

**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) 1201 K Street
 Check if different than previously reported. (ACC) 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 (M13)
 (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 04 01 2002 through 06 30 2002

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 Ms Ann Peck

Signature of Treasurer Electronically Filed by Ms Ann Peck Date 07 09 2002

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
(Revised 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

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

Report Covering the Period: From: ^h04 ^d01 ^y2002 To: ^h06 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		299.86
(b) Cash on Hand at Beginning of Reporting Period	2635.64	
(c) Total Receipts (from Line 19)	7401.61	52378.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10037.25	52678.25
7. Total Disbursements (from Line 30)	10000.00	52641.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37.25	37.25
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**

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Write or Type Committee Name

California Dental Political Action Committee-Federal

Report Covering the Period: From: ^{MM}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}2002

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)	1226.66	
(ii) Unitemized	6171.53	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7398.19	52362.21
(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 32, page 4)	7398.19	52362.21
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 36, page 4)	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.)	3.42	16.18
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	7401.61	52378.39
20. Total Federal Receipts (subtract Line 18 from Line 19)	7401.61	52378.39

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.....	10000.00	50141.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	10000.00	52641.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	10000.00	52641.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	7398.19	52362.21
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	7398.19	52362.21
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	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 5 / 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 Political Action Committee-Federal

Full Name (Last, First, Middle Initial)
A. Burg

Mailing Address
Ste 203 143D E Main St
City State Zip Code
Santa Maria CA 93454-4832

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period
176.86

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 506.65

Transaction ID: SA11A1.5541

Full Name (Last, First, Middle Initial)
B. Burg

Mailing Address
Ste 203 143D E Main St
City State Zip Code
Santa Maria CA 93454-4832

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2002

Amount of Each Receipt this Period
176.87

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 663.32

Transaction ID: SA11A1.6070

Full Name (Last, First, Middle Initial)
C. Kel

Mailing Address
PO Box 1046 108 Portal St
City State Zip Code
Oak View CA 93022-5722

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2002

Amount of Each Receipt this Period
168.68

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 466.67

Transaction ID: SA11A1.5970

SUBTOTAL of Receipts This Page (optional) ▶ **519.99**

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 6 / 8	
	<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. Webb

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 Ste C 930 W Foothill Blvd
 City State Zip Code
 Upland CA 91786-3756

Date of Receipt
 N M / D E / Y Y Y Y
 0 4 / 1 5 / 2 0 0 2

Amount of Each Receipt this Period
 178.87

FEC ID number of contributing federal political committee. _____

Name of Employer Self _____ Occupation
 Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 508.68

Transaction ID: SA11A1.5538

B. Webb

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 Ste C 930 W Foothill Blvd
 City State Zip Code
 Upland CA 91786-3756

Date of Receipt
 N M / D E / Y Y Y Y
 0 5 / 1 5 / 2 0 0 2

Amount of Each Receipt this Period
 178.87

FEC ID number of contributing federal political committee. _____

Name of Employer Self _____ Occupation
 Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 663.35

Transaction ID: SA11A1.6031

C. Wood

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 102 S Main St
 City State Zip Code
 Cloverdale CA 95425-3725

Date of Receipt
 N M / D E / Y Y Y Y
 0 4 / 1 5 / 2 0 0 2

Amount of Each Receipt this Period
 178.87

FEC ID number of contributing federal political committee. _____

Name of Employer Self _____ Occupation
 Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 506.68

Transaction ID: SA11A1.5537

SUBTOTAL of Receipts This Page (optional) ▶ **530.01**

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"/> 12	<input type="checkbox"/> 17
<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. Wood

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2002

Mailing Address
102 S Main St

City State Zip Code
Cloverdale CA 95425-3725

Amount of Each Receipt this Period
176.66

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Dentist

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General 683.34
Other (specify) ▼

Transaction ID: SA11A1.5724

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	176.66
TOTAL This Period (last page this line number only)	▶	1226.66

**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 8 / 8

<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

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

Full Name (Last, First, Middle Initial) A. AMERICAN DENTAL PAC		Date of Disbursement 06 / 13 / 2002
Mailing Address 1111 14TH STREET, NW, 11TH FLOOR City: WASHINGTON State: DC Zip Code: 20005		Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement		Transaction ID: SB22.5510
Candidate Name AMERICAN DENTAL PAC		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: District:		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00