

**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

American Academy of Pediatric Dentistry Political Action Committee

ADDRESS (number and street)

211 E Chicago Ave

Suite 700

Check if different than previously reported. (ACC)

Chicago

IL

60611

2863

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00365965

3. IS THIS REPORT

X

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)

X 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)

Election on

in the State of

5. Covering Period

07

01

2005

through

12

31

2005

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

Type or Print Name of Treasurer

John S. Rutkauskas

Signature of Treasurer

Electronically Filed by John S. Rutkauskas

Date

01

12

2006

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

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		123830.00
(b) Cash on Hand at Beginning of Reporting Period	120480.00	
(c) Total Receipts (from Line 19)	107745.00	111395.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	228225.00	235225.00
<hr/>		
7. Total Disbursements (from Line 31)	3000.00	10000.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	225225.00	225225.00
<hr/>		
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. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: ^M07 ⁻01 ⁻2005 To: ^M12 ⁻31 ⁻2005

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)	10900.00	13650.00
(ii) Unitemized	96845.00	97745.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	107745.00	111395.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	107745.00	111395.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	107745.00	111395.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	107745.00	111395.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	10000.00
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))..	3000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	3000.00	10000.00

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)	107745.00	111395.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	107745.00	111395.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 16
(check only one)
 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.

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

Full Name (Last, First, Middle Initial) A. Dr. Kim Boiling		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address P.O. Box 1359		Transaction ID: SA11A1.9048
City London	State KY	Zip Code 40743
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kimberly A. Boiling, DMD, PSC	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard M. Butler, Jr.		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 4001 Balmoral Drive		Transaction ID: SA11A1.8806
City Huntsville	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alabama Pediatric Dental Assoc	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Margaret A. Certo		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 3 Marina Park South, #3		Transaction ID: SA11A1.8575
City Buffalo	State NY	Zip Code 14202-4313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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ITEMIZED RECEIPTS**

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

Full Name (Last, First, Middle Initial) A. Dr. J. David Crossley		Date of Receipt M / D / Y 07 / 15 / 2005
Mailing Address 950 West First North Street		Transaction ID: SA11A1.8540
City	State	Zip Code
Morristown	TN	37814-4550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Barry J. Durrey		Date of Receipt M / D / Y 12 / 18 / 2005
Mailing Address 8500 Quaker Avenue, Suite F		Transaction ID: SA11A1.8396
City	State	Zip Code
Lubbock	TX	79413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert L. DeLorosa		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address 9000 Airline Highway, #100		Transaction ID: SA11A1.8284
City	State	Zip Code
Baton Rouge	LA	70815-4103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Scott D. Goodman		Date of Receipt M / D / Y 08 / 01 / 2005
Mailing Address 134D Matthews Township Pkwy. Suite 201		Transaction ID: SA11A1.8850
City Matthews	State SC	Zip Code 28105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Kristine A. Grazioso		Date of Receipt M / D / Y 08 / 15 / 2005
Mailing Address 223 Route 3A, #102		Transaction ID: SA11A1.8054
City Cohasset	State MA	Zip Code 02025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles R. Hall		Date of Receipt M / D / Y 08 / 17 / 2005
Mailing Address 4001 Balmoral Drive		Transaction ID: SA11A1.B118
City Huntsville	State AL	Zip Code 35801-6403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Eric S. Hans		Date of Receipt M / D / Y 08 / 01 / 2005
Mailing Address 515 West Main Street		Transaction ID: SA11A1.8854
City Trappe	State PA	Zip Code 19426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Philip Hunke		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address 505 East Newport Lane		Transaction ID: SA11A1.8277
City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brad C. Hwang		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 17107 S.E. 331 Street		Transaction ID: SA11A1.B199
City Auburn	State WA	Zip Code 98002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Children's Dental Care	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Lewis Kay		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 401 Mallard Lane		Transaction ID: SA11A1.8939
City Moorestown	State NJ	Zip Code 08057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul A. Kennedy Jr.		Date of Receipt M / D / Y 07 / 30 / 2005
Mailing Address 8200 Saratoga Boulevard		Transaction ID: SA11A1.8827
City Corpus Christi	State TX	Zip Code 78414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ann M. Lambert		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 38 Halstead Avenue		Transaction ID: SA11A1.8820
City Yonkers	State NY	Zip Code 10704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Scarsdale Pediatric Dent Assoc	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Lance A. Lambert		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 420 Pennsylvania Avenue, #103		Transaction ID: SA11A1.8572
City Glen Ellyn	State IL	Zip Code 60137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark S. Lisager		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 477 Calle Higuera		Transaction ID: SA11A1.8599
City Camarillo	State CA	Zip Code 93010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Martin J. Makowski		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 39400 Garfield Road, #200		Transaction ID: SA11A1.8949
City Clinton Township	State MI	Zip Code 48038-4068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Brian S. Martin		Date of Receipt M / D / Y 10 / 20 / 2005
Mailing Address 3705 5th Avenue Dental Department		Transaction ID: SA11A1.9367
City Pittsburgh	State PA	Zip Code 15213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Children's Hosp., Pittsbu- rgh	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Eliott D. Maser		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 3101 Bristol Road, #1		Transaction ID: SA11A1.8513
City Bensalem	State PA	Zip Code 19020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Eugene J. McGuire		Date of Receipt M / D / Y 08 / 25 / 2005
Mailing Address 1575 Pond Road, #105		Transaction ID: SA11A1.8189
City Allentown	State PA	Zip Code 18104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

Full Name (Last, First, Middle Initial) A. Dr. Jessica Meeske		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2005
Mailing Address 801 North St. Joseph		Transaction ID: SA11A1.8775
City	State	Zip Code
Hastings	NE	68801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lockwood Meeske Ped. Dentistry	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen Moriguchi		Date of Receipt M / D / Y Y Y Y 10 / 05 / 2005
Mailing Address 88-1025 Moanalua Road, #3D		Transaction ID: SA11A1.8830
City	State	Zip Code
Aiea	HI	96701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kyle Pedersen		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2005
Mailing Address 2580 Foxfield Road, #190		Transaction ID: SA11A1.8837
City	State	Zip Code
St. Charles	IL	60174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kyle E. Pedersen DDS, PC Pediatric Den	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Curt S. Rabstrom		Date of Receipt M / D / Y 07 / 26 / 2005
Mailing Address 39400 Garfield Road, Suite 200		Transaction ID: SA11A1.8642
City Clinton Township	State MI	Zip Code 48038-4096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul A. Reggiardo		Date of Receipt M / D / Y 08 / 16 / 2005
Mailing Address 18731 Patrician Drive		Transaction ID: SA11A1.8695
City Villa Park	State CA	Zip Code 92861
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Paul Reggiardo DDS, APC	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George M. Richardson		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address Timberlane Dental Group 80 Timber Lane		Transaction ID: SA11A1.8692
City South Burlington	State VT	Zip Code 05403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Timberlane Dental Group	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	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)
American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Barry P. Setzer		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2005
Mailing Address 8355 Bayberry Road		Transaction ID: SA11A1.9294
City Jacksonville	State FL	Zip Code 32256-4427
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Barry P. Setzer, D.D.S.	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James L. Van Miller		Date of Receipt M / D / Y Y Y Y 07 / 22 / 2005
Mailing Address 125 Siegler Street		Transaction ID: SA11A1.8750
City Green Bay	State WI	Zip Code 54303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Park West Pediatric Dental Associates	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William F. Vann, Jr.		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2005
Mailing Address 228 Brauer Hall CB #7450		Transaction ID: SA11A1.8673
City Chapel Hill	State NC	Zip Code 27569-7450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of North Carolina	Occupation Pediatric Dentist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	10900.00

**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 16 / 16

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)
A. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
2006 VA House Primary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General
Other (specify) ▼

State: VA District: D7

Category/
Type

Transaction ID: SB23.8508

Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Mailing Address 5856 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
2006 IL House Primary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General
Other (specify) ▼

State: IL District: D7

Category/
Type

Transaction ID: SB23.8510

Date of Disbursement

08 / 02 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
2006 NJ House Primary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General
Other (specify) ▼

State: NJ District: D6

Category/
Type

Transaction ID: SB23.8509

Date of Disbursement

08 / 25 / 2005

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

3000.00