FEC FORM 3X	AN	PORT O D DISBL Other Than Ar	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA YPE OR PRINT Y		ample:If typing er the lines	, type			
	/ of Pediatric Den	ntistry Political Act	ion Committee					
ADDRESS (number and	street)	1 E Chicago Ave						
Check if differ than previousl reported. (AC	vent LL	iicago					60611	2663
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE	ZIPCOE)e 🔺
C00365965			3. IS THIS REPORT		NEW N) OR	X AM (A)	ENDED	
X July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: 7 Report(Q1) 7 Report(Q2) 15 7 Report(Q3) 31 7 Report(YE) Mid-Year on-election y) (MY)	 Monthly Report Due On: (c) 12-Day PRE-Elect Report for (d) 30-Day Post -Elea Report for 	the:		12C)	Sep	2G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
(TER)	ion Report		Election on			· · · ·	in the State of	f
5. Covering Period	07	01 200	08	through	09	30	2008	
I certify that I have exam Type or Print Name of T Signature of Treasurer	reasurer <u>Jo</u>	ohn S. Rutkauska Filed by John S	s 5. Rutkauskas		D;	ate 12		2008
NOTE : Submission of t	alse, erroneous,	or incomplete info	prmation may s	ubject the perso	on signing this	Report to the	FEC FOR	
Use Only							(Rev. 12/200	

Image#	28993330929
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	0 1 Y W Y 0 1	To: M M D D Z 0 0 8 Y 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 Ž008 ^{Y Y}		246146.00
	(b) Cash on Hand at Begining 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
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	230671.00	230671.00
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

FE6AN026

Image# 28993330930

DETAILED SUMMARY PAGE OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name American Academy of Pediatric Dentistry Political Action Committee 0^D1 3^D0 ^м М 07 м м 09 D D 2008 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 31070.00 21670.00 (i) Itemized (use Schedule A) 100755.00 102455.00 (ii) Unitemized (iii) TOTAL (add 122425.00 133525.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 122425.00 133525.00 Totals to Line 33, page 5) 0.00 0.00

12. Transfers From Affiliated/Other Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 122425.00 133525.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 122425.00 133525.00

(subtract Line 18(c) from Line 19)

Image# 28993330931

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. 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
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees I. Independent Expenditure	58500.00	149000.00
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 a) A second secon		
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
9. Other Disbursements	0.00	0.00
 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
. Total Disbursements (add Lines 21(c), 22,	50500.00	4 10000 00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	58500.00	149000.00
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	58500.00	149000.00

Image# 28993330932

DETAILED SUMMARY PAGE

	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

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	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) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	American Academy of Pediatric Dentis	stry Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. John A. Acosta Mailing Address 7675 Wolf River Circle	Date of Receipt		
	Maining Address 7875 WOII River Circle	e, #102		09 16 2008
	City	State	Zip Code	Transaction ID: SA11AI.12221
	Germantown	TN	38138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Ricardo E. Araujo			Date of Receipt
	Mailing Address 17585 W. North Avenu	M M / D D / Y Y Y Y 08 12 2008		
	City	State	Zip Code	Transaction ID: SA11AI.11908
	Brookfield	WI	53045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Small World Children's De- nt	Occupatio Pediatric		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0.0	250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Maria Aslani-Breit			Date of Receipt
	Mailing Address 1655 Elmwood Avenue	e		07 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.11712
	Rochester	NY	14620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

			
S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 37 (check only one)
п	EMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
$\left[\right]$	NAME OF COMMITTEE (In Full)		
	American Academy of Pediatric Denti	stry Political Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Phillip A. Baker	Date of Receipt	
	Mailing Address 2999 Pine Ridge Road	d	07 ^{//} 03 [/] YYYY 2008
	City	State Zip Code	Transaction ID: SA11AI.11545
	Oshkosh	WI 54904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Children's Dental Center, S.C.	Pediatric Dentist	_
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Other (apparitu)	250.00	1
	Other (specify)		1
	Full Name (Last, First, Middle Initial) Dr. Girish Banaji		Date of Receipt
	Mailing Address 8505 Arlington Boulev	vard, #370	07 18 2008
	City	State Zip Code	Transaction ID: SA11AI.11716
	Fairfax	VA 22031-4636	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Prosperity Medical Center	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		1
	Other (specify) v	250.00	
	Full Name (Last, First, Middle Initial) Dr. Douglas S. Baribeau		Date of Receipt
	Mailing Address 1026 Superior Street		08 31 2008
	City	State Zip Code	Transaction ID: SA11AI.12174
	Port Huron	MI 48060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	250.00]
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SCHEDULE A (FEC F	orm 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/37
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			X 11a 11b 11c 12
Any information copied from such or for commercial purposes, other	Reports and Statements ma	ly not be sold or used by any pers	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In F	9	·····	
American Academy of Pe	,	Action Committee	
Full Name (Last, First, Middle	Initial)		
Dr. Lance C. Bautista	Date of Receipt		
Mailing Address 3404 Lauc	ding Way		09 14 2008
City	State	Zip Code	Transaction ID: SA11AI.12214
Modesto	CA	95355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio		
Receipt For:	Pediatric		—
Primary Genera		e Year-to-Date 🔻	-
Other (specify)		250.00	
Full Name (Last, First, Middle	Initial)		
Dr. Neal R. Benham			Date of Receipt
Mailing Address 3131 Steir	n Boulevard		08 / D D / Y Y Y Y 08 12 2008
City	State	Zip Code	
Eau Claire	WI	54701	Transaction ID: SA11AI.11910
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio		
		: Dentist	
Descript Fam	Pediatric		
Receipt For:	Aggregate	e Year-to-Date 🔻	_
Primary Genera	Aggregate		
	Aggregate	e Year-to-Date 🔻	
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle	al Aggregate	e Year-to-Date 🔻	
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham	al Aggregate	e Year-to-Date 🔻	Date of Receipt
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle	al Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein	al Aggregate	e Year-to-Date ▼ 250.00	M M / D D / Y Y Y Y 08 29 2008
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City	al Aggregate	e Year-to-Date ▼ 250.00 Zip Code	M M J D D J Y
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City Eau Claire	al Aggregate Initial) n Boulevard State WI	e Year-to-Date ▼ 250.00	M M D D Q Y
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City	al Aggregate	e Year-to-Date ▼ 250.00 Zip Code	M M / D D / Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City Eau Claire FEC ID number of contributing federal political committee.	al Aggregate Initial) n Boulevard State WI	e Year-to-Date ▼ 250.00 Zip Code 54701	M M D D P Y
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City Eau Claire FEC ID number of contributing	al Aggregate Initial) n Boulevard State WI	e Year-to-Date ▼ 250.00 Zip Code 54701	M M D D P Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City Eau Claire FEC ID number of contributing federal political committee. Name of Employer Self-Employed	al Aggregate Initial) n Boulevard State WI C Occupatio Pediatric	e Year-to-Date ▼ 250.00 Zip Code 54701 con con contist	M M D D P Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City Eau Claire FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	al Aggregate Initial) n Boulevard State WI C Occupatio Pediatric Aggregate	e Year-to-Date ▼ 250.00 Zip Code 54701	M M D D Q Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City Eau Claire FEC ID number of contributing federal political committee. Name of Employer Self-Employed	al Aggregate Initial) n Boulevard State WI C Occupatio Pediatric Aggregate	e Year-to-Date ▼ 250.00 Zip Code 54701 con con contist	M M D D Q Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City Eau Claire FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	al Aggregate Initial) n Boulevard State WI C Occupatio Pediatric Aggregate	e Year-to-Date ▼ 250.00 Zip Code 54701 Dentist e Year-to-Date ▼	M M / D D / Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City Eau Claire FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	al Aggregate Initial) n Boulevard State WI C Occupatio Pediatric Aggregate	e Year-to-Date ▼ 250.00 Zip Code 54701 Dentist e Year-to-Date ▼	M M / D D / Y Y </td
Primary General Other (specify) ▼ Full Name (Last, First, Middle Dr. Neal R. Benham Mailing Address 3131 Stein City Eau Claire FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	al Aggregate Initial) n Boulevard State WI C Occupatio Pediatric al	e Year-to-Date ▼ 250.00 Zip Code 54701 Dentist e Year-to-Date ▼ 500.00	M M / D D / Y

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 37 (check only one)
п	EMIZED RECEIPTS	for each category of the	\overline{X} 11a $\overline{1}$ 11b $\overline{1}$ 11c $\overline{1}$ 12
		Detailed Summary Page	
A	ny information copied from such Reports and S	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		
	American Academy of Pediatric Denti	stry Political Action Committee	
~	Full Name (Last, First, Middle Initial) Dr. Mary Elizabeth Bisese	Date of Receipt	
	Mailing Address 1301 J Street		M M / D D / Y Y Y Y 07 / 10 / 2008
	City	State Zip Code	Transaction ID: SA11AI.11610
	Bellingham	WA 98225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Bellingham Pediatric Dent-	Occupation	
	Bellingham Pediatric Dent- istry	Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify)		
	Full Name (Last, First, Middle Initial) Dr. Todd S. Brasuell		Date of Receipt
	Mailing Address 189 Greenbriard Boule	evard	M M / D D / Y Y Y Y 07 09 2008
	City	State Zip Code	Transaction ID: SA11AI.11590
	Covington	LA 70433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Dr. Garrett T. Brennan		Date of Receipt
	Mailing Address 606 Montauk Avenue		M M / D / Y
	City	State Zip Code	Transaction ID: SA11AI.11900
	New London	CT 06320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist	1
	Receipt For:	Aggregate Year-to-Date ▼	7
	Other (specify)	250.00	
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	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10/37
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and Si or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)		,,,	
	American Academy of Pediatric Dentis	try Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Burg	Date of Receipt		
	Mailing Address 9161 S. Wedgefield Dr	07 21 Y Y Y Y 08		
	City	State	Zip Code	Transaction ID: SA11AI.11720
	Sandy	UT	84093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
B.	Full Name (Last, First, Middle Initial) Dr. Daniel P. Carroll			Date of Receipt
	Mailing Address 1125 South Linden Roa	07 22 2008		
	City	State	Zip Code	Transaction ID: SA11AI.11723
	Flint	MI	48532-3406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mid Michigan Pediatric De-	Occupatio		
	ntistry, P.Č. Receipt For:	Pediatric	e Year-to-Date 🔻	
	Primary General Other (specify)	Aggregat	250.00	1
-				
C.	Full Name (Last, First, Middle Initial) Dr. Susan H. Carron			Date of Receipt
	Mailing Address 40105 Grand River Ave	enue, #2		07 / D D / Y Y Y Y 0 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.11666
	Novi FEC ID number of contributing	MI	48375	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)		·····	1500.00
	TOTAL This Period (last page this line number			
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	X 11a 11b 11c 12 Image X 13 14 15 16 17				
	or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s					
	American Academy of Pediatric Dentis	try Political Action Committee					
А.	Full Name (Last, First, Middle Initial) Dr. John H. Case	Date of Receipt					
	Mailing Address 1326 Memorial Drive	M M / D D / Y Y Y Y 07 17 2008					
	City	State Zip Code	Transaction ID: SA11AI.11724				
	<u>Bryan</u>	TX 77802-5215	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Self-Employed	Occupation Pediatric Dentist					
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	250	.00				
В.	Full Name (Last, First, Middle Initial) Dr. Scott Cashion		Date of Receipt				
	Mailing Address 402 Turnstone Trail		M M / D D / Y				
	City	State Zip Code	Transaction ID: SA11AI.12182				
	Greensboro	NC 27455	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		250.00				
	Name of Employer Self-Employed	Occupation Pediatric Dentist					
	Receipt For:	Aggregate Year-to-Date 🔻					
	Primary General Other (specify) ▼	250	.00				
C.	Full Name (Last, First, Middle Initial) Dr. Richard S. Chaet		Date of Receipt				
	Mailing Address 9830 N. 50th Street		07 / 08 / Y Y Y Y 2008				
	City	State Zip Code	Transaction ID: SA11AI.11572				
	Paradise Valley FEC ID number of contributing federal political committee.	AZ 85253	Amount of Each Receipt this Period 250.00				
	Name of Employer APDO P.C.	Occupation					
		Pediatric Dentist					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250	.00				
	SUBTOTAL of Receipts This Page (optional)	I					
	TOTAL This Period (last page this line number						

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/37			
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
	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 Dentis	American Academy of Pediatric Dentistry Political Action Committee					
A.	Full Name (Last, First, Middle Initial) Dr. David Chin	Date of Receipt					
	Mailing Address 1808 Verdugo Bouleva	ard, #312		M M / D D / Y			
	City	State	Zip Code	Transaction ID: SA11AI.12281			
	Glendale	CA	91208	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self-Employed	Occupation Pediatric					
	Receipt For:	1	e Year-to-Date V	1			
	Primary General Other (specify) ▼		250.00				
– В.	Full Name (Last, First, Middle Initial) Dr. James J. Conrardy	<u> </u>		Date of Receipt			
	Mailing Address 125 Siegler Street			09 17 2008			
	City	State	Zip Code	Transaction ID: SA11AI.12229			
	Green Bay	WI	54303	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Self-Employed	Occupation Pediatric					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	400.00				
– C.	Full Name (Last, First, Middle Initial) Dr. Charles H. Crawford, Jr.			Date of Receipt			
	Mailing Address 1236 Ebenezer Road,	#110		07 / ^D D / <u>Y Y Y Y</u> 08			
	City	State	Zip Code	Transaction ID: SA11AI.11729			
	Rock Hill	SC	29732	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self-Employed	Occupation Pediatric					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		250.00				
Γ	SUBTOTAL of Receipts This Page (optional)	1		700.00			
┝	contraction and the second sec		•				
	TOTAL This Period (last page this line number	only)					

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S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 37 (check only one)
П	EMIZED RECEIPTS	for each category of the	\overline{X} 11a 11b 11c 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	American Academy of Pediatric Denti	stry Political Action Committee	
~	Full Name (Last, First, Middle Initial) Dr. J. David Crossley		Date of Receipt
	Mailing Address 950 West First North	Street	07 / D D / Y Y Y Y 02008
	City	State Zip Code	Transaction ID: SA11AI.11731
	Morristown	TN 37814-4550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Self-Employed	Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Other (specify)		_
	Full Name (Last, First, Middle Initial)		Date of Receipt
	Dr. Barry J. Currey Mailing Address 6500 Quaker Avenue,	Suite F	M M / D D / Y Y Y Y
	-		07 07 2008
	City	State Zip Code	Transaction ID: SA11AI.11558
	Lubbock	TX 79413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation	
		Pediatric Dentist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Dr. David K. Curtis		Date of Receipt
	Mailing Address 300 Hospital Drive		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12125
	Columbus	MS 39705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Self Employed	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	700.00	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 14/37 (check only one)
_		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
	or for commercial purposes, other than using t	I Statements may not be sold or used by any persor he name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Den	tistry Political Action Committee	
. Z	Full Name (Last, First, Middle Initial) Dr. Lynda N. Dean-Duru		Date of Receipt
	Mailing Address Ashburn Children's E 44110 Ashburn Villag		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12002
	Ashburn FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer Ashburn Children's Dentis-	Occupation	
	try Receipt For:	Pediatric Dentist Aggregate Year-to-Date	-
	Primary General Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Robert L. Delarosa		Date of Receipt
	Mailing Address 9000 Airline Highway	y, #100	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11733
	Baton Rouge	LA 70815-4103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Dr. Catharine Enright		Date of Receipt
	Mailing Address 2023 Rivermeade W	ay, NW	M M / D D / Y
	City Atlanta	State Zip Code GA 30327	Transaction ID: SA11AI.11881
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Pediatric Dentist	1
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ		-	750.00

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S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 37 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	angle American Academy of Pediatric Denti	stry Political Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Susan Gehm Francis		Date of Receipt
	Mailing Address 3200 Bellmead Drive		M M / D D / Y Y Y Y 07 / 09 / 2008
	City	State Zip Code	Transaction ID: SA11AI.11597
	Bellmead	TX 76705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		1
	Other (specify)	250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert A. Frank		Date of Receipt
	Mailing Address 80 High Street		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11912
	Medford	MA 02155-3813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		1
	Other (specify) v	250.00	
	Full Name (Last, First, Middle Initial) Dr. Scott D. Goodman		Date of Receipt
	Mailing Address 1340 Matthews Towns	ship Pkwy.	M + M / D + D / Y + Y + Y Y 07 21 2008
	City	State Zip Code	Transaction ID: SA11AI.11810
	Matthews	SC 28105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	500.00]
	SUBTOTAL of Receipts This Page (optional)		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 37 (check only one) 11a X 11a 11b 11c 12 14
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentis	stry Political	Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr. Tamela L. Gough			Date of Receipt
	Mailing Address 201 North Alma Drive			08 / D D / Y Y Y Y 2008
	City	State	Zip Code	Transaction ID: SA11AI.11913
	Allen	TX	75013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Pediatric		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		250.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Lynne G. Halik			Date of Receipt
	Mailing Address 145 Sully's Trail			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.11902
	Pittsford	NY	14534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-Employed	Occupation Pediatric		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00]
– c.	Full Name (Last, First, Middle Initial) Dr. Matthew C. Hamilton	1		Date of Receipt
	Mailing Address 15170 Via Corfinio			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.11821
	Morgan Hill	CA	95037-5826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		600.00
	TOTAL This Period (last page this line number			

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17/37 (check only one) X 11a 11b 11c 12
Anvir	formation copied from such Reports and Sta	atements may	Detailed Summary Page	13 14 15 16 17
or for	commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	ME OF COMMITTEE (In Full)			
Ar	nerican Academy of Pediatric Dentist	try Political	Action Committee	
	ll Name (Last, First, Middle Initial) . Mary J. Hayes			Date of Receipt
Ma	iling Address 737 N. Michigan Avenu	ie, #1330		07 23 Y Y Y Y Y 2008
Cit	у	State	Zip Code	Transaction ID: SA11AI.11845
<u>_Cł</u>	nicago	IL	60611	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		500.00
Na	me of Employer If-Employed	Occupatio		-
		Pediatric		_
Re	ceipt For: Primary General	Aggregate	e Year-to-Date	
	Other (specify) ▼	0 0	500.00	
	II Name (Last, First, Middle Initial) . William J. Heimann			Date of Receipt
	ailing Address 1526 W. Glendale Ave.	, Suite 103		M M / D D / Y Y Y Y 07 29 2008
Cit	у	State	Zip Code	Transaction ID: SA11AI.11861
<u>Pł</u>	noenix	AZ	85021-8576	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		300.00
Na Se	me of Employer If Employed	Occupatio		
	ceipt For:	Pediatric		
	Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	300.00	
	II Name (Last, First, Middle Initial) . Sarah Hill			Date of Receipt
Ma	iling Address 1308 34th Street			M M / D D / Y Y Y Y 07 11 2008
Cit	у	State	Zip Code	Transaction ID: SA11AI.11673
<u>Ar</u>	nacortes	WA	98221	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		210.00
Na Se	me of Employer If Employed	Occupation Pediatric		
Re	ceipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	210.00]
	TOTAL of Receipts This Page (optional)			1010.00
308				
тот	AL This Period (last page this line number c	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Denti	stry Political Action Committee	
۷. ا	Full Name (Last, First, Middle Initial) Dr. Brent L. Holman		Date of Receipt
	Mailing Address 2538 S. University Dr.	, Suite A	08 / 12 / Y Y Y 2008
	City	State Zip Code	Transaction ID: SA11AI.11916
	Fargo FEC ID number of contributing federal political committee.	ND 58103	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Pediatric Dentist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.0	00
-	Full Name (Last, First, Middle Initial) Dr. Kemie D. Houston Mailing Address 125 Inverness Drive E	, #300	
	City	State Zip Code	07 24 2008 Transaction ID: SA11AI.11745
	Englewood	CO 80112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
_	Full Name (Last, First, Middle Initial) Dr. Lewis Kay	l	Date of Receipt
	Mailing Address 401 Mallard Lane		0 8 1 3 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.11932
	Moorestown FEC ID number of contributing federal political committee.	NJ 08057	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Pediatric Dentist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
Γ	SUBTOTAL of Receipts This Page (optional).	.	750.00

c			FOR LINE NUMBER: PAGE 19/37
	CHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Γ.			13 14 15 16
	Any information copied from such Reports and r for commercial purposes, other than using the time of the second s	Statements may not be sold or used by any persone name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	angle American Academy of Pediatric Den	tistry Political Action Committee	
~	Full Name (Last, First, Middle Initial) Dr. Douglas B. Keck		Date of Receipt
	Mailing Address 62 Denison Drive		M M / D D / Y Y Y Y 07 08 2008
	City	State Zip Code	Transaction ID: SA11AI.11579
	Guilford	CT 06437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer	Occupation	-
	Pediatric Dehtistry Assoc, LLC	Pediatric Dentist	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	260.00	
			1
	Full Name (Last, First, Middle Initial) Dr. Paul A. Kennedy Jr.		Date of Receipt
	Mailing Address 6200 Saratoga Boule	evard	M M / D D / Y Y Y Y
		07 18 2008	
	City	State Zip Code	Transaction ID: SA11AI.11747
	Corpus Christi	TX 78414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation	
	Receipt For:	Pediatric Dentist	_
	Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	500.00	
	Full Name (Last, First, Middle Initial) Dr. Eric J. Koren		Date of Receipt
	Mailing Address 9215 Cincinnati-Colu	mbus Road	M M / D D / Y Y Y Y 08 12 2008
	City	State Zip Code	Transaction ID: SA11AI.11917
	West Chester	OH 45069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist	1
		Aggregate Year-to-Date ▼	7
	Receipt For:		
	Primary General	250.00	1
		250.00]
	Primary General		810.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20/37
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		Detailed Summary Fage	
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of Pediatric Dentis	stry Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Dennis R. LaMonte			Date of Receipt
Mailing Address 10313 W. Lincoln High	nway		07 [/] ^D D [/] YYYY 02008
City	State	Zip Code	Transaction ID: SA11AI.11684
Frankfort	IL	60423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Pediatric		_
Receipt For:		e Year-to-Date V	
Primary General	Aggregat		
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen C. Levin			Date of Receipt
Mailing Address 2003 Rock Spring Roa	ad		07 03 2008
City	State	Zip Code	Transaction ID: SA11AI.11551
Forest Hill	MD	21050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Pediatric		
Receipt For:	1 1	e Year-to-Date 🔻	
Primary General Other (specify) ▼		250.00]
Full Name (Last, First, Middle Initial) Dr. Jasper L. Lewis, Jr.			Date of Receipt
Mailing Address 1025 Johns Hopkins D	Drive		07 29 2008
City	State	Zip Code	Transaction ID: SA11AI.11865
Greenville	NC	27834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Pediatric		
Receipt For:	1 1	e Year-to-Date 🔻	
Primary General Other (specify) ▼		1200.00]
	I		700.00
SUBTOTAL of Receipts This Page (optional)			

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 21 / 37 (check only one) 11a X 11a 13 14 15 16
An	y information copied from such Reports a or commercial purposes, other than using	nd Statements may not b the name and address of	e sold or used by any pers of any political committee to	13 14 15 16 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric De	entistry Political Actio	n Committee	
	Full Name (Last, First, Middle Initial) Dr. Donna Lindsey			Date of Receipt
	Mailing Address 5540 Old Jacksonv	rille Highway		M M / D D / Y Y Y Y 08 18 2008
	City		Zip Code	Transaction ID: SA11AI.12076
	Tyler		75703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Dentist		
	Receipt For:	Aggregate Year-	to-Date 🔻	_
	Primary General Other (specify) ▼		250.00]
	Full Name (Last, First, Middle Initial) Dr. Mark S. Lisagor			Date of Receipt
	Mailing Address 477 Calle Higuera			M M / D D / Y Y Y Y 07 111 2008
	City		lip Code	Transaction ID: SA11AI.11675
	<u>Camarillo</u>	CA	93010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Pediatric Dent	ist	
	Receipt For:	Aggregate Year-	to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Catherine Lyles			Date of Receipt
	Mailing Address 13032 Nacogdoche	es Road, #202		07 30 Y Y Y Y Y 2008
	City		Zip Code	Transaction ID: SA11AI.11882
	San Antonio	<u> </u>	78217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation Pediatric Dent	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date V 400.00	
		I		700.00

		FOR LINE NUMBER: PAGE 22/37
SCHEDULE A (FEC Form 3		(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Pediatric I	Dentistry Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Martin J. Makowski		Date of Receipt
Mailing Address 39400 Garfield R	oad, #200	M M / D D / Y
City	State Zip Code	Transaction ID: SA11AI.11918
Clinton Township	MI 48038-4096	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	1
Receipt For:	Aggregate Year-to-Date V	-
Primary General		
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dr. Brian S. Martin		Date of Receipt
Mailing Address 3705 5th Avenue Dental Departmen	nt	M M / D D / Y Y Y Y 09 24 2008
City	State Zip Code	Transaction ID: SA11AI.12264
Pittsburgh	PA 15213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Children's Hosp., Pittsbu-	Occupation Pediatric Dentist	
<u>rgh</u> Receipt For:	Aggregate Year-to-Date V	1
Primary General		
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr. Elliott D. Maser	1	Date of Receipt
Mailing Address 3101 Bristol Road	d, #1	M M / D D / Y Y Y Y 08 15 2008
City	State Zip Code	Transaction ID: SA11AI.12049
Bensalem	PA 19020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		200.00
Name of Employer Self Employed	Occupation Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
		950.00
SUBTOTAL of Receipts This Page (option	nal)	
TOTAL This Period (last page this line nu	umber only)	

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) Dr. Edward M. Matsuishi Mailing Address City State Zip Code FEC ID number of contributing tederal political committee. Name (Last, First, Middle Initial) Dr. Edward M. Matsuishi Mailing Address Transaction ID: SA11AI.11544 American Academy of Pediatric Dentist Any error to contributing tederal political committee. Question Name of Employer Occupation Perimary General Other (specify) ▼ Occupation Pare of Employer Occupation Primary General Other (specify) ▼ Occupation Primary General Other (specify) ▼ Occupation Primary General Other (specify)	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 X 11a 13 14 15 16
NAME OF COMMITTEE (in Full) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) Dr. Edward Matsuibin Mailing Address City State City State City State City State City State City State Pecial political committee City Self-Employed Pecial political committee Other (specify) Primary General Other (specify) Transaction ID: SA11AL12050 Amount of Each Receipt this Period Mailing Address Transaction ID: SA11AL12050 Amount of Each Receipt this Period Diste of Receipt Diste of Receipt Diste of Receipt Other (specify) Pediatric Dentist Receipt For: Primary General Other (specify) Pediatric Dentist Recec	Any information copied from such Reports and or for commercial purposes, other than using the second	Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions
Dr. Edward M. Matsuishi Date of Receipt Mailing Address 7001 Stockton Avenue, #3 City State Zip Code El Cerrito CA 94530 FEC ID number of contributing federal political committee. C Agregate Year-to-Date ▼ Name of Employer Occupation Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Richard L. Matheway Date of Receipt Mailing Address 17030 Nanes, Suite 103 Transaction ID: SA11AI.12050 City State Zip Code Houston TX 77090 FEC ID number of contributing federal political committee. C State Name of Employer Occupation Pediatric Dentist Pare of Enceipt Aggregate Year-to-Date Transaction ID: SA11AI.12050 Anount of Each Receipt this Period State Zip Code TX 77090 FEC ID number of contributing federal political committee. Aggregate Year-to-Date Transaction ID: SA11AI.12246 Allentown PA 18104 FE Transaction ID: SA11AI.12246 Allentown PA	NAME OF COMMITTEE (In Full)		
City State Zip Code El Cerrito CA 94530 FEC ID number of contributing tederal political committee. C 250.00 Name of Employer Occupation Pediatric Dentist Aggregate Year-to-Date ✓ Pull Name (Last, First, Middle Initial) Date of Receipt Maing Address 1703 Nanes, Suite 103 City State Zip Code Transaction ID: SA11AI.112650 Maing Address 1703 Nanes, Suite 103 Date of Receipt City State Zip Code Maing Address 1703 Nanes, Suite 103 Aggregate Year-to-Date City State Zip Code Maing Address 1575 Pond Road, #105 State City State Zip Code Maing Address 1575 Pond Road, #105 State City State Zip Code Maing Address 1575 Pond Road, #105 State City State Zip Code Maing Address 1575 Pond Road, #105 State City State Zip Code Maing Address 1575 Pond Road, #105 State City State Zip Code Maing Address 1575 Pond Road, #105 State City Aggregate Year-to-D	,		Date of Receipt
El Cerrito CA 94530 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Name of Employed Pediatric Dentist Receipt For: Aggregate Year-to-Date Image: Comparison of the second of the secon	Mailing Address 7001 Stockton Avenu	ue, #3	
FEC ID number of contributing federal political committee. C 250.00 Name of Employer Self-Employed Occupation Pediatric Dentist Decupation Pediatric Dentist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Full Name (Last, First, Middle Initial) Dr. Richard L. Matthews Date of Receipt Date of Receipt Mailing Address 17030 Nanes, Suite 103 Tansaction ID: SA111AI:12050 Amount of Each Receipt this Period Houston TX 77090 FEC ID number of contributing federal political committee. Date of Receipt Name of Employed Self-Employed Occupation Pediatric Dentist Parentee Period Pediatric Dentist Date of Receipt Receipt For: Primary General Other (specify) ▼ Occupation Pediatric Dentist Date of Receipt Mailing Address 1575 Pond Road, #105 500.00 Tansaction ID: SA11AI:12246 Allentown PA 18104 Ferologies Amount of Each Receipt this Period 0 9 / 15 / 2008 Name of Employer Occupation PAA 18104 Ferologies Amount of Each Receipt this Period 500.00 Name of Employer Occupation Pediatric Dentist Parence the Receipt this Period 500.00 500.00		-	Transaction ID: SA11AI.11544
federal political committee. C 200.00 Name of Employer Occupation Peciatric Dentist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 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 C Mount of Each Receipt his Period Self-Employed Occupation Peciatric Dentist Receipt For: Other (specify) ▼ Occupation Primary General Operative Cocupation Primary General Operative Cocupation Primary General Operative Cocupation Primary General Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 157 Pond Road, #105 Transaction ID: SA11A1.12246 Amount of Each Receipt his Period City State Zip Code Transaction ID: SA11A1.12246 Amount of Each Receipt his Period Mailing Address 157 Pond Road, #105 State Zip Code		CA 94530	Amount of Each Receipt this Period
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Cother (specify) 250.00 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 Amount of Each Receipt this Period Name of Employed Occupation Pediatric Dentist Sou.00 Receipt For: Aggregate Year-to-Date Image: Contributing federal political committee. Full Name (Last, First, Middle Initial) Dr. Eugene J. McGuire Date of Receipt Mailing Address 1575 Pond Road, #105 Transaction ID: SA11AI.12246 City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. Image: Context and the period Other (specify) State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. Image: Context and the period Mailing Address 1575 Pond Road, #105 Image: Context and the period City State Zip Code Transaction ID: SA11AI.12246 <		Aggregate Year-to-Date ▼	
Dr. Richard L. Matthews Date of Receipt Mailing Address 17030 Nanes, Suite 103 City State Zip Code Houston TX 77090 FEC ID number of contributing tederal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Primary General 500.00 City State Zip Code Mailing Address 1575 Pond Road, #105 Date of Receipt City State Zip Code Mailing Address 1575 Pond Road, #105 Mode City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pediatric Dentist Aggregate Year-to-Date Receipt For: Aggregate Year-to-Date Primary General C Pate of Employer Occupation Pediatric Dentist Aggregate Year-to-Date Receipt For:		250.00	
City State Zip Code Houston TX 77090 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Pediatric Dentist Receipt For: Other (specify) ▼ Occupation Primary General 500.00 Other (specify) ▼ State Zip Code Mailing Address 1575 Pond Road, #105 Date of Receipt City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pa PA 18104 Facelipt For: Name of Employer Occupation Pa Pediatric Dentist Aggregate Year-to-Date Amount of Each Receipt this Period Full Name of Employer Occupation Pa 18104 FEC ID number of contributing federal political committee. C 500.00 500.00 Name of Employer Occupation Pediatric Dentist Aggregate Year-to-Date Transaction ID: \$0.000 Name of Employed<	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
Houston TX 77090 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Self-Employed Occupation Pediatric Dentist 500.00 Receipt For: Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) T. Eugene J. McGuire Date of Receipt Mailing Address 1575 Pond Road, #105 M M / D D / 15 / 200.8 City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) ▼ City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Pediatric Dentist F00.00 Receipt For: Aggregate Year-to-Date ▼ 500.00 Primary General Optical committee F00.00 <td>Mailing Address 17030 Nanes, Suite</td> <td>103</td> <td></td>	Mailing Address 17030 Nanes, Suite	103	
FEC ID number of contributing federal political committee. C 500.00 Name of Employer Self Employer Occupation Pediatric Dentist Date of Receipt Primary General 0ther (specify) ▼ Date of Receipt Full Name (Last, First, Middle Initial) Dr. Eugene J. McGuire Date of Receipt Mailing Address 1575 Pond Road, #105 Date of Receipt City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General	City	State Zip Code	Transaction ID: SA11AI.12050
federal political committee. 0 Name of Employer Self-Employed Occupation Pediatric Dentist Receipt For: Other (specify) ♥ Aggregate Year-to-Date ♥ Full Name (Last, First, Middle Initial) Dr. Eugene J. McGuire Date of Receipt Mailing Address 1575 Pond Road, #105 City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. C Transaction ID: SA11AI.12246 Name of Employed Occupation Pediatric Dentist Aggregate Year-to-Date Image: Contributing federal political committee. Name of Employed Occupation Pediatric Dentist Aggregate Year-to-Date Image: Contributing federal political committee. Name of Employed Occupation Pediatric Dentist Aggregate Year-to-Date Image: Contributing federal Political committee. Name of Employed Occupation Pediatric Dentist Aggregate Year-to-Date Image: Contributing federal Political committee. Name of Employed Occupation Pediatric Dentist Aggregate Year-to-Date Image: Contributing federal Political committee.		TX 77090	Amount of Each Receipt this Period
Self-Employed Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Date of Receipt Dr. Eugene J. McGuire Date of Receipt Mailing Address 1575 Pond Road, #105 City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Pediatric Dentist Aggregate Year-to-Date ▼ Receipt For: Aggregate Year-to-Date ▼ Primary General	FEC ID number of contributing federal political committee.	C	500.00
Primary General 500.00 Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Date of Receipt Dr. Eugene J. McGuire Date of Receipt Mailing Address 1575 Pond Road, #105 City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Pediatric Dentist Aggregate Year-to-Date Receipt For: Aggregate Year-to-Date Teop op	Name of Employer Self-Employed		
Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) D. Dr. Eugene J. McGuire Date of Receipt 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 Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General		Aggregate Year-to-Date V	
Dr. Eugene J. McGuire Date of Receipt Mailing Address 1575 Pond Road, #105 City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Self Employed Occupation Pediatric Dentist Federation ID Receipt For: Aggregate Year-to-Date ▼ Federation ID Primary General Federation ID Federation ID		500.00	
City State Zip Code Allentown PA 18104 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Self Employed Occupation Pediatric Dentist 500.00 Receipt For: Aggregate Year-to-Date ▼ FOO 00 Primary General FOO 00			Date of Receipt
Allentown PA 18104 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Self Employed Occupation Pediatric Dentist 500.00 Receipt For: Aggregate Year-to-Date Primary General 500.00	Mailing Address 1575 Pond Road, #1	05	
FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Pediatric Dentist Receipt For: Primary General	-	•	
federal political committee. 0 Name of Employer Self Employed Occupation Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General		PA 18104	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date Primary General	federal political committee.	C	500.00
Primary General 500.00			
E00.00		Aggregate Year-to-Date ▼	
		500.00	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1250.00

l	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 37 (check only one) 11a X 11a I 11b I 11c I 16 I 16
	Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Pediatric De	entistry Political Action Committee	
۷ ۹.	Full Name (Last, First, Middle Initial) Dr. Dennis J. McTigue		Date of Receipt
	Mailing Address Ohio State Univ. Co 305 W. 12th Ave., S	oll. Dentistry Ste. 1159	07 / D D / Y Y Y Y 088
	City	State Zip Code	Transaction ID: SA11AI.11676
	Columbus	OH 43210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Ohio State Univ. College of Dentistry	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
-	Full Name (Last, First, Middle Initial) Dr. Carlos N. Mohamed		Date of Receipt
	Mailing Address 2821 Michaelangel	o Drive, #202	M M / D D / Y Y Y Y 07 07 2008
	City	State Zip Code	Transaction ID: SA11AI.11563
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Growing Smiles Children's Dent	Occupation Pediatric Dentist	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
-	Full Name (Last, First, Middle Initial) Dr. David E. Morris		Date of Receipt
	Mailing Address 39572 Stevenson F	Place, #126	07 10 Y Y Y Y 2008
	City	State Zip Code	Transaction ID: SA11AI.11616
	Fremont	CA 94539-3111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Young Smiles	Occupation Pediatric Dentist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ		1	700.00

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25/37
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
4	Any information copied from such Reports and	Statements ma	ay not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and ad	idress of any political committee to	o solicit contributions from such committee.
	American Academy of Pediatric Denti	istry Political	I Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Kyle Pedersen			Date of Receipt
	Mailing Address 2560 Foxfield Road, #	#190		07 / D D / Y Y Y Y 007 / 17 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.11787
	St. Charles	IL	60174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kyle E. Pedersen DDS, PC	Occupatio		
	Pediatric Den Receipt For:		c Dentist e Year-to-Date ▼	_
	Primary General	Aggregat	250.00	1
	Other (specify)	0 0		1
. –	Full Name (Last, First, Middle Initial) Dr. Jeanette D. Pikarski	•		Date of Receipt
	Mailing Address 24 Lewiston Circle			09 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.12191
	Lancaster	PA	17601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sunshine Dental, PC	Occupation Pediatric	on c Dentist	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
	Full Name (Last, First, Middle Initial) Dr. Curt S. Ralstrom			Date of Receipt
	Mailing Address 39400 Garfield Road,	Suite 200		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.12155
	Clinton Township	MI	48038-4096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Pediatric	on c Dentist	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	_1		1000.00
┝	SUBTUTAL OF NECERDIS THIS MAYE (OPTIONAL).			
	TOTAL This Period (last page this line numbe	r only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 37 (check only one) X X 11a 11b 11c 12 I3 14 15 16 1
ہ د	r for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Denti	stry Political Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Paul A. Reggiardo		Date of Receipt
	Mailing Address 18731 Patrician Drive		08 / D D / Y Y Y Y 08 26 2008
	City	State Zip Code	Transaction ID: SA11AI.12121
	Villa Park	CA 92861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Paul Reggiardo DDS, APC	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
	Full Name (Last, First, Middle Initial) Dr. Jason Lars Richards	1	Date of Receipt
	Mailing Address 5860 W. Alexis Road		M M / D D / Y Y Y Y 08 13 2008
	City	State Zip Code	Transaction ID: SA11AI.12073
	<u>Sylvania</u>	OH 43560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Tehemina G. Richardson		Date of Receipt
	Mailing Address 2601 Compass Drive,	Suite 105	M M / D D / Y Y Y Y 08 11 2008
	City	State Zip Code	Transaction ID: SA11AI.11905
	Glenview	IL 60026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Pine Dental Care	Occupation Pediatric Dentist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	l	1000.00

Ş	SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 27 / 37 (check only one)
I	TEMIZED RECEIPTS	for each category of the	X 11a $11b$ 11c 12
		Detailed Summary Page	
	Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)		
	American Academy of Pediatric De	ntistry Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Donald H. Roberts		Date of Receipt
	Mailing Address 1001 - 24th Avenue	, NW	M · M / D · D Y Y · Y · Y Y Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.12111
	Norman	OK 73069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Donald H. Roberts DDS, MS-	Occupation Pediatric Dentist	
	<u>D, Inc.</u> Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General		1
	Other (specify)	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Francisco J. Romero	·	Date of Receipt
	Mailing Address 222 Chalan Santo F	Papa	M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State Zip Code	Transaction ID: SA11AI.12207
	Hagatna	GU 96910-5158	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer The Pediatric Dental Cent- er	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00]
– c.	Full Name (Last, First, Middle Initial) Dr. Melissa V. Rozas		Date of Receipt
	Mailing Address 632 E. Sandy Lake	Road	07 18 2008
	City	State Zip Code	Transaction ID: SA11AI.11804
	Coppell	TX 75019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self-Employed	Occupation Pediatric Dentist	1
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1000.00
┝		, P	
	TOTAL This Period (last page this line numl	per only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 37 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentis	try Political	Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Dr. Irwin M. Seidman			Date of Receipt
	Mailing Address 600 North Court, #250			08 / D D / Y Y Y Y 08 29 2008
	City	State	Zip Code	Transaction ID: SA11AI.12159
	Palatine FEC ID number of contributing federal political committee.	C	60067	Amount of Each Receipt this Period
	Name of Employer Irwin M. Seidman DDS, PC	Occupatio Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Barry P. Setzer Mailing Address 8355 Bayberry Road			Date of Receipt
	City	State	Zip Code	0 9 1 2 2 0 0 8 Transaction ID: SA11AI.12243
	Jacksonville	FL	32256-4427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		800.00
	Name of Employer Barry P. Setzer, D.D.S. Receipt For:	Occupation Pediatric	c Dentist	
	Primary General Other (specify) ▼		e Year-to-Date 🔻 800.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Tessa M. Smith			Date of Receipt
	Mailing Address 916 Ave du Chateau			07 / D D / Y Y Y Y 03 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.11555
	Covington FEC ID number of contributing federal political committee.	C	70433	Amount of Each Receipt this Period
	Name of Employer Dentistry for Children	Occupatio Pediatric		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1300.00
	TOTAL This Period (last page this line number	only)		

C		') T	FOR LINE NUMBER: PAGE 29/37
	CHEDULE A (FEC Form 3X	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
A	Any information copied from such Reports and	d Statements may not be sold or used by any persor the name and address of any political committee to s	13 14 15 16
	NAME OF COMMITTEE (In Full)	the name and address of any political committee to a	
	American Academy of Pediatric Der	ntistry Political Action Committee	
, r	Full Name (Last, First, Middle Initial) Dr. Jin-Moon Soh		Date of Receipt
	Mailing Address University of Illinois Dept. Pediatric Dent		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11892
	Chicago	IL 60612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer University of Illinois	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Bruce H. Weiner		Date of Receipt
	Mailing Address 6210 John Ryan Dri	ve	07 / 29 / Y Y Y Y 07 / 29
	City	State Zip Code	Transaction ID: SA11AI.11867
	Fort Worth	TX 76132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Bruce H. Weiner, DDS, Inc.	Occupation Pediatric Dentist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Katrina C. White		Date of Receipt
	Mailing Address 1400 Highway 78 W	/., #300	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11794
	Jasper	AL 35501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Jasper Pediatric Dentistry LLC	Occupation Pediatric Dentist]
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
Γ		1	750.00

SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 30/37
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Academy of Pediatric Der	ntistry Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Nicholas A. White		Date of Receipt
Mailing Address 746 Stirling Ceenter Suite 1100	Place	07 / 22 / Y Y Y Y 08 20 0 8
City	State Zip Code	Transaction ID: SA11AI.11769
Lake Mary	FL 32746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Ronald Winder		Date of Receipt
Mailing Address 5602 South Memori	al Drive	07 07 07 07 07
City	State Zip Code	Transaction ID: SA11AI.11569
Tulsa	OK 74145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Steven E. Yarmosky		Date of Receipt
Mailing Address 200 Elm Street		07 25 2008
City	State Zip Code	Transaction ID: SA11AI.11850
Pittsfield	MA 01201-6551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Yarmosky Pediatric Dentis- try	Occupation Pediatric Dentist	1
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	750.00
	, P	
TOTAL This Period (last page this line numb	per only)	21670.00

	CHEDULE B (FEC Form 3X EMIZED DISBURSEMENTS	Use separate scriedule(s)	(check only 21b	22 X 23 24 25 26
	y Information copied from such Reports and for commercial purposes, other than using th			
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Den			
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN Malling Address PO Box 326 City Everent Wa 98206 Purpose of Disbursement Larsen WA 2009 House General Cardidate Name Office Sought: X House President Disbursement Torms IV 2008 House General Cardidate Name Office Sought: X House President Other (specify) Full Name (Last, First, Middle Initial) COMMITTEE TO RE ELECT ED TOWNS Maling Address 438 Lewis Avenue City State Brooklyn NY Purpose of Disbursement Torms NY 2008 House General Conklyn NY Distursement For: 2008 Purpose of Disbursement Torms NY 2008 House General Conklyn NY Distursement For: 2008 <th>II EMIZED DISBURSEMENTS</th> <th></th> <th></th> <th>21b</th> <th>22</th> <th>X</th> <th></th> <th></th> <th>1</th> <th></th> <th></th> <th></th> <th>26 30</th>	II EMIZED DISBURSEMENTS			21b	22	X			1				26 30
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or for commercial purposes, other thin using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE Mailing Address 6380 Wilshire Bivd. #1612 Oily State Zip Code Purpose of Diabursement Waxman CA 2008 House General Candidate Name Office Sought: X House Disbursement For: 2008 Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONCRESS 2008 Maling Address 5915 EASTMAN AVE: State: Maling Address State: Office Sought: X		Detailed S	Summary Page			27	28a	X	28b		280		29		26 30
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