

# CaIDPAC

Political ACTION for California Dentists

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FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 MAR -2 P 12:39

February 22, 2000

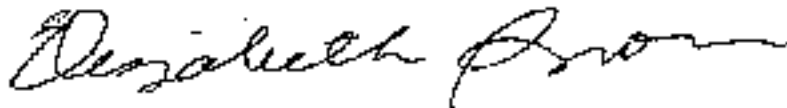
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Filing Officer:

Enclosed please find two copies of the California Dental PAC/Federal report for the period 1/1/00 through 2/16/00 which is being sent to you certified mail, return receipt requested.

Please endorse this transmittal letter as acknowledgment of receipt and return it in the preaddressed, stamped envelope provided.

Sincerely,



Elizabeth Snow  
Director, Government Relations

Enclosure - FEC Form 3X

c: Secretary of State, CA

1201 K Street

16th Floor

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
2000 MAR -2 P 12:40

USE FEDERAL LABEL OR PRINT TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>California Dental Political Action Comm-Federal</b>		2. FEC IDENTIFICATION NUMBER <b>C00005751</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1201 K Street, 15th Floor</b>		
CITY, STATE and ZIP CODE <b>Sacramento, CA 95814</b>		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the PRIMARY  
(Type of Election)  
election on 3/7/00 in the State of CA
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period _____ through _____		
6. (a) Cash on Hand January 1, <del>1999</del> 2000		\$ 52,909.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 52,909.41	
(c) Total Receipts (from Line 10)	\$ 16.78	\$ 16.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 52,926.19	\$ 52,926.19
7. Total Disbursements (from Line 30)	\$ 5,000.00	\$ 5,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 47,926.19	\$ 47,926.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-684-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Type or Print Name of Treasurer <b>R. Kent Farnsworth, D.D.S.</b>	
Signature of Treasurer 	Date <b>2/22/00</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

OF COMMITTEE	REPORT COVERING PERIOD	
California Dental Political Action Comm.	FROM 1/1/00	TO: 2/16/00
<b>Federal</b>	<b>COLUMN A</b>	<b>COLUMN B</b>
<b>I Receipts</b>	Total This Period	Calendar Year
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	0	0
ii. Unitemized .....	0	0
iii. Total .....	0	0
..... (add i and ii) >		
b. Political Party Committees .....	0	0
c. Other Political Committees (such as PACs) .....	0	0
d. Total Contributions .....	0	0
..... (add a iii, b and c) >		
12. Transfers From Affiliated/Other Party Committees .....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received .....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.) .....	16.78	16.78
18. Transfers from Nonfederal Account for Joint Activity .....	0	0
19. Total Receipts .....	16.78	16.78
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts .....	16.78	16.78
..... (subtract line 18 from line 19) >		
<b>II Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule HA)		
i. Federal Share .....	0	0
ii. Non-Federal Share .....	0	0
b. Other Federal Operating Expenditures .....	0	0
c. Total Operating Expenditures .....	0	0
..... (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	5,000.00	5,000.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees .....	0	0
b. Political Party Committees .....	0	0
c. Other Political Committees (such as PACs) .....	0	0
d. Total Contribution Refunds .....	0	0
..... (add a, b and c) >		
29. Other Disbursements .....	0	0
30. Total Disbursements .....	5,000.00	5,000.00
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31. Total Federal Disbursements .....	5,000.00	5,000.00
..... (subtract line 21 a ii from line 30) >		
<b>III Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	0	0
33. Total Contribution Refunds (from line 28d) .....	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	0	0
35. Total Federal Operating Expenditures .....	0	0
..... (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15) .....	0	0
37. Net Operating Expenditures .....	0	0
..... (subtract line 36 from 35) >		

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 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)

California Dental Political Action Committee Federal

A. Full Name, Mailing Address and ZIP Code Bank of America Capitol Branch #0430 Sacramento, CA 95814	Name of Employer Earned interest Occupation Aggregate Year-to-Date > \$ 16.78	Date (month, day, year) 1/27/00	Amount of Each Receipt this Period 16.78
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) ..... 16.78

TOTAL This Period (last page this line number only) ..... 16.78

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4  
FOR LINE NUMBER  
23

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NAME OF COMMITTEE (In Full)

California Dental Political Action Committee-Federal

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Morrow for Congress 1127 11th Street, #310 Sacramento, CA 95814 #00351437	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/11/00	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....			5,000.00
<b>TOTAL</b> This Period (last page this line number only) .....			5,000.00

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 2/22/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	3/1/00 DATE PREPARED