

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		246146.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	166746.00									
(c) Total Receipts (from Line 19)	122425.00	133525.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	289171.00	379671.00								
7. Total Disbursements (from Line 31)	58500.00	149000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	230671.00	230671.00								
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**

Write or Type Committee Name
American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	21670.00	31070.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	100755.00	102455.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	122425.00	133525.00
(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)	122425.00	133525.00
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))	122425.00	133525.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	122425.00	133525.00

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
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(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.....	58500.00	149000.00
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 Activity (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))..	58500.00	149000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58500.00	149000.00

DETAILED SUMMARY PAGE
of Disbursements

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	122425.00	133525.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	122425.00	133525.00
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37

(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

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

A.

Full Name (Last, First, Middle Initial)

Dr. John A. Acosta

Mailing Address 7675 Wolf River Circle, #102

City State Zip Code
Germantown TN 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2008

Transaction ID: SA11AI.12221

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ricardo E. Araujo

Mailing Address 17585 W. North Avenue, #230

City State Zip Code
Brookfield WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Small World Children's Dent Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2008

Transaction ID: SA11AI.11908

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Maria Aslani-Breit

Mailing Address 1655 Elmwood Avenue

City State Zip Code
Rochester NY 14620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2008

Transaction ID: SA11AI.11712

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Phillip A. Baker

Mailing Address 2999 Pine Ridge Road

City State Zip Code
Oshkosh WI 54904

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Dental Center, S.C. Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2008

Transaction ID: SA11AI.11545

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Girish Banaji

Mailing Address 8505 Arlington Boulevard, #370

City State Zip Code
Fairfax VA 22031-4636

FEC ID number of contributing federal political committee. **C**

Name of Employer Prosperity Medical Center Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2008

Transaction ID: SA11AI.11716

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas S. Baribeau

Mailing Address 1026 Superior Street

City State Zip Code
Port Huron MI 48060

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2008

Transaction ID: SA11AI.12174

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 8 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Lance C. Bautista

Mailing Address 3404 Lauding Way

City Modesto State CA Zip Code 95355

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2008
Transaction ID: SA11AI.12214
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Neal R. Benham

Mailing Address 3131 Stein Boulevard

City Eau Claire State WI Zip Code 54701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2008
Transaction ID: SA11AI.11910
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Neal R. Benham

Mailing Address 3131 Stein Boulevard

City Eau Claire State WI Zip Code 54701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2008
Transaction ID: SA11AI.12126
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 37

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Mary Elizabeth Bisese

Mailing Address 1301 J Street

City State Zip Code
Bellingham WA 98225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bellingham Pediatric Dentistry Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2008

Transaction ID: SA11AI.11610

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Todd S. Brasuell

Mailing Address 189 Greenbriard Boulevard

City State Zip Code
Covington LA 70433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2008

Transaction ID: SA11AI.11590

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Garrett T. Brennan

Mailing Address 606 Montauk Avenue

City State Zip Code
New London CT 06320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2008

Transaction ID: SA11AI.11900

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 37

(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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Burg		Date of Receipt MM / DD / YYYY 07 / 21 / 2008		
	Mailing Address 9161 S. Wedgefield Drive		Transaction ID: SA11AI.11720		
	City Sandy	State UT	Zip Code 84093	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Pediatric Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Daniel P. Carroll		Date of Receipt MM / DD / YYYY 07 / 22 / 2008		
	Mailing Address 1125 South Linden Road, #800		Transaction ID: SA11AI.11723		
	City Flint	State MI	Zip Code 48532-3406	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mid Michigan Pediatric De- ntistry, P.C.	Occupation Pediatric Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Susan H. Carron		Date of Receipt MM / DD / YYYY 07 / 10 / 2008		
	Mailing Address 40105 Grand River Avenue, #2		Transaction ID: SA11AI.11666		
	City Novi	State MI	Zip Code 48375	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Pediatric Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 11 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. John H. Case

Mailing Address 1326 Memorial Drive

City State Zip Code
Bryan TX 77802-5215

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.11724

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Scott Cashion

Mailing Address 402 Turnstone Trail

City State Zip Code
Greensboro NC 27455

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.12182

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard S. Chaet

Mailing Address 9830 N. 50th Street

City State Zip Code
Paradise Valley AZ 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer APDO P.C. Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.11572

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 37
(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

A. Full Name (Last, First, Middle Initial)
Dr. David Chin

Mailing Address 1808 Verdugo Boulevard, #312

City State Zip Code
Glendale CA 91208

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2008

Transaction ID: SA11AI.12281

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. James J. Conrardy

Mailing Address 125 Siegler Street

City State Zip Code
Green Bay WI 54303

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2008

Transaction ID: SA11AI.12229

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Charles H. Crawford, Jr.

Mailing Address 1236 Ebenezer Road, #110

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2008

Transaction ID: SA11AI.11729

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 13 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. J. David Crossley

Mailing Address 950 West First North Street

City State Zip Code
Morristown TN 37814-4550

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	8

Transaction ID: SA11AI.11731

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Barry J. Currey

Mailing Address 6500 Quaker Avenue, Suite F

City State Zip Code
Lubbock TX 79413

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.11558

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. David K. Curtis

Mailing Address 300 Hospital Drive

City State Zip Code
Columbus MS 39705

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.12125

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Lynda N. Dean-Duru

Mailing Address Ashburn Children's Dentistry
44110 Ashburn Village Plaza, #211

City Ashburn State VA Zip Code 20147

FEC ID number of contributing federal political committee. **C**

Name of Employer Ashburn Children's Dentistry Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.12002
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert L. Delarosa

Mailing Address 9000 Airline Highway, #100

City Baton Rouge State LA Zip Code 70815-4103

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2008
Transaction ID: SA11AI.11733
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Catharine Enright

Mailing Address 2023 Rivermeade Way, NW

City Atlanta State GA Zip Code 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2008
Transaction ID: SA11AI.11881
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 37						
	(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

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

A.	Full Name (Last, First, Middle Initial) Dr. Susan Gehm Francis		Date of Receipt
	Mailing Address 3200 Bellmead Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2008
	City	State	Zip Code
	Bellmead	TX	76705
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11597
Name of Employer Self-Employed		Occupation Pediatric Dentist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Robert A. Frank		Date of Receipt
	Mailing Address 80 High Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 12 / 2008
	City	State	Zip Code
	Medford	MA	02155-3813
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11912
Name of Employer Self Employed		Occupation Pediatric Dentist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Scott D. Goodman		Date of Receipt
	Mailing Address 1340 Matthews Township Pkwy. Suite 201		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2008
	City	State	Zip Code
	Matthews	SC	28105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11810
Name of Employer Self Employed		Occupation Pediatric Dentist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 37
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Tamela L. Gough

Mailing Address 201 North Alma Drive

City State Zip Code
Allen TX 75013

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: SA11AI.11913

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lynne G. Halik

Mailing Address 145 Sully's Trail

City State Zip Code
Pittsford NY 14534

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: SA11AI.11902

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Matthew C. Hamilton

Mailing Address 15170 Via Corfinio

City State Zip Code
Morgan Hill CA 95037-5826

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: SA11AI.11821

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Mary J. Hayes

Mailing Address 737 N. Michigan Avenue, #1330

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.11845

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. William J. Heimann

Mailing Address 1526 W. Glendale Ave., Suite 103

City State Zip Code
Phoenix AZ 85021-8576

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.11861

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Sarah Hill

Mailing Address 1308 34th Street

City State Zip Code
Anacortes WA 98221

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.11673

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional) ► **1010.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Brent L. Holman

Mailing Address 2538 S. University Dr., Suite A

City State Zip Code
Fargo ND 58103

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
08 / 12 / 2008

Transaction ID: SA11AI.11916

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kemie D. Houston

Mailing Address 125 Inverness Drive E, #300

City State Zip Code
Englewood CO 80112

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
07 / 24 / 2008

Transaction ID: SA11AI.11745

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Lewis Kay

Mailing Address 401 Mallard Lane

City State Zip Code
Moorestown NJ 08057

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
08 / 13 / 2008

Transaction ID: SA11AI.11932

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 37
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Douglas B. Keck

Mailing Address 62 Denison Drive

City State Zip Code
Guilford CT 06437

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatric Dentistry Assoc, LLC
Occupation: Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt: 07 / 08 / 2008
Transaction ID: SA11AI.11579
Amount of Each Receipt this Period: 260.00

B.

Full Name (Last, First, Middle Initial)
Dr. Paul A. Kennedy Jr.

Mailing Address 6200 Saratoga Boulevard

City State Zip Code
Corpus Christi TX 78414

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed
Occupation: Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 07 / 18 / 2008
Transaction ID: SA11AI.11747
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Eric J. Koren

Mailing Address 9215 Cincinnati-Columbus Road

City State Zip Code
West Chester OH 45069

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self-Employed
Occupation: Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 08 / 12 / 2008
Transaction ID: SA11AI.11917
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **810.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Dennis R. LaMonte

Mailing Address 10313 W. Lincoln Highway

City State Zip Code
Frankfort IL 60423

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2008

Transaction ID: SA11AI.11684

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen C. Levin

Mailing Address 2003 Rock Spring Road

City State Zip Code
Forest Hill MD 21050

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2008

Transaction ID: SA11AI.11551

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jasper L. Lewis, Jr.

Mailing Address 1025 Johns Hopkins Drive

City State Zip Code
Greenville NC 27834

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2008

Transaction ID: SA11AI.11865

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 37

(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

A.

Full Name (Last, First, Middle Initial)
Dr. Donna Lindsey

Mailing Address 5540 Old Jacksonville Highway

City State Zip Code
Tyler TX 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.12076

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mark S. Lisagor

Mailing Address 477 Calle Higuera

City State Zip Code
Camarillo CA 93010

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.11675

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Catherine Lyles

Mailing Address 13032 Nacogdoches Road, #202

City State Zip Code
San Antonio TX 78217

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.11882

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Martin J. Makowski

Mailing Address 39400 Garfield Road, #200

City State Zip Code
Clinton Township MI 48038-4096

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.11918

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Brian S. Martin

Mailing Address 3705 5th Avenue
Dental Department

City State Zip Code
Pittsburgh PA 15213

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hosp., Pittsburgh Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.12264

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Elliott D. Maser

Mailing Address 3101 Bristol Road, #1

City State Zip Code
Bensalem PA 19020

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.12049

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Edward M. Matsuishi

Mailing Address 7001 Stockton Avenue, #3

City State Zip Code
El Cerrito CA 94530

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2008

Transaction ID: SA11AI.11544

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard L. Matthews

Mailing Address 17030 Nanes, Suite 103

City State Zip Code
Houston TX 77090

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.12050

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Eugene J. McGuire

Mailing Address 1575 Pond Road, #105

City State Zip Code
Allentown PA 18104

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2008

Transaction ID: SA11AI.12246

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 37
(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

A.

Full Name (Last, First, Middle Initial) Dr. Dennis J. McTigue		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address Ohio State Univ. Coll. Dentistry 305 W. 12th Ave., Ste. 1159		Transaction ID: SA11AI.11676
City Columbus	State OH	Zip Code 43210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Ohio State Univ. College of Dentistry	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Dr. Carlos N. Mohamed		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address 2821 Michaelangelo Drive, #202		Transaction ID: SA11AI.11563
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Growing Smiles Children's Dent	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. David E. Morris		Date of Receipt MM / DD / YYYY 07 / 10 / 2008
Mailing Address 39572 Stevenson Place, #126		Transaction ID: SA11AI.11616
City Fremont	State CA	Zip Code 94539-3111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Young Smiles	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 37
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Kyle Pedersen

Mailing Address 2560 Foxfield Road, #190

City State Zip Code
St. Charles IL 60174

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kyle E. Pedersen DDS, PC Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: SA11AI.11787

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeanette D. Pikarski

Mailing Address 24 Lewiston Circle

City State Zip Code
Lancaster PA 17601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Dental, PC Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.12191

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Curt S. Ralstrom

Mailing Address 39400 Garfield Road, Suite 200

City State Zip Code
Clinton Township MI 48038-4096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2008

Transaction ID: SA11AI.12155

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 37
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Paul A. Reggiardo

Mailing Address 18731 Patrician Drive

City State Zip Code
Villa Park CA 92861

FEC ID number of contributing federal political committee. **C**

Name of Employer Paul Reggiardo DDS, APC Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2008

Transaction ID: SA11AI.12121

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jason Lars Richards

Mailing Address 5860 W. Alexis Road

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2008

Transaction ID: SA11AI.12073

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Tehemina G. Richardson

Mailing Address 2601 Compass Drive, Suite 105

City State Zip Code
Glenview IL 60026

FEC ID number of contributing federal political committee. **C**

Name of Employer Pine Dental Care Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: SA11AI.11905

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Donald H. Roberts

Mailing Address 1001 - 24th Avenue, NW

City State Zip Code
Norman OK 73069

FEC ID number of contributing federal political committee. **C**

Name of Employer: Donald H. Roberts DDS, MS-D, Inc. Occupation: Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 20 / 2008
Transaction ID: SA11AI.12111
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Francisco J. Romero

Mailing Address 222 Chalan Santo Papa

City State Zip Code
Hagatna GU 96910-5158

FEC ID number of contributing federal political committee. **C**

Name of Employer: The Pediatric Dental Center Occupation: Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 10 / 2008
Transaction ID: SA11AI.12207
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Melissa V. Rozas

Mailing Address 632 E. Sandy Lake Road

City State Zip Code
Coppell TX 75019

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self-Employed Occupation: Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 18 / 2008
Transaction ID: SA11AI.11804
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 37
	<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

A.	Full Name (Last, First, Middle Initial) Dr. Irwin M. Seidman	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 600 North Court, #250	Transaction ID: SA11AI.12159
	City Palatine State IL Zip Code 60067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Irwin M. Seidman DDS, PC Occupation Pediatric Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Barry P. Setzer	Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address 8355 Bayberry Road	Transaction ID: SA11AI.12243
	City Jacksonville State FL Zip Code 32256-4427	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Barry P. Setzer, D.D.S. Occupation Pediatric Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Dr. Tessa M. Smith	Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address 916 Ave du Chateau	Transaction ID: SA11AI.11555
	City Covington State LA Zip Code 70433	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dentistry for Children Occupation Pediatric Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 29 / 37
(check only one)
 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

A. Full Name (Last, First, Middle Initial)
Dr. Jin-Moon Soh

Mailing Address University of Illinois
Dept. Pediatric Dentistry

City Chicago State IL Zip Code 60612

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Illinois Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 20 / 2008
Transaction ID: SA11AI.11892
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Bruce H. Weiner

Mailing Address 6210 John Ryan Drive

City Fort Worth State TX Zip Code 76132

FEC ID number of contributing federal political committee. **C**

Name of Employer Bruce H. Weiner, DDS, Inc. Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 29 / 2008
Transaction ID: SA11AI.11867
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Katrina C. White

Mailing Address 1400 Highway 78 W., #300

City Jasper State AL Zip Code 35501

FEC ID number of contributing federal political committee. **C**

Name of Employer Jasper Pediatric Dentistry LLC Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 17 / 2008
Transaction ID: SA11AI.11794
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 37

(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

A.

Full Name (Last, First, Middle Initial)
Dr. Nicholas A. White

Mailing Address 746 Stirling Ceenter Place
Suite 1100

City State Zip Code
Lake Mary FL 32746

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2008

Transaction ID: SA11AI.11769

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ronald Winder

Mailing Address 5602 South Memorial Drive

City State Zip Code
Tulsa OK 74145

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2008

Transaction ID: SA11AI.11569

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Steven E. Yarmosky

Mailing Address 200 Elm Street

City State Zip Code
Pittsfield MA 01201-6551

FEC ID number of contributing federal political committee. **C**

Name of Employer Yarmosky Pediatric Dentistry Occupation
Yarmosky Pediatric Dentistry Pediatric Dentist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.11850

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

21670.00

**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 31 / 37

<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

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

<p>A. Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE 2008 INC</p> <p>Mailing Address 228 S WASHINGTON STREET SUITE 115</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement Alexander TN 2008 Senate General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11512</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Cantor VA 2008 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11526</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS FOR COCHRAN</p> <p>Mailing Address PO BOX 7183</p> <p>City TUPELO State MS Zip Code 38802</p> <p>Purpose of Disbursement Cochran MS 2008 Senate General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.12308</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement Larsen WA 2008 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11509</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO RE ELECT ED TOWNS</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement Towns NY 2008 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11514</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE</p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Gordon TN 2008 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11516</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Waxman CA 2008 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11519 Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008</p> <p>Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement Camp MI 2008 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11501 Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS/FRIENDS OF DAVIS</p> <p>Mailing Address 5956 W. Race Avenue</p> <p>City Chicago State IL Zip Code 60644</p> <p>Purpose of Disbursement Davis IL 2008 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11515 Date of Disbursement 09 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

**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 34 / 37

<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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER <hr/> Mailing Address PO BOX 1909 <hr/> City CHARLESTON State WV Zip Code 25327 Purpose of Disbursement Rockefeller WV 2008 Senate General Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11510 Date of Disbursement 08 / 27 / 2008	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS <hr/> Mailing Address PO Box 23940 <hr/> City Santa Barbara State CA Zip Code 93121 Purpose of Disbursement Capps CA 2008 House General Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11503 Date of Disbursement 08 / 12 / 2008	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 Purpose of Disbursement Blunt MO 2008 House General Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11524 Date of Disbursement 09 / 23 / 2008	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	9500.00
TOTAL This Period (last page this line number only)	

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF SENATOR CARL LEVIN</p> <p>Mailing Address 10 G STREET NE, SUITE 470</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Levin MI 2008 Senate General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11504</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) KAY GRANGER CAMPAIGN FUND</p> <p>Mailing Address 715 Jones Street Suite 101</p> <p>City Fort Worth State TX Zip Code 76102</p> <p>Purpose of Disbursement Granger TX 2008 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11506</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) LAUTENBERG FOR SENATE</p> <p>Mailing Address RIVERFRONT PLAZA STATION PO BOX 200596</p> <p>City NEWARK State NJ Zip Code 07102</p> <p>Purpose of Disbursement Lautenberg NJ 2008 Senate General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11528</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

**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 36 / 37

<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

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

A. Full Name (Last, First, Middle Initial)
LUCILLE ROYBAL-ALLARD FOR CONGRESS

Mailing Address P.O. Box 582

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Roybal-Allard CA 2008 House General

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 34

Transaction ID: SB23.11523

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
SOLIS FOR CONGRESS

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Solis CA 2008 House General

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 32

Transaction ID: SB23.11521

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

5000.00

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

Mailing Address 817 9TH AVENUE
PO BOX 143

City MENOMINEE State MI Zip Code 49858

Purpose of Disbursement
Stupak MI 2008 House General

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 01

Transaction ID: SB23.11500

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**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 37 / 37

<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

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NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TAMMY BALDWIN FOR CONGRESS

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Baldwin WI 2008 House General

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WI District: 02

Transaction ID: SB23.11507

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)