PAGE 1 / 22

Image# 201507289000435975

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

American Academy of Pediatric Dentistry Political Action Committee  ADDRESS (number and street)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  Check of different than previously reported. (ACC)  Check of different than previously reported. (ACC)  C C00365865  3. IS THIS REPORT (No OR AMENDED (A)  C C00365865  4. TYPE OF REPORT (Choose One)  (a) Quarterly Report (CI)  July 15  Quarterly Report (CI)  July 31 Mid-Year Report (CI)  Year Colly (MY)  Termination Report (TER)  Election on Feport for the:  Election on Feport for the:  Election on Feronal (30G)  Report for the:  Election on Feport for feport for the:  Election on Feport for feport for feport for	•	OTTIV		or Other 1	nan An Ai	uthorize	d Committe	ee		Office Use On	ıly
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Chicago  Amenorial (NN)  May 20 (M5)  Aug 20 (M6)  Aug 20 (M6)  Aug 20 (M8)  Mow 20 (M1)  Nov 20 (M1)  Nov 20 (M1)  Nov 20 (M1)  Post 20 (M9)  Post 20 (M1)  Con 20 (M10)  Aug 20 (M6)  Aug 20 (M6)  Aug 20 (M8)  Post 20 (M9)  Post 20 (M9)  Post 20 (M9)  Post 20 (M1)  Con 20 (M10)  Aug 20 (M8)  Post 20 (M9)  Post 20 (M1)  Con 20 (M10)  Aug 20 (M8)  Post 20 (M9)  Post 20 (M1)  Post 20 (M9)	1.			TYPE OR PR	INT ▼			ng, type	12FE4M5		
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Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00365965  3. IS THIS REPORT (N) OR AMENDED  (A) TYPE OF REPORT (Choose One)  (B) Monthly Report (Choose One)  (C) Cousterly Report (Cl) July 15 (Cuarterly Report (Cl) Quarterly R	A <u>D</u> I	DRESS (r	number and street)	211 E Chica	igo Ave						
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER V  C C C0036s965  3. IS THIS NEW (N) OR AMENDED  (A) OR AMENDED  (A) APPL OF REPORT (Choose One)  (B) Monthly Report (Choose One)  (C) Monthly Report (Choose One)  (B) Monthly Report (Choose One)  (C) Monthly Report (Choose One)  (C) Monthly Report (Choose One)  (C) Mar 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1)  (C) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9)  (C) Lourterly Report (Choose One)  (C) Mar 20 (M4) Jul 20 (M7) Oct 20 (M10)  (C) 12-Day Primary (12P) General (12G) Runoff (12R)  (C) 12-Day Primary (12P) General (12G) Runoff (12R)  (C) 12-Day Primary (12P)  (C) 12-Day Primary (12P) General (12G)  (C) 12-Day Primary (12P)  (C) 12-Day Primary (12P)  (C) 12-Day Primary (12P)  (D) Monthly Report (One)  (C) 12-Day Primary (12P)  (D) Monthly Report (One)  (D) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9)  (D) Cotober 15  (D) General (12G) Runoff (12R)  (D) Monthly Report (One)  (D) Doc 2 (M12)  (D) Treasure State of Treasure John S. Rutkauskas  (D) Monthly Report (One)  (D) May 20 (M5)  (May 20 (M6)  (May 2	_	Cha	ook if different	Suite 1600				1 1 1 1			
A. TYPE OF REPORT (Choose One)  (a) Quarterly Report (O1)    April 15   Quarterly Report (Q2)   Quarterly Report (Q3)   January 31   Year-End Report (Q3)   January 31   Year-End Report (Q4)   April 15   Quarterly Report (Q3)   Guarterly Report (Q4)   Date 20 (M4)   July 20 (M6)   Sep 20 (M9)   Dec 20 (M10)   July 15   Quarterly Report (Q2)   Qctober 15   Quarterly Report (Q3)   January 31   Year-End Report (PE)   Xear-End Report (PE	L	thar	n previously	Chicago					LL	60611	
4. TYPE OF REPORT (Do. Monthly Report (Choose One) (Do. Monthly Report (Do. Oct 20 (M1) Report (Do. Oct 20 (M1) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) May 20 (M6) Sep 20 (M9) Dec 20 (M12) May 20 (M6) Sep 20 (M9) Dec 20 (M12) July 15 Quarterly Report (Q2) Doctober 15 Quarterly Report (Q2) Doctober 15 Quarterly Report (Q3) January 31 Year-End Report (Pon-election Marco (Pon-election Marco (Pon-election Marco (Pon-election Marco (Pon-election Neport (P	2.	FEC ID	ENTIFICATION NU	JMBER ▼		CITY 🛦			STATE A	ZIP	CODE A
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January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  Date  General (30G)  Runoff (30R)  Special (30S)  Report for the:  Election on  Election on  Fermination Report (TER)  Fermination Report					oport for the.		Convention	(120)	opeoidi (	-	
Report (Non-election Year Only) (MY)  Termination Report (TER)  POST-Election Report for the:  Election on  Election on  Special (30G)  Runoff (30R)  Special (30S)  Report for the:  Election on  Felority 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  John S. Rutkauskas  [Electronically Filed]  Date  OT  28  FEC FORM 3X  Rev. 12/2004				(E)	Elec	ction on	M M /	D D /	Y   Y   Y   Y		
Termination Report (TER)  Election on  Election on  Election on  Election on  Election on  In the State of  State of  Covering Period  O1		×	Report (Non-electio	n `´ <b>P</b>	OST-Election		General (300	G)	Runoff (3	0R)	Special (30S)
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 John S. Rutkauskas  Signature of Treasurer John S. Rutkauskas  [Electronically Filed] Date 07 28 2015  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  Office Use FEC FORM 3X  Rev. 12/2004					•		M = M /	D = D /	Y " Y " Y " Y		
Type or Print Name of Treasurer  John S. Rutkauskas  [Electronically Filed]  Date  Office Use  Description  John S. Rutkauskas  [Electronically Filed]  Date  FEC FORM 3X  Rev. 12/2004	5.	Covering					through	M M			Y
Signature of Treasurer  John S. Rutkauskas  [Electronically Filed]  Date  O7  28  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	l ce	ertify that	I have examined th	is Report and	to the best	of my kno	wledge and	belief it is tr	ue, correct and	l complete.	
Signature of Treasurer  John S. Rutkauskas  [Electronically Filed]  Date  07  28  2015  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  Office Use  FEC FORM 3X  Rev. 12/2004	Тур	e or Print	Name of Treasure	r John S. Rut	kauskas						
Office Use FEC FORM 3X Rev. 12/2004	Sig	nature of	Treasurer John	S. Rutkauskas			[Electronicall	y Filed] [	Date 07		
Use Use Rev. 12/2004	NO <sup>°</sup>	TE: Submi	ssion of false, errone	eous, or incom	plete informat	tion may s	ubject the per	son signing t	his Report to th	ne penalties of	2 U.S.C. §437g.
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# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: 01 01 2015 To: 06 30 2015

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

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Pediatric Dentistry Political Action Committee

R	eport Covering the Period: From: 01	01 2015	To: 06 / 30 / Y Y Y Y Y Y
	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(iii) TOTAL (add	1305.00	1305.00
	Lines 11(a)(i) and (ii)▶	10305.00	, 10305.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	750.00	750.00
	(Dividends, Interest, etc.)	0.00	0.00
	(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

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonidal Four to Bate
	(i) Federal Share	0.00	0.00
	(ii) Non Fadaral Chara	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party	0.00	0.00
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	20200.00	20200.00
	Independent Expenditures	0.00	0.00
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(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
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share(b) Foderal Floation Activity Roid Entiroly	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,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20200.00	20200.00
	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				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10305.00	10305.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10305.00	10305.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00		

	FOR LINE	NUMBER	: P	AGE 6	OF	22	
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American Academy of Pediatri	ic Dentistry Political Action Comm	ittee
Full Name (Last, First, Middle Initial)  Dr. Julie D. Anfinson		Date of Receipt
Mailing Address 21809 N Scottsdale Rd Ste	100	06 23 2015
City	State Zip Code	Transaction ID : SA11AI.18406
Scottsdale	AZ 85255-7440	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 ▼	7
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Maria Aslani-Breit		Date of Receipt
Mailing Address 1655 Elmwood Avenue		02 10 _2015 _
City	State Zip Code	Transaction ID : SA11AI.18368
Rochester	NY 14620	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	[C]	500.00
Name of Employer	Occupation	
Self-Employed	Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Charles L. Belknap		Date of Receipt
Mailing Address 6643 Highway 98		06 23 2015
City	State Zip Code	Transaction ID : SA11AI.18407
Hattiesburg	MS 39402	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	
Cuter (speeny)		
SUBTOTAL of Receipts This Page (optional)		1000.00

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NAME OF COMMITTEE (In Full)	the name and address of any political committee	
Full Name (Last, First, Middle Initial)  Dr. Maria Calcina  Mailing Address 19214 Clay Rd Ste D  City  Katy  FEC ID number of contributing federal political committee.  Name of Employer  Clay Dental PLLC  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 77449-4082  C  Occupation Pediatric Dentist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Dr. Stephanie C. Chen  Mailing Address 2813 Cottsgate Road, #10  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code NC 28211  C  Occupation Pediatric Dentist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  06 22 2015  Transaction ID : SA11AI.18390  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. Rena J. Christman  Mailing Address 425 W Prairie View Rd  City Chippewa Falls  FEC ID number of contributing federal political committee.  Name of Employer Christman Dental LTD  Receipt For: Primary General Other (specify)	State Zip Code WI 54729-3389  C  Occupation Pediatric Dentist  Aggregate Year-to-Date ▼	Date of Receipt  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 numl	per only)	

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

	FOR	PAGE		8	OF	22					
(check only one)											
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		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 Pediate	ric Dentistry Political Action Commit	tee
Full Name (Last, First, Middle Initial)  Dr. H. Bryan Cobb		Date of Receipt
Mailing Address 2600 Oakcrest Ave Ste A		06 22 2015
City Greensboro	State         Zip Code           NC         27408-1935	Transaction ID : SA11AI.18391  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	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)  3. Dr. Lawrence Dinkes  Mailing Address 4702 Main St		Date of Receipt
City Bridgeport  FEC ID number of contributing federal political committee.	State Zip Code CT 06606-1823	06 23 2015  Transaction ID : SA11Al.18412  Amount of Each Receipt this Period  250.00
Name of Employer Commerce Park Dental  Receipt For:  Primary  Other (specify)	Occupation Pediatric Dentist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. R. Danford Doss		Date of Receipt
Mailing Address 4200 Bryant Irvin Road, Su		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Fort Worth	State Zip Code TX 76109	Transaction ID : SA11AI.18427  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify)	Occupation Pediatric Dentist  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full)	he name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of any political committee in the name and address of a committee in the name and address o	
Full Name (Last, First, Middle Initial)  Dr. Robert H. Ellis III  Mailing Address 8905 Two Notch Rd  City Columbia  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For:  Primary General Other (specify)	State Zip Code SC 29223-6367  C  Occupation Pediatric Dentist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  06 23 2015  Transaction ID: SA11AI.18413  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. Catharine A. Enright  Mailing Address 3280 Howell Mill Road, NW  City  Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary  Other (specify)	State Zip Code GA 30327  C  Occupation Pediatric Dentist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  06 27 2015  Transaction ID: SA11AI.18430  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. Suzanne E. Fournier  Mailing Address 1105 Jefferson St  City Gretna  FEC ID number of contributing federal political committee.  Name of Employer Just Kids Dental  Receipt For: Primary General Other (specify)	State Zip Code LA 70053-3117  C  Occupation Pediatric Dentist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / 22 2015  Transaction ID: SA11AI.18392  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)	atric Dentistry Political Action Comm	
Full Name (Last, First, Middle Initial) Dr. James Haas  Mailing Address 4 Manchester Ave		Date of Receipt
	State Zip Code	06 23 2015
City Derry	State Zip Code  NH 03038-1931	Transaction ID : SA11AI.18415  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Haas Dental Associates	Pediatric Dentist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Mitzi L. Hines		Date of Receipt
Mailing Address 5715 N Hamilton Rd		06 24 _ 2015 _
City	State Zip Code	06 24 2015 Transaction ID : SA11AI.18426
Columbus	OH 43230-1325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hines Little Smiles Pediatric Dentistr	Occupation Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Chad J. Hoge		Date of Receipt
Mailing Address 4865 Woodhaven Dr S		06 29 2015
City Fargo	State         Zip Code           ND         58104-4289	Transaction ID : SA11AI.18437  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Children's Dentistry of Northborough	Pediatric Dentist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
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NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry Political Action Committ	ee
Full Name (Last, First, Middle Initial)  A. Dr. Mikala Hoge		Date of Receipt
Mailing Address 4865 Woodhaven Dr S		06 29 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
City	State Zip Code	Transaction ID : SA11AI.18438
Fargo	ND 58104-4289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Children's Hospital of Los Angeles Div	Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Brad C. Hwang		Date of Receipt
Mailing Address 24837 104th Ave SE Ste 200		06 24 2015
City	State Zip Code	Transaction ID : SA11AI.18421
Kent	WA 98030-6800	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	
Full Name (Last, First, Middle Initial)  Dr. Eric J. Koren		Date of Receipt
Mailing Address 9215 Cincinnati Columbus Rd		06 27 2015
City	State Zip Code	Transaction ID : SA11AI.18431
West Chester	OH 45069-4178	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Pediatric Dental Associates of West Ch	Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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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 Full Name (Last, First, Middle Initial) Dr. Tra T. Le Date of Receipt Mailing Address 17541 Irvine Blvd Ste A 2015 City State Zip Code Transaction ID: SA11AI.18395 CA Tustin 92780 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pediatric Dentist Dentistry for KiDDS Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Robert W. Long Date of Receipt Mailing Address 1027 Rosemont 06 22 2015 City State Zip Code Transaction ID: SA11AI.18396 IN Carmel 46032-7709 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self-Employed Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Margaret Madonian Date of Receipt Mailing Address 600 Oswego Street 06 23 2015 City Zip Code State Transaction ID: SA11AI.18416 NY Liverpool 13088-5178 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pediatric Dentist Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) Dr. Elliott David Maser Date of Receipt Mailing Address 106 Mill Creek Road 2015 City Zip Code State Transaction ID: SA11AI.18398 PΑ Holland 18966-2030 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pediatric Dentist Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Joanne R. Oppenheim Date of Receipt Mailing Address 737 N. Michigan Avenue, Suite 1330 06 22 2015 City State Zip Code Transaction ID: SA11AI.18400 IL Chicago 60611 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pediatric Dental Health Assoc. Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael D. Plunk Date of Receipt Mailing Address 1151 N Buckner Blvd Ste 402 06 27 2015 City State Zip Code Transaction ID: SA11AI.18432 TX **Dallas** 75218-3407 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pediatric Dentist Self-employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) Dr. Ronald L. Poulos Date of Receipt Mailing Address 7655 5 Mile Rd Ste 214 2015 28 City Zip Code State Transaction ID: SA11AI.18435 OH Cincinnati 45230-4326 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pediatric Dentist Self-employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Paul A. Reggiardo Date of Receipt Mailing Address 17742 Beach Blvd Ste 320 01 07 2015 City State Zip Code Transaction ID: SA11AI.18365 CA **Huntington Beach** 92647-6853 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Paul Reggiardo DDS, APC Pediatric Dentist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Ryan S. Roberts Date of Receipt Mailing Address 3915 S Florence Ave 17 03 2015 City Zip Code State Transaction ID: SA11AI.18369 OK Tulsa 74105-3727 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С

250.00

Occupation Pediatric Dentist

Aggregate Year-to-Date ▼

federal political committee.

Other (specify)

General

Name of Employer

Primary

Self-Employed Receipt For:

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NAME OF COMMITTEE (In Full)		
	Dentistry Political Action Committee	ee
Full Name (Last, First, Middle Initial)  1. Dr. Nick Rogers		Date of Receipt
Mailing Address 1939 N 11th St		06 28 _ 2015
City	State Zip Code	Transaction ID : SA11AI.18436
Arkansas City	KS 67005-1724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	General Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Paul I. Rubin		Date of Receipt
Mailing Address 6801 Warren Pkwy Ste 115		06 22 2015
City	State Zip Code	Transaction ID : SA11AI.18401
Frisco	TX 75034-4299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self-Employed	Pediatric Dentist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Deven V. Shroff		Date of Receipt
Mailing Address 10045 Baltimore National Pike	, #A	06 26 2015
City	State Zip Code	Transaction ID : SA11AI.18429
Ellicott City	MD 21042	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	00 0	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number of	only)	

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		13		14		15		16	;	17

NAME OF COMMITTEE (In Full) American Academy of Pediatr	ic Dentistry Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Dr. James C. Singleton  Mailing Address 22423 Columbia Glacier Loc	OD	Date of Receipt
		06 22 2015
City Eagle River	State Zip Code AK 99577	Transaction ID : SA11AI.18403
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Self Employed	Pediatric Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Trice W. Sumner	•	Date of Receipt
Mailing Address 1555 Medical Park Cir		M = M / D = D / Y = Y = Y
City	State Zip Code	06 22 2015
Tupelo	MS 38801-6580	Transaction ID : SA11AI.18404  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Children's Dental Clinic	Pediatric Dentist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Scott Thompson		Date of Receipt
Mailing Address 16814 Placer Hills Rd		01 07 2015
City	State Zip Code	Transaction ID : SA11AI.18366
Meadow Vista	CA 95722-9531	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	
CURTOTAL of Descints This Desc (entired)	<b>&gt;</b>	750.00
SUBTUTAL OF Receipts This Page (optional)	·····	

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, <u> </u>	iatric Dentistry Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Dr. Connie Verhagen		Date of Receipt
Mailing Address 755 Seminole Road		06 30 2015
City	State Zip Code	Transaction ID : SA11AI.18440
Norton Shores	MI 49441	_ 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	
Full Name (Last, First, Middle Initial)		Date of Receipt
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City	State Zip Code	Amount of Each Receipt this Period
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federal political committee.	C	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 5	
Other (specify) ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing	C	dir di Eddi Hoodpi dilo i dilod
federal political committee.		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optic	nal)	250.00
		2000.00
TOTAL This Period (last page this line n	umber only).	9000.00

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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 OF 22		
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page	11a 11b 11c 12 13 14 15 X 16 17		
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any puddress of any political committee	erson for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			_		
	American Academy of Pediatric	Dentistry	/ Political Action Comn	nittee		
Α.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS			Date of Receipt		
	Mailing Address P. O. Box 17813			06 11 2015		
	City State		Zip Code	Transaction ID : SA16.18386		
	Richmond	VA	23226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C co	0355461	750.00		
	Name of Employer	Occupation		Refund of 5/5/14 contribution		
	Receipt For: 2014	Aggregate	Year-to-Date ▼			
	Primary		750.00	1		
	Other (specify)		100.00	l l		
В.	Full Name (Last, First, Middle Initial)			Date of Receipt		
В.	Mailing Address			M M / D D / Y Y Y Y		
	City	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		7 7 7		
	Name of Employer	Occupation				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			1		
	Other (specify) $\blacktriangledown$		<u> </u>			
C.	Full Name (Last, First, Middle Initial)			Date of Receipt		
	Mailing Address			M = M / D = D / Y = Y = Y		
	City	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing			Amount of Each freceipt this Feriod		
	federal political committee.	C				
	Name of Employer	Occupation				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	33 3		1		
	Other (specify) $\blacktriangledown$		7 9 9			
5	SUBTOTAL of Receipts This Page (optional)			750.00		

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750.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19 OF 22		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	s) (check only one)			
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or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	ntintm (Dalitian) Anti	O:u			
American Academy of Pediatric De	ntistry Political Acti	on Committ	ee		
Full Name (Last, First, Middle Initial)					
A. CHUCK FLEISCHMANN FOR COI	NGRESS COMMIT	TEE, INC.	Date of Disbursement		
M 19 A L L					
Mailing Address P.O. BOX 11091	Mailing Address P.O. BOX 11091				
City	State Zip Code				
CHATTANOOGA	TN 37401		Transaction ID: SB23.18379		
Purpose of Disbursement TN 2016 House General			Assessment of Early Dichards are all this Boried		
Candidate Name			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
Office Sought: House Disbursen	nent For: 2016	.,,,,	, , , , , , , , , , , , , , , , , , , ,		
Senate	Primary X General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)  B. DR BRIAN BABIN FOR CONGRES	20		Date of Disbursement		
DR BRIAIN BABIN FOR CONGRES	55		M M / D D / Y Y Y Y		
Mailing Address PO BOX 159			03 23 2015		
City S WOODVILLE	State Zip Code TX 75979		Transaction ID : SB23.18377		
Purpose of Disbursement	170 13919				
TX 2016 House General			Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
Office Cought: House Pishurson		Туре	3000.00		
	nent For: 2016 Primary				
	Other (specify)				
State: District:	,				
Full Name (Last, First, Middle Initial)					
C. DUTCH RUPPERSBERGER FOR	CONGRESS		Date of Disbursement		
Mailing Address 22 West Padonia Road Suite C-141			02 05 2015		
Walling Address 22 West Padonia Road Suite C-141			02 00 2010		
City	State Zip Code		Transaction ID : SB23.18376		
Timonium Purpose of Disbursement	MD 21093		114115464101115 : 0526.10010		
MD 2016 House Primary			Amount of Each Disbursement this Period		
Candidate Name		Category/	Amount of Each dispursement this Period		
		Type	1000.00		
	nent For: 2016		, , , , , , , , , , , , , , , , , , , ,		
	Primary General				
State: MD District: 02	Other (specify) ▼				
State. IVID DISTINCT UZ					
SUBTOTAL of Disbursements This Page (optional)			7000.00		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 OF 22			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 28 28c 29	26 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
American Academy of Pediatric D	entistry Political Action	on Committ	ree		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. DUTCH RUPPERSBERGER FOR	DUTCH RUPPERSBERGER FOR CONGRESS				
Mailing Address 22 West Padonia Road Suite C-14	41		06 10 2015		
City	State Zip Code		Transaction ID : SB23.18384		
Timonium Purpose of Disbursement	MD 21093				
MD 2016 House Primary			Amount of Each Disbursement this Pe	eriod	
Candidate Name		Category/	1000.0	20	
Office Sought:	ement For: 2016	Туре	7		
Senate Senate	Primary General				
President	Other (specify) ▼				
State: MD District: 02					
Full Name (Last, First, Middle Initial)  B. HOYER FOR CONGRESS			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address 7905 MALCOLM ROAD SUITE 102			06 29 2015		
City CLINTON	State Zip Code MD 20735		Transaction ID : SB23.18389		
Purpose of Disbursement MD 2016 House General		· · · ·	Amount of Each Disbursement this Pe	eriod	
Candidate Name		Category/ Type	5000.0	00	
Office Sought: House Disburse	ment For: 2016				
Senate President	Primary General				
State: MD District: 05	Other (specify) ▼				
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)				
C. KELLY FOR CONGRESS			Date of Disbursement		
Mailing Address 5221-A Cliff Gookin Blvd.			05 20 2015	_	
City Tupelo	State Zip Code MS 38801		Transaction ID : SB23.18382		
Purpose of Disbursement MS 2015 House Runoff					
Candidate Name		Category/ Type	Amount of Each Disbursement this Pe		
Office Sought: House Disburse	ement For: 2015	туре			
Senate	Primary General				
President X	Other (specify)				
State: District: 01	Runoff				
SUBTOTAL of Disbursements This Page (optional).			7500.0	00	
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TOTAL This Period (last page this line number only	·)	·····•			

Mailing Address PO Box 682185  City State Zip Code TN 37068  Purpose of Disbursement TN 2016 House General  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. MOBROOKSFORCONGRESS.COM  Mailing Address 7610 FOXFIRE DRIVE  City State Zip Code AL 35802  Purpose of Disbursement AL 2016 House General  Candidate Name  Office Sought: House Other (specify) ▼  Transaction ID  Transaction ID  Amount of Each I  Amount of Each I  Category/ Type  Transaction ID  Transaction ID  Transaction ID  Date of Disbursement AL 2016 House General  Category/ Type  Transaction ID	PAGE 21 OF 2		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions  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 State Zip Code Transaction ID  Purpose of Disbursement TN 2016 House General  Candidate Name  Office Sought: House Disbursement For: 2016  Primary General  City State: TN District: 07  Full Name (Last, First, Middle Initial)  B. MOBROOKSFORCONGRESS.COM  Mailing Address 7610 FOXFIRE DRIVE  City State Zip Code AL 35802  Purpose of Disbursement AL 2016 House General  Cardidate Name  Office Sought: House Disbursement For: 2016  Purpose of Disbursement AL 2016 House General  Cardidate Name  Office Sought: House Disbursement For: 2016  Primary General  Category' Type  Office Sought: House Disbursement For: 2016  Primary General  Category' Type  Office Sought: House Condition Initial)  C. NITA LOWEY FOR CONGRESS  Mailing Address PO Box 271  City State Zip Code Transaction ID  Amount of Each I Category' Type  Office Sought: House General  Category' Type  Office Sought: House Disbursement For: 2016  Purpose of Disbursement NY 2016 House General  Category' Type  Office Sought: House Disbursement For: 2016  Purpose of Disbursement For: 2016  P	24 25 2 28c 29 3		
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 State Zip Code TN 37068  Purpose of Disbursement TN 2016 House General  Candidate Name  Office Sought: House President State: TN District: 07  Full Name (Last, First, Middle Initial)  B. MOBROOKSFORCONGRESS.COM  Mailing Address 7610 FOXFIRE DRIVE  City State Zip Code AL 358002  Purpose of Disbursement AL 2016 House General  Candidate Name  Office Sought: Senate Primary General  Candidate Name  Office Sought: Senate Primary General  Candidate Name  Office Sought: Senate Primary General  Category/ Type  Office Sought: Senate Primary General  Category/ Total Category/ Type  Office Sought: Senate Primary General  Category/ Type  Office Sought: State Zip Code AL Category/ Type  Office Sought: Senate Primary General  Category/ Type  Office Sought: State Zip Code NY 10605  Mailing Address PO Box 271  City State Zip Code NY 10605  Transaction ID  Amount of Each I Category/ Type  Office Sought: State Zip Code NY 10605  Transaction ID  Amount of Each I Category/ Type  Office Sought: State Zip Code NY 10605  Transaction ID  Amount of Each I Category/ Type  Office Sought: State Primary General  Candidate Name  Office Sought: Primary General  Category/ Type  Office Sought: Primary General			
A. MARSHA BLACKBURN FOR CONGRESS INC.  Malling Address PO Box 682185  City State Zip Code Translation ID State of Disbursement TN 2016 House General  Candidate Name Disbursement For: 2016 Primary General  State: TN District: 07  Full Name (Last, First, Middle Initial)  B. MOBROOKSFORCONGRESS.COM  Mailing Address 7610 FOXFIRE DRIVE  City State Zip Code HUNTSVILLE AL 35802  Category/ Type  City State Zip Code AL 36802  Transaction ID Amount of Each ID State AL 2016 House General  Candidate Name Cast, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Condidate Name Disbursement For: 2016  Full Name (Last, First, Middle Initial			
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City State Zip Code TNN 37068  Purpose of Disbursement TN 2016 House General  Candidate Name  District: OF Senate President State: TN District: OF Senate Purpose of Disbursement For: 2016  City Senate President District: OF Senate Purpose of Disbursement For: 2016  Amount of Each Other (specify) ▼  Date of Disbursement For: 2016  Amount of Each Other (specify) ▼  Transaction ID  Amount of Each Other (specify) ▼  Date of Disbursement For: 2016  Amount of Each Other (specify) ▼  Transaction ID  Transaction ID  Amount of Each Other (specify) ▼  Date of Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Category/ Type  District: OF Primary General Other (specify) ▼  Date of Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Cher (specify) ▼  Date of Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Cher (specify) ▼  Date of Disbursement For: 2016  Category/ Type  Date of Disbursement For: 2016  Category/ Type  Date of Disbursement For: 2016  Category/ Type  Date of Disbursement For: 2016  Date of Disbursement For: 2016  Primary General Category/ Type  Date of Disbursement For: 2016  Category/ Type  Date of Disbursement For: 2016  Primary General Category/ Type  Date of Disbursement For: 2016  Primary General Category/ Type  Date of Disbursement For: 2016  Primary General Category/ Type  Date of Disbursement For: 2016  Primary General Category/ Type  Date of Disbursement For: 2016  Primary General Category/ Type	Date of Disbursement		
Franklin TN 37068  Purpose of Disbursement TN 2016 House General  Candidate Name  Office Sought:	2015		
TN 2016 House General Candidate Name  Office Sought:	: SB23.18378		
Office Sought:	Disbursement this Period		
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Full Name (Last, First, Middle Initial)  B. MOBROOKSFORCONGRESS.COM  Mailing Address 7610 FOXFIRE DRIVE  City State Zip Code AL 35802  Full Name (Last, First, Middle Initial)  Candidate Name  Category/  Office Sought: House Senate President State: AL District: 05  Full Name (Last, First, Middle Initial)  C. NITA LOWEY FOR CONGRESS  Mailing Address PO Box 271  City State Zip Code Other (specify)   Disbursement For: 2016 Senate Primary General Other (specify)   Date of Disburser  Amount of Each Other (specify)   Date of Disburser  Transaction ID  Transaction ID  Amount of Each Other (specify)   Other (specify)   City State Zip Code Other (specify)   White Plains NY 10605  Purpose of Disbursement NY 2016 House General Candidate Name  Category/ Type  Office Sought: House Senate Disbursement For: 2016 Senate Primary General Category/ Type  Disbursement For: 2016 Senate Primary General			
HUNTSVILLE Purpose of Disbursement AL 2016 House General  Candidate Name  Disbursement For: 2016 Senate President President State: AL District: 05  Full Name (Last, First, Middle Initial)  NITA LOWEY FOR CONGRESS  Mailing Address PO Box 271  City White Plains Purpose of Disbursement NY 2016 House General  Candidate Name  Disbursement For: 2016 NY 10605  Purpose of Disbursement NY 2016 House General  Candidate Name  Disbursement For: 2016 Senate	D / Y Y Y Y Y		
AL 2016 House General  Candidate Name  Office Sought:  House Senate Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  NITA LOWEY FOR CONGRESS  Mailing Address PO Box 271  City State Zip Code White Plains NY 10605  Purpose of Disbursement NY 2016 House General  Candidate Name  Category/ Type  Date of Disbursen  Transaction ID  Amount of Each  Amount of Each  Category/ Type  Office Sought:  House Senate Primary General  Category/ Type  Office Sought:  House Senate Primary General	: SB23.18380		
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NY 2016 House General  Candidate Name  Category/ Type  Office Sought:  House Senate  Disbursement For: 2016 Primary  General	: SB23.18381		
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SCHEDULE B (FEC Form 3X)	Llee congrete cohedule(e)	FOR LINE NUMBER: PAGE 22 OF 22			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	,		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Statem	nents may not be sold or use	ed by any perso	on for the purpose of	soliciting contributions	
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	otioto, Dellise I Ard	on Ones !!!			
American Academy of Pediatric De	ntistry Political Action	on Committ	iee		
Full Name (Last, First, Middle Initial)					
- SWALWELL FOR CONGRESS	Date of Disbursement				
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