

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Pediatric Dentistry Political Action Committee

ADDRESS (number and street) 211 E Chicago Ave
Suite 700
 Check if different than previously reported. (ACC)
Chicago IL 60611-2663

2. **FEC IDENTIFICATION NUMBER** C00365965
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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 Electronically Filed by John S. Rutkauskas Date 01 24 2011

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 Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		261844.57
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	191668.57									
(c) Total Receipts (from Line 19)	91905.00	104955.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	283573.57	366799.57								
7. Total Disbursements (from Line 31)	63000.00	146226.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	220573.57	220573.57								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

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)	22725.00	30325.00
(ii) Unitemized	69180.00	69630.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	91905.00	99955.00
(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)	91905.00	99955.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	91905.00	104955.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	91905.00	104955.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(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.....	63000.00	146226.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63000.00	146226.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63000.00	146226.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	91905.00	99955.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	91905.00	99955.00
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 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Maria Aslani-Breit

Mailing Address 1655 Elmwood Avenue

City State Zip Code
Rochester NY 14620

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: SA11AI.13679

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Dr. K. Jean Beauchamp

Mailing Address 2297 Rudolphtown Road

City State Zip Code
Clarksville TN 37043

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

Name of Employer Self Employed Occupation
Self Employed Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2010

Transaction ID: SA11AI.13460

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Scott A. Bialik

Mailing Address 246 Federal Rd Ste D13

City State Zip Code
Brookfield CT 06804-2649

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: SA11AI.13908

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional) ▶ **2050.00**

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 7 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Todd S. Brasuell

Mailing Address 189 Greenbriard Boulevard

City State Zip Code
Covington LA 70433

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

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.13506

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Dr. Warren A. Brill

Mailing Address 1001 N Point Blvd

City State Zip Code
Baltimore MD 21224-3413

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

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.13912

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Daniel P. Carroll

Mailing Address 1125 South Linden Road, #800

City State Zip Code
Flint MI 48532-3406

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

Name of Employer Mid Michigan Pediatric Dentistry, P.C. Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.13418

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 8 / 28

(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. Susan H. Carron

Mailing Address 40105 Grand River Avenue, #2

City State Zip Code
Novi MI 48375

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: SA11AI.13429

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Margaret A. Certo

Mailing Address 3 Marina Park S # 3

City State Zip Code
Buffalo NY 14202-4313

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2010

Transaction ID: SA11AI.13928

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 9830 N. 50th Street

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
APDO P.C. Pediatric Dentist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: SA11AI.13414

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 950 West First North Street

City State Zip Code
Morristown TN 37814-4550

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

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.13750

Amount of Each Receipt this Period
250.00

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

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

City State Zip Code
Ashburn VA 20147

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

Name of Employer Ashburn Children's Dentistry Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.14187

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Edward L. Donaldson, Jr.

Mailing Address 2960 E. Gause Boulevard

City State Zip Code
Slidell LA 70461-4153

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

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: SA11AI.13955

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 / 28
(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. Jill M. Donaldson

Mailing Address 2960 East Gause Boulevard

City State Zip Code
Slidell LA 70461-4153

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: SA11AI.13956

Amount of Each Receipt this Period
3000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Scott D. Goodman

Mailing Address 1340 Matthews Township Pkwy.
Suite 201

City State Zip Code
Matthews SC 28105-4681

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: SA11AI.13985

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Stephen M. Heaney

Mailing Address 64 Orland Square Dr Ste 216

City State Zip Code
Orland Park IL 60462-6544

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: SA11AI.13989

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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 / 28
(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. William J. Heimann

Mailing Address 1526 W. Glendale Ave., Suite 103

City State Zip Code
Phoenix AZ 85021-8576

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

Name of Employer Self Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: SA11AI.13990

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 401 Mallard Ln

City State Zip Code
Moorestown NJ 08057-4304

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11AI.14222

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. James M. Keeton, Jr.

Mailing Address Manchester Dental Building
7410 Hull Street Road, #1

City State Zip Code
Richmond VA 23235-5834

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: SA11AI.14010

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9215 Cincinnati-Columbus Road

City State Zip Code
West Chester OH 45069

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.13542

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stacey R. Kutsch

Mailing Address 299 Piper Street

City State Zip Code
Richland WA 99352

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.13468

Amount of Each Receipt this Period
250.00

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

Mailing Address 1025 Johns Hopkins Drive

City State Zip Code
Greenville NC 27834-7227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.14030

Amount of Each Receipt this Period
200.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 477 Calle Higuera

City State Zip Code
Camarillo CA 93010-1812

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

Name of Employer Retired Occupation Pediatric Dentist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.14032

Amount of Each Receipt this Period
250.00

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

Mailing Address 13032 Nacogdoches Road, #202

City State Zip Code
San Antonio TX 78217

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

Name of Employer Self-Employed Occupation Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.13481

Amount of Each Receipt this Period
500.00

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

Mailing Address 39400 Garfield Road, #200

City State Zip Code
Clinton Township MI 48038-4096

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

Name of Employer Self-Employed Occupation Pediatric Dentist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.14050

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Josefina V. Martinez

Mailing Address 310 Stagecoach Trail, #1000

City State Zip Code
San Marcos TX 78666

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

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.14244

Amount of Each Receipt this Period
250.00

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

Mailing Address 1575 Pond Road, #105

City State Zip Code
Allentown PA 18104-2254

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

Name of Employer Self Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	6	/	2	0	1	0

Transaction ID: SA11AI.14056

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Edward H. Moody, Jr.

Mailing Address 920 West Main Street

City State Zip Code
Morristown TN 37814-4515

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

Name of Employer Self Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.14058

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 28

(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. Jack W. Morrow

Mailing Address 4200 Bryant Irvin Road, Ste. 129

City State Zip Code
Fort Worth TX 76109

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

Name of Employer Occupation
Self-Employed Pediatric Dentist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: SA11AI.13467

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 2560 Foxfield Road, #190

City State Zip Code
St. Charles IL 60174

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: SA11AI.13692

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Dr. William N. Quinton

Mailing Address 837 South Main Street

City State Zip Code
Greenville MS 38701-5871

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

Name of Employer Occupation
Self-Employed Pediatric Dentist

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2010

Transaction ID: SA11AI.14080

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 / 28

(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. Curt S. Ralstrom

Mailing Address 39400 Garfield Road, Suite 200

City State Zip Code
Clinton Township MI 48038-4096

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

Name of Employer Occupation
Self-Employed Pediatric Dentist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	0

Transaction ID: SA11AI.13567

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 18731 Patrician Drive

City State Zip Code
Villa Park CA 92861

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

Name of Employer Occupation
Paul Reggiardo DDS, APC Pediatric Dentist

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

Date of Receipt

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

Transaction ID: SA11AI.13413

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. George M. Richardson

Mailing Address PO Box 116
2757 Greenbush Road

City State Zip Code
Charlotte VT 05445-0116

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

Name of Employer Occupation
Retired Pediatric Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Transaction ID: SA11AI.14092

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 704 Hidden Woods Lane

City State Zip Code
Friendswood TX 77546-6098

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

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.14093

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward L. Rick

Mailing Address 1808 1st Ave

City State Zip Code
Sterling IL 61081-1202

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

Name of Employer Self-Employed Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	1	0

Transaction ID: SA11AI.14196

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Dr. Irwin M. Seidman

Mailing Address 600 North Court, #250

City State Zip Code
Palatine IL 60067-8104

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

Name of Employer Irwin M. Seidman DDS, PC Occupation
Occupation Pediatric Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.14114

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28
(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. Barry P. Setzer

Mailing Address 8355 Bayberry Road

City State Zip Code
Jacksonville FL 32256-4427

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

Name of Employer Occupation
Barry P. Setzer, D.D.S. Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: SA11AI.13808

Amount of Each Receipt this Period
800.00

B.

Full Name (Last, First, Middle Initial)
Dr. Barry P. Setzer

Mailing Address 8355 Bayberry Road

City State Zip Code
Jacksonville FL 32256-4427

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

Name of Employer Occupation
Barry P. Setzer, D.D.S. Pediatric Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: SA11AI.13809

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gregory B. Sheppard

Mailing Address 3618 W Anthem Way Ste D104

City State Zip Code
Anthem AZ 85086-0458

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

Name of Employer Occupation
Self-Employed Pediatric Dentistry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: SA11AI.14116

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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.

Full Name (Last, First, Middle Initial) Dr. John C. Stritikus		Date of Receipt MM / DD / YYYY 07 / 14 / 2010
Mailing Address 1703 Temple Avenue		Transaction ID: SA11AI.13466
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Ben Taylor		Date of Receipt MM / DD / YYYY 07 / 15 / 2010
Mailing Address 6756 Poss Road		Transaction ID: SA11AI.13448
City San Antonio	State TX	Zip Code 78238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Bruce H. Weiner		Date of Receipt MM / DD / YYYY 08 / 02 / 2010
Mailing Address 6210 John Ryan Dr Ste 100		Transaction ID: SA11AI.14137
City Fort Worth	State TX	Zip Code 76132-4111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Bruce H. Weiner, DDS, Inc.	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	725.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 28
(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. John C. Williams

Mailing Address 206 Murray Guard Drive

City State Zip Code
Jackson TN 38305-3776

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: SA11AI.14141

Amount of Each Receipt this Period
250.00

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

Mailing Address 5602 South Memorial Drive

City State Zip Code
Tulsa OK 74145

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2010

Transaction ID: SA11AI.13495

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph S. Young

Mailing Address 1855 Crane Ridge Drive

City State Zip Code
Jackson MS 39216

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: SA11AI.14251

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)	▶	22725.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 2571</p> <p>City Wilson State NC Zip Code 27894</p> <p>Purpose of Disbursement Butterfield NC 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14156</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Cantor VA 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14154</p> <p>Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS</p> <p>Mailing Address PO BOX 177</p> <p>City BOONEVILLE State MS Zip Code 38829</p> <p>Purpose of Disbursement Childers MS 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MS District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14350</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRABACHER	Transaction ID: SB23.14346 Date of Disbursement 09 / 14 / 2010	
	Mailing Address PO BOX 823		
	City HUNTINGTON BEACH State CA Zip Code 92648	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Rohrabacher CA 2010 House General		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 46		
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS	Transaction ID: SB23.13472 Date of Disbursement 07 / 20 / 2010	
	Mailing Address 438 Lewis Avenue		
	City Brooklyn State NY Zip Code 11233	Amount of Each Disbursement this Period	3500.00
	Purpose of Disbursement Towns NY 2010 House General		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District: 10		
C.	Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS/FRIENDS OF DAVIS	Transaction ID: SB23.13471 Date of Disbursement 07 / 15 / 2010	
	Mailing Address 5956 W. Race Avenue		
	City Chicago State IL Zip Code 60644	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement Davis IL 2010 House General		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 07		

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF FARR</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Farr CA 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14148</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO</p> <p>Mailing Address 49 HUNTINGTON STREET</p> <p>City NEW HAVEN State CT Zip Code 06511</p> <p>Purpose of Disbursement DeLauro CT 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.13421</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Blunt MO 2010 Senate General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.13422</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Kirk IL 2010 Senate General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14349 Date of Disbursement: 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS</p> <p>Mailing Address 29 RUFF CIRCLE</p> <p>City GLASTONBURY State CT Zip Code 06033</p> <p>Purpose of Disbursement Larson WA 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14146 Date of Disbursement: 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Blackburn TN 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14351 Date of Disbursement: 09 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

Use separate schedule(s)
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(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

A.	Full Name (Last, First, Middle Initial) MOBROOKSFORCONGRESS.COM	Transaction ID: SB23.13469
	Mailing Address 7610 FOXFIRE DRIVE	Date of Disbursement 07 / 15 / 2010
	City HUNTSVILLE State AL Zip Code 35802	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Brooks AL 2010 House General	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: AL District: 05	

B.	Full Name (Last, First, Middle Initial) NITA LOWEY FOR CONGRESS	Transaction ID: SB23.13496
	Mailing Address PO Box 271	Date of Disbursement 08 / 05 / 2010
	City White Plains State NY Zip Code 10605	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Lowey NY 2010 House General	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District: 18	

C.	Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS	Transaction ID: SB23.14348
	Mailing Address 11039 E HARRIS HAWK TRAIL	Date of Disbursement 09 / 14 / 2010
	City SCOTTSDALE State AZ Zip Code 85262	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Gosar AZ 2010 House General	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: AZ District: 01	

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS</p> <p>Mailing Address 11039 E HARRIS HAWK TRAIL</p> <p>City SCOTTSDALE State AZ Zip Code 85262</p> <p>Purpose of Disbursement Gosar AZ 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14353</p> <p>Date of Disbursement 09 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Price GA 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14151</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) RE-ELECT CONGRESSMAN KUCINICH COMMITTEE</p> <p>Mailing Address 550 East Walnut Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Kucinich OH 2010 House General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14345</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
TOM REED FOR CONGRESS

Mailing Address 99 W FIRST ST

City CORNING State NY Zip Code 14830

Purpose of Disbursement
Reed NY 2010 House General

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 29

Transaction ID: SB23.14214

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
Whitfield KY 2010 House General

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 01

Transaction ID: SB23.13497

Date of Disbursement

08 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

63000.00