

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="242741.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="242741.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11055.00"/>	<input type="text" value="11055.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="253796.57"/>	<input type="text" value="253796.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20200.00"/>	<input type="text" value="20200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="233596.57"/>	<input type="text" value="233596.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9000.00	9000.00
(ii) Unitemized	1305.00	1305.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10305.00	10305.00
(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)	10305.00	10305.00
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.....	750.00	750.00
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 Transfers (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))..... ▶	11055.00	11055.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11055.00	11055.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20200.00	20200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	20200.00	20200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20200.00	20200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10305.00	10305.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10305.00	10305.00
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 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Dr. Julie D. Anfinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 21809 N Scottsdale Rd Ste 100
 City State Zip Code
 Scottsdale AZ 85255-7440
 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 M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.18406
 Amount of Each Receipt this Period
 250.00

B. Dr. Maria Aslani-Breit
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : SA11AI.18368
 Amount of Each Receipt this Period
 500.00

c. Dr. Charles L. Belknap
 Full Name (Last, First, Middle Initial)
 Mailing Address 6643 Highway 98
 City State Zip Code
 Hattiesburg MS 39402
 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 M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.18407
 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: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Dr. Maria Calcina
 Full Name (Last, First, Middle Initial)
 Mailing Address 19214 Clay Rd Ste D
 City State Zip Code
 Katy TX 77449-4082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Clay Dental PLLC Pediatric Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.18409
 Amount of Each Receipt this Period
 250.00

B. Dr. Stephanie C. Chen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2813 Cottsgate Road, #100
 City State Zip Code
 Charlotte NC 28211
 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 M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.18390
 Amount of Each Receipt this Period
 250.00

C. Dr. Rena J. Christman
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 W Prairie View Rd
 City State Zip Code
 Chippewa Falls WI 54729-3389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Christman Dental LTD Pediatric Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.18410
 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: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Dr. Robert H. Ellis III
 Full Name (Last, First, Middle Initial)
 Mailing Address 8905 Two Notch Rd
 City Columbia State SC Zip Code 29223-6367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 06 / 23 / 2015
Transaction ID : SA11AI.18413
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date 250.00

B. Dr. Catharine A. Enright
 Full Name (Last, First, Middle Initial)
 Mailing Address 3280 Howell Mill Road, 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)

Date of Receipt
 06 / 27 / 2015
Transaction ID : SA11AI.18430
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date 250.00

C. Dr. Suzanne E. Fournier
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Jefferson St
 City Gretna State LA Zip Code 70053-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Just Kids Dental Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 06 / 22 / 2015
Transaction ID : SA11AI.18392
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date 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 OF 22
(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. Dr. James Haas
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Manchester Ave
 City Derry State NH Zip Code 03038-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Haas Dental Associates Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 23 / 2015
Transaction ID : SA11AI.18415
 Amount of Each Receipt this Period
 250.00

B. Dr. Mitzi L. Hines
 Full Name (Last, First, Middle Initial)
 Mailing Address 5715 N Hamilton Rd
 City Columbus State OH Zip Code 43230-1325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hines Little Smiles Pediatric Dentistr Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 24 / 2015
Transaction ID : SA11AI.18426
 Amount of Each Receipt this Period
 250.00

C. Dr. Chad J. Hoge
 Full Name (Last, First, Middle Initial)
 Mailing Address 4865 Woodhaven Dr S
 City Fargo State ND Zip Code 58104-4289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Dentistry of Northborough Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 29 / 2015
Transaction ID : SA11AI.18437
 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 11 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Dr. Mikala Hoge
Full Name (Last, First, Middle Initial)

Mailing Address 4865 Woodhaven Dr S

City Fargo State ND Zip Code 58104-4289

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

Name of Employer Children's Hospital of Los Angeles Div Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 29 / 2015
Transaction ID : SA11AI.18438

Amount of Each Receipt this Period 250.00

B. Dr. Brad C. Hwang
Full Name (Last, First, Middle Initial)

Mailing Address 24837 104th Ave SE Ste 200

City Kent State WA Zip Code 98030-6800

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 06 / 24 / 2015
Transaction ID : SA11AI.18421

Amount of Each Receipt this Period 250.00

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

Mailing Address 9215 Cincinnati Columbus Rd

City West Chester State OH Zip Code 45069-4178

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

Name of Employer Pediatric Dental Associates of West Ch Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 27 / 2015
Transaction ID : SA11AI.18431

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: (check only one)	PAGE 12 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Dr. Tra T. Le
 Full Name (Last, First, Middle Initial)
 Mailing Address 17541 Irvine Blvd Ste A
 City Tustin State CA Zip Code 92780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dentistry for KiDDS Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.18395
 Amount of Each Receipt this Period
 250.00

B. Dr. Robert W. Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 1027 Rosemont
 City Carmel State IN Zip Code 46032-7709
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.18396
 Amount of Each Receipt this Period
 250.00

C. Dr. Margaret Madonian
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Oswego Street
 City Liverpool State NY Zip Code 13088-5178
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.18416
 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: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Dr. Elliott David Maser
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Mill Creek Road
 City Holland State PA Zip Code 18966-2030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.18398
 Amount of Each Receipt this Period
250.00

B. Dr. Joanne R. Oppenheim
 Full Name (Last, First, Middle Initial)
 Mailing Address 737 N. Michigan Avenue, Suite 1330
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Dental Health Assoc. Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.18400
 Amount of Each Receipt this Period
250.00

C. Dr. Michael D. Plunk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 N Buckner Blvd Ste 402
 City Dallas State TX Zip Code 75218-3407
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2015
Transaction ID : SA11AI.18432
 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: (check only one)	PAGE 14 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Ronald L. Poulos
 Full Name (Last, First, Middle Initial)
 Mailing Address 7655 5 Mile Rd Ste 214
 City Cincinnati State OH Zip Code 45230-4326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2015
Transaction ID : SA11AI.18435
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Dr. Paul A. Reggiardo
 Full Name (Last, First, Middle Initial)
 Mailing Address 17742 Beach Blvd Ste 320
 City Huntington Beach State CA Zip Code 92647-6853
 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)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2015
Transaction ID : SA11AI.18365
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Dr. Ryan S. Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 3915 S Florence Ave
 City Tulsa State OK Zip Code 74105-3727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015
Transaction ID : SA11AI.18369
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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: (check only one)	PAGE 15 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Nick Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 N 11th St
 City State Zip Code
 Arkansas City KS 67005-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2015
Transaction ID : SA11AI.18436
 Amount of Each Receipt this Period
 250.00

B. Dr. Paul I. Rubin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6801 Warren Pkwy Ste 115
 City State Zip Code
 Frisco TX 75034-4299
 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 M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.18401
 Amount of Each Receipt this Period
 250.00

C. Dr. Deven V. Shroff
 Full Name (Last, First, Middle Initial)
 Mailing Address 10045 Baltimore National Pike, #A
 City State Zip Code
 Ellicott City MD 21042
 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 M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.18429
 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 16 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Dr. James C. Singleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 22423 Columbia Glacier Loop
 City Eagle River State AK Zip Code 99577
 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 **06 / 22 / 2015**
Transaction ID : SA11AI.18403
 Amount of Each Receipt this Period **250.00**

B. Dr. Trice W. Sumner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1555 Medical Park Cir
 City Tupelo State MS Zip Code 38801-6580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Dental Clinic Occupation Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 22 / 2015**
Transaction ID : SA11AI.18404
 Amount of Each Receipt this Period **250.00**

C. Dr. Scott Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 16814 Placer Hills Rd
 City Meadow Vista State CA Zip Code 95722-9531
 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 **01 / 07 / 2015**
Transaction ID : SA11AI.18366
 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 17 OF 22
(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. Connie Verhagen

Mailing Address 755 Seminole Road

City Norton Shores	State MI	Zip Code 49441
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11Al.18440

Amount of Each Receipt this Period
250.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	9000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 22
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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. CANTOR FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 17813

City Richmond	State VA	Zip Code 23226
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 11 / 2015
Transaction ID : SA16.18386

Amount of Each Receipt this Period
750.00

Refund of 5/5/14 contribution

B.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	750.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 11091

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
TN 2016 House General

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Transaction ID : SB23.18379

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR BRIAN BABIN FOR CONGRESS

Mailing Address PO BOX 159

City WOODVILLE State TX Zip Code 75979

Purpose of Disbursement
TX 2016 House General

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2015

Transaction ID : SB23.18377

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement
MD 2016 House Primary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	05	/	2015

Transaction ID : SB23.18376

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement
MD 2016 House Primary

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : SB23.18384

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 7905 MALCOLM ROAD SUITE 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement
MD 2016 House General

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : SB23.18389

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KELLY FOR CONGRESS

Mailing Address 5221-A Cliff Gookin Blvd.

City Tupelo State MS Zip Code 38801

Purpose of Disbursement
MS 2015 House Runoff

Candidate Name

Office Sought: House
 Senate
 President
State: District: 01

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Runoff

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : SB23.18382

Amount of Each Disbursement this Period

1500.00

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

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

7500.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
TN 2016 House General

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : SB23.18378

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MOBROOKSFORCONGRESS.COM

Mailing Address 7610 FOXFIRE DRIVE

City HUNTSVILLE State AL Zip Code 35802

Purpose of Disbursement
AL 2016 House General

Candidate Name

Office Sought: House
 Senate
 President
State: AL District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : SB23.18380

Amount of Each Disbursement this Period

2700.00

Full Name (Last, First, Middle Initial)

C. NITA LOWEY FOR CONGRESS

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
NY 2016 House General

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2015

Transaction ID : SB23.18381

Amount of Each Disbursement this Period

1000.00

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

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

4700.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement
CA 2016 House General

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

Transaction ID : SB23.18374

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

20200.00
