

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Academy of Pediatric Dentistry Political Action Committee

ADDRESS (number and street) 211 E Chicago Ave
Suite 1600
Chicago IL 60611
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 MM/DD/YYYY in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11/06/2018 in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
10/18/2018 through 11/26/2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Rutkauskas, John S., , ,
Type or Print Name of Treasurer

Signature of Treasurer Rutkauskas, John S., , , [Electronically Filed] Date 12/06/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="286087.57"/>	<input type="text" value="286087.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="204224.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5767.00"/>	<input type="text" value="115904.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="209991.57"/>	<input type="text" value="401991.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64000.00"/>	<input type="text" value="256000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="145991.57"/>	<input type="text" value="145991.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	4750.00	96635.00
(ii) Unitemized	1017.00	19269.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5767.00	115904.00
(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)	5767.00	115904.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5767.00	115904.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5767.00	115904.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64000.00	256000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64000.00	256000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64000.00	256000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	5767.00	115904.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5767.00	115904.00
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: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Acosta, John A., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7675 Wolf River Circle, #102
 City Germantown State TN Zip Code 38138-1747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pediatric Dental Group Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2018
Transaction ID : SA11AI.21448
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Aeschlimann, Laura A., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6908 S. Lyncrest Pl
 City Sioux Falls State SD Zip Code 57108-2565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABC Pediatric Dentistry Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2018
Transaction ID : SA11AI.21436
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Caravolas, John J., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 471 Dedham St
 City Newton Center State MA Zip Code 02459-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2018
Transaction ID : SA11AI.21431
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<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. Carroll, Christopher E., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 E 4th St
 City Winona State MN Zip Code 55987-3512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 14 / 2018**
Transaction ID : SA11AI.21464
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Clifton, Theresa, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 Vilcom Center Dr Ste 310
 City Chapel Hill State NC Zip Code 27514-1788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 29 / 2018**
Transaction ID : SA11AI.21445
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dance, Thomas, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 W Prairie Ave
 City Hayden State ID Zip Code 83835-4900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dr. Dance, Dentistry for Kids Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 30 / 2018**
Transaction ID : SA11AI.21447
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<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. Felsenstein, Jay L., , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4521 Highway 9

City Howell	State NJ	Zip Code 07731-3380
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Pediatric Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2018

Transaction ID : SA11AI.21452

Amount of Each Receipt this Period
250.00

Memo Item

B. Fox, Lisa, Mehelich, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9358 Dorchester St Ste 106

City Highlands Ranch	State CO	Zip Code 80129-2511
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Colorado Kids Ped. Dentistry	Occupation (for Individual) Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2018

Transaction ID : SA11AI.21471

Amount of Each Receipt this Period
250.00

Memo Item

C. Griffen, Ann L., , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 W 12th Ave

City Columbus	State OH	Zip Code 43210-1267
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ohio State University	Occupation (for Individual) Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2018

Transaction ID : SA11AI.21459

Amount of Each Receipt this Period
250.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<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. Jackson, Edward M., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Main Street
 City Hackensack State NJ Zip Code 07601-5965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 15 / 2018
Transaction ID : SA11AI.21465
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Kay, Lewis A., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Mallard Ln
 City Moorestown State NJ Zip Code 08057-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 06 / 2018
Transaction ID : SA11AI.21460
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Laganis, Venetia, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7767 Elm Creek Blvd N Ste 110
 City Maple Grove State MN Zip Code 55369-7033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 20 / 2018
Transaction ID : SA11AI.21469
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
<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. Markarian, John R., , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3540 N. Belt, W, #E

City Belleville	State IL	Zip Code 62226
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2018

Transaction ID : SA11AI.21461

Amount of Each Receipt this Period
250.00

Memo Item

B. Mauney, Charles, U., Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77 Vilcom Center Dr Ste 310 Suite 310

City Chapel Hill	State NC	Zip Code 27514-1788
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Pediatric Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2018

Transaction ID : SA11AI.21446

Amount of Each Receipt this Period
250.00

Memo Item

C. Maurice, Thomas, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24023 W Lockport Street

City Plainfield	State IL	Zip Code 60544-1652
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Plainfield Pediatric Dentistry	Occupation (for Individual) Pediatric Dentist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2018

Transaction ID : SA11AI.21463

Amount of Each Receipt this Period
250.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<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. Townsend, Janice A., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 380 Butterfly Gardens Dr
 City Columbus State OH Zip Code 43215-7508
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Nationwide Children's Hosp. Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2018
Transaction ID : SA11AI.21453
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Vann, William, F., Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 Brauer Hall CB #7450
 City Chapel Hill State NC Zip Code 27599-0001
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) UNC Chapel Hill Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2018
Transaction ID : SA11AI.21432
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Webb, Bracken M., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7617 Pineglen Dr
 City Cincinnati State OH Zip Code 45224-1229
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Pediatric Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2018
Transaction ID : SA11AI.21457
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 12 OF 24
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wu, Sonia J., , Dr.,

Mailing Address 65 E India Row Apt 17C

City Boston	State MA	Zip Code 02110-3389
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) 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
10		30		2018

Transaction ID : SA11AI.21449

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	4750.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1242

City TUCSON State AZ Zip Code 85702

Purpose of Disbursement
AZ 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: AZ District: 03

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00374058
Transaction ID : SB23.21407
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. BEATTY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 222 EAST TOWN STREET SUITE 2W

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
OH 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 03

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00507368
Transaction ID : SB23.21384
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. BONNIE WATSON COLEMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
NJ 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 12

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00558437
Transaction ID : SB23.21388
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BUTTERFIELD FOR CONGRESS COMMITTEE

Mailing Address PO Box 2571

City: Wilson State: NC Zip Code: 27894

Purpose of Disbursement
NC 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: NC District: 01

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2018

FEC Identification Number

C C00401190

Transaction ID : SB23.21390

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CINDY HYDE-SMITH FOR US SENATE

Mailing Address PO BOX 2930

City: JACKSON State: MS Zip Code: 39207

Purpose of Disbursement
MS 20128 Senate Runoff

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Runoff
State: MS District: 00

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2018

FEC Identification Number

C C00675348

Transaction ID : SB23.21429

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR ELEANOR HOLMES NORTON

Mailing Address 2201 WISCONSIN AVENUE, NW
SUITE 320

City: WASHINGTON State: DC Zip Code: 20007

Purpose of Disbursement
DC 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: DC District: 00

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2018

FEC Identification Number

C C00244335

Transaction ID : SB23.21386

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. CLARKE FOR CONGRESS

Mailing Address 111-36 200TH STREET

City
HOLLIS

State
NY

Zip Code
11412

Purpose of Disbursement
NY 2018 House General

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2018			

FEC Identification Number

C C00415331

Transaction ID : SB23.21380

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DAN LIPINSKI FOR CONGRESS

Mailing Address P.O. BOX 520

City
WESTERN SPRINGS

State
IL

Zip Code
60558

Purpose of Disbursement
IL 2018 House General

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C C00405431

Transaction ID : SB23.21401

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City
RIVERDALE

State
GA

Zip Code
30296

Purpose of Disbursement
GA 2018 House General

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C C00369801

Transaction ID : SB23.21425

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement IL 2018 House General

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: IL District: 07

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2018

FEC Identification Number

C C00172619

Transaction ID : SB23.21372

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement WA 2018 House General

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: WA District: 10

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2018

FEC Identification Number

C C00472159

Transaction ID : SB23.21421

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DONALD M PAYNE JR FOR CONGRESS

Mailing Address PO BOX 2406

City NEWARK State NJ Zip Code 07114

Purpose of Disbursement NJ 2018 House General

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NJ District: 10

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2018

FEC Identification Number

C C00519355

Transaction ID : SB23.21417

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. DOYLE FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2018

Mailing Address 205 HAWTHORNE COURT

FEC Identification Number

C	C00290064
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Transaction ID : SB23.21383

Amount of Each Disbursement this Period

1000.00

Memo Item

City PITTSBURGH State PA Zip Code 15221

Purpose of Disbursement PA 2018 House General

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: PA District: 14

Full Name (Last, First, Middle Initial)

B. ENGEL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2018

Mailing Address 462 CALIFORNIA ROAD

FEC Identification Number

C	C00236513
---	-----------

Transaction ID : SB23.21367

Amount of Each Disbursement this Period

2500.00

Memo Item

City BRONXVILLE State NY Zip Code 10708

Purpose of Disbursement NY 2018 House General

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NY District: 17

Full Name (Last, First, Middle Initial)

C. ESPAILLAT FOR CONGRESS 2018

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2018

Mailing Address P.O. BOX H

FEC Identification Number

C	C00635722
---	-----------

Transaction ID : SB23.21403

Amount of Each Disbursement this Period

1000.00

Memo Item

City NEW YORK State NY Zip Code 10034

Purpose of Disbursement NY 2018 House General

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NY District: 13

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

4500.00

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

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. HIMES FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 857 POST ROAD, #312

City FAIRFIELD State CT Zip Code 06824

Purpose of Disbursement
CT 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CT District: 04

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00434191
Transaction ID : SB23.21395
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. JACKIE SPEIER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
CA 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 14

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C00443705
Transaction ID : SB23.21378
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. JAMIE RASKIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5418

City TAKOMA PARK State MD Zip Code 20913

Purpose of Disbursement
MD 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 08

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00575126
Transaction ID : SB23.21411
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. JEFFRIES FOR CONGRESS

Mailing Address 3430 CONNECTICUT AVENUE, NW #11704

City
WASHINGTON

State
DC

Zip Code
20008

Purpose of Disbursement
NY 2018 House General

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C C00503052

Transaction ID : SB23.21373

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JIMMY GOMEZ FOR CONGRESS

Mailing Address 3605 LONG BEACH BLVD., SUITE 426

City
LONG BEACH

State
CA

Zip Code
90807

Purpose of Disbursement
2018 CA House General

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C C00629659

Transaction ID : SB23.21393

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LARSON FOR CONGRESS

Mailing Address PO BOX 261172

City
HARTFORD

State
CT

Zip Code
06126

Purpose of Disbursement
CT 2018 House General

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C C00330142

Transaction ID : SB23.21375

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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"/> 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. MARK DESAULNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 6066

City CONCORD State CA Zip Code 94524

Purpose of Disbursement
CA 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 11

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00554709
Transaction ID : SB23.21419
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MARSHA FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement
TN 2018 Senate General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TN District: 00

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C00376939
Transaction ID : SB23.21371
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. MONTANANS FOR TESTER

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement
MT 2018 Senate General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MT District: 00

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C00412304
Transaction ID : SB23.21379
Amount of Each Disbursement this Period: 5000.00

Memo Item

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement
WI 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 04

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00397505
Transaction ID : SB23.21413
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. PALAZZO FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address POST OFFICE BOX 6217

City GULFPORT State MS Zip Code 39506

Purpose of Disbursement
MS 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MS District: 04

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C00477323
Transaction ID : SB23.21376
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. PETERSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 26192 FLOYD LAKE POINT ROAD

City DETROIT LAKES State MN Zip Code 56501

Purpose of Disbursement
MN 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 07

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00253187
Transaction ID : SB23.21381
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. ROBIN KELLY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement IL 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 02

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00539866
Transaction ID : SB23.21405
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. SCHNEIDER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement IL 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 10

Date of Disbursement: 10 / 29 / 2018

FEC Identification Number: C00495952
Transaction ID : SB23.21397
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. STEIL FOR WISCONSIN, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 1818 MILTON AVENUE #1448

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement WI 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 01

Date of Disbursement: 10 / 26 / 2018

FEC Identification Number: C00677286
Transaction ID : SB23.21368
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEVE COHEN FOR CONGRESS

Mailing Address 349 KENILWORTH PLACE

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement
TN 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TN District: 09

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2018

FEC Identification Number

C C00422980

Transaction ID : SB23.21391

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address PO BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement
AL 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AL District: 07

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2018

FEC Identification Number

C C00458976

Transaction ID : SB23.21415

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City LAREDO State TX Zip Code 78040

Purpose of Disbursement
TX 2018 House General

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 28

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2018

FEC Identification Number

C C00371302

Transaction ID : SB23.21365

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TONY CARDENAS FOR CONGRESS

Mailing Address PO BOX 15320

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CA 2018 House General

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CA District: 29

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2018

FEC Identification Number

C C00498873

Transaction ID : SB23.21423

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VAN DREW FOR CONGRESS

Mailing Address PO BOX 671

City CAPE MAY COURT HOU State NJ Zip Code 08210

Purpose of Disbursement NJ 2018 House General

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C C00661868

Transaction ID : SB23.21370

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WALTER JONES COMMITTEE

Mailing Address PO BOX 3962

City GREENVILLE State NC Zip Code 27836

Purpose of Disbursement NC 2018 House General

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NC District: 03

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2018

FEC Identification Number

C C00305052

Transaction ID : SB23.21374

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11000.00

64000.00