

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW JERSEY DENTAL FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2005"/>		<input type="text" value="3956.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3606.20"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="00"/>	<input type="text" value="250.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 8(c) for Column B).....	<input type="text" value="3606.20"/>	<input type="text" value="4206.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="300.00"/>	<input type="text" value="900.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3306.20"/>	<input type="text" value="3306.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="00"/>	

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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

NEW JERSEY DENTAL FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **04 / 01 / 2005** To: **04 / 30 / 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).....	00	250.00
(ii) Unitemized.....	00	00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	00	250.00
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	00	250.00
12. Transfers From Affiliated/Other Party Committees.....	00	00
13. All Loans Received.....	00	00
14. Loan Repayments Received.....	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	00	00
17. Other Federal Receipts (Dividends, Interest, etc.).....	00	00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	00	00
(b) Levin Funds (from Schedule H5).....	00	00
(c) Total Transfers (add 18(a) and 18(b))..	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	00	250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	00	250.00

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00	00
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	300.00	900.00
24. Independent Expenditures (use Schedule E)	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00	00
29. Other Disbursements	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00	00
(ii) "Levin" Share	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	300.00	900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	300.00	900.00

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DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	00	250.00
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00	250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00

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**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 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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)

NEW JERSEY DENTAL FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

CHRIS SMITH

Mailing Address

P.O. BOX 3184

City

HAMILTON

State

NJ

Zip Code

08619

Purpose of Disbursement

CHRIS SMITH CAMPAIGN CONTRIBUTION

Candidate Name

CHRIS SMITH

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **NJ**

District: **4**

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

300.00

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

300.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): FEDEX	Shipping Date 5/11/05
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JAD
 PREPARER
 (3/2005)

5/13/05
 DATE PREPARED