61833.16	61833.16
(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)	61833.16	61833.16
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.)	21.50	21.50
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))	61854.66	61854.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61854.66	61854.66

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	50000.00
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	50000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	50000.00	50000.00

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)	61833.16	61833.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61833.16	61833.16
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: PAGE 6 / 13	
	(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"/> 12	<input type="checkbox"/> 16	<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)
California Dental Political Action Committee-Federal

Full Name (Last, First, Middle Initial) A. Bhegal		Date of Receipt M / D / Y 01 / 27 / 2003
Mailing Address Sta 290 3200 Inland Empire Blvd		Transaction ID: SA11A1.5280
City Ontario	State CA	Zip Code 91764-5558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 360.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Boase		Date of Receipt M / D / Y 03 / 14 / 2003
Mailing Address 2801 G St		Transaction ID: SA11A1.6042
City Merced	State CA	Zip Code 95340-2133
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. Gola		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address Sta 105 9040 Friars Rd		Transaction ID: SA11A1.5747
City San Diego	State CA	Zip Code 92108-5880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	880.00
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 / 13	
	(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"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Dental Political Action Committee-Federal

Full Name (Last, First, Middle Initial) A. Delsol		Date of Receipt M / D / Y 01 / 01 / 2003	
Mailing Address Ste 220 32241 Crown Valley Pkwy		Transaction ID: SA11A1.4468	
City Dana Point	State CA	Zip Code 92629-3310	Amount of Each Receipt this Period 860.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self		Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) B. Gubiarz		Date of Receipt M / D / Y 03 / 03 / 2003	
Mailing Address 20266 Carrey Rd		Transaction ID: SA11A1.5372	
City Walnut	State CA	Zip Code 91789-2302	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C			
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. Hillman		Date of Receipt M / D / Y 03 / 06 / 2003	
Mailing Address Sta G 2225 Buchanan Rd		Transaction ID: SA11A1.5549	
City Antioch	State CA	Zip Code 94509-4209	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self		Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	1380.00
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 8 / 13	
	(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"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Dental Political Action Committee-Federal

Full Name (Last, First, Middle Initial) A. Hobby		Date of Receipt M / D / Y 01 / 01 / 2003
Mailing Address Sta N 1213 Coffee Rd		Transaction ID: SA11A1.4745
City Modesto	State CA	Zip Code 95355-4229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 860.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) B. Kobas		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address Sta A207 8950 Villa La Jolla Dr		Transaction ID: SA11A1.5638
City La Jolla	State CA	Zip Code 92037-1718
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. Lange		Date of Receipt M / D / Y 03 / 13 / 2003
Mailing Address Sta 5 850 Rio Lindo Ave		Transaction ID: SA11A1.5652
City Chico	State CA	Zip Code 95528-1808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 238.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

SUBTOTAL of Receipts This Page (optional)	1358.00
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: (check only one)		PAGE 9 / 13	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
California Dental Political Action Committee-Federal

Full Name (Last, First, Middle Initial) A. Marveg		Date of Receipt M / D / Y 01 / 01 / 2003
Mailing Address Sta A 3427 Deer Park Dr		Transaction ID: SA11A1.4303
City Stockton	State CA	Zip Code 95219-2355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 860.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) B. Mead		Date of Receipt M / D / Y 01 / 01 / 2003
Mailing Address 890 Boyson Ave		Transaction ID: SA11A1.4218
City San Luis Obispo	State CA	Zip Code 93405-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 860.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) C. Mumolo		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address Sta E 1078 E 1st St		Transaction ID: SA11A1.5880
City Tustin	State CA	Zip Code 92780-5852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	1980.00
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: (check only one)		PAGE 10 / 13	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
California Dental Political Action Committee-Federal

A. Noble Full Name (Last, First, Middle Initial) Mailing Address 41 Martha Ave City San Francisco State CA Zip Code 94131-2834		Date of Receipt M / D / Y 01 / 06 / 2003 Transaction ID: SA11A1.5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 860.00
Name of Employer Self Occupation Dentist	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00

B. Oliver Full Name (Last, First, Middle Initial) Mailing Address Ste 200 17625 Crenshaw Blvd City Torrance State CA Zip Code 90504-3462		Date of Receipt M / D / Y 03 / 10 / 2003 Transaction ID: SA11A1.5636
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

C. Puri Full Name (Last, First, Middle Initial) Mailing Address 139 N A St City Oxnard State CA Zip Code 93030-5314		Date of Receipt M / D / Y 01 / 27 / 2003 Transaction ID: SA11A1.5270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Occupation Dentist	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	1420.00
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: (check only one)		PAGE 11 / 13	
	<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)
California Dental Political Action Committee-Federal

Full Name (Last, First, Middle Initial) A. Salwan		Date of Receipt M / D / Y 01 / 27 / 2003
Mailing Address 85388 Long Beach Blvd		Transaction ID: SA11A1.5268
City South Gate	State CA	Zip Code 90280-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Schneider		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address Sta 220 39700 Bob Hope Dr		Transaction ID: SA11A1.5376
City Rancho Mirage	State CA	Zip Code 92270-7111
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. Schneider		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address Sta 220 39700 Bob Hope Dr		Transaction ID: SA11A1.5378
City Rancho Mirage	State CA	Zip Code 92270-7111
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	

SUBTOTAL of Receipts This Page (optional)	1320.00
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: (check only one)		PAGE 12 / 13	
	<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)
California Dental Political Action Committee-Federal

Full Name (Last, First, Middle Initial) A. Wiesen		Date of Receipt M / D / Y 01 / 01 / 2003
Mailing Address Sta 214B 39210 State St		Transaction ID: SA11A1.4590
City Fremont	State CA	Zip Code 94538-1456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 860.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) B. York		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address Sta D 9121 Folsom Blvd		Transaction ID: SA11A1.5751
City Sacramento	State CA	Zip Code 95826-2473
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	

SUBTOTAL of Receipts This Page (optional)	▶	1120.00
TOTAL This Period (last page this line number only)	▶	9456.00

**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)

PAGE 13 / 13

<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 Political Action Committee-Federal

Full Name (Last, First, Middle Initial) A. American Dental Political Action Committee		Transaction ID: SB22.4110 Date of Disbursement 03 / 14 / 2003	
Mailing Address 1111 14th Street Suite 1100		Amount of Each Disbursement this Period 50000.00	
City Washington	State DC		Zip Code 20005
Purpose of Disbursement Transfer to affiliated committee			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

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