NAME OF	TYPE OR PRINT V	Example: If typi	ng, type	Office Us	e Only
COMMITTEE (in full)	Pediatric Dentistry Po	over the lines.		FE4M5	
DDRESS (number and street) $\mathbf{\nabla}$	211 E Chicago Ave				
Check if different	Suite 700				
than previously reported. (ACC)				60611	-2663
FEC IDENTIFICATION N		^	STA	TE	ZIP CODE
C C00365965	3. IS RE		NEW N) OR	X AMENDED (A)	
 TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On: Mar 2	20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M1 (Non-Election Year Only) Dec 20 (M1 (Non-Election Year Only)
April 15 Quarterly Report (0	D1)		Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (C	(C) 12-Day	Convention (General (12G) Special (12S)	Runoff (12R)
X October 15 Quarterly Report (C January 31	23)	M M /	D D / Y	Y Y Y Y	in the
Year-End Report (Y		on			State of
Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (300	G)	Runoff (30R)	Special (30S
Termination Report (TER)	Election	on /	D = D / Y =	YYYY	in the State of
Covering Period 07	M / D D / Y Y Y Y 01 2012	through	M M /	D D / Y Y 30 201	Y Y 2
certify that I have examined th	is Report and to the best of n	ny knowledge and	belief it is true, c	orrect and complet	e.
pe or Print Name of Treasure	r John S. Rutkauskas				
	S. Rutkauskas	[Electronicall]	y Filed] Date	M M / D 01 08	

01/08/2013 14 : 55

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Academy of Pediatric Dentistry Political Action Committee

R	eport Covering the Period: From:	M / D D / Y Y Y Y 01 2012	To: 09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		303281.57
	(b) Cash on Hand at Beginning of Reporting Period	203431.57	
	(c) Total Receipts (from Line 19)	119392.00	125542.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	322823.57	428823.57
7.	Total Disbursements (from Line 31)	37500.00	143500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	285323.57	285323.57
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

X

	FEC Form 3X (Rev. 06/2004)	AILED SUMMARY PAGE of Receipts	Page 3
W	rite or Type Committee Name		
	merican Academy of Pediatric Dentis	try Political Action Committee	
-			
R	eport Covering the Period: From: 07	01 2012 To:	. 09 / D D / Y Y Y Y 09 30 2012
	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)	110100.00	115650.00
	(ii) Unitemized	9292.00	9892.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	119392.00	125542.00
		7 110002.00	
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	7 7	
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	119392.00	125542.00
12.	Transfers From Affiliated/Other	0.00	0.00
	Party Committees	, , , , , , , , , , , , , , , , , , , ,	
13.	All Loans Received	0.00	0.00
	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		0.00
17	Political Committees Other Federal Receipts	0.00	0.00
	(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
			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))	119392.00	125542.00
20	Total Federal Receipts		
∠0.	(subtract Line 18(c) from Line 19)▶	119392.00	125542.00
		/7 /7 // //	

Image# 13940016513

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	0.00	
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	37500.00	143500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00	
(use Schedule F)	7 7 7	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	37500.00	143500.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	37500.00	143500.00
	7 7	

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	119392.00	125542.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119392.00	125542.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page		11a		11b	11c		12					
	, ,		13		14	15		16	17					
Any information copied from such Reports and St or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full)														
American Academy of Pediatric	Dentistr	y Political Action Comn	nittee	•										
Full Name (Last, First, Middle Initial) A. Dr. Courtney Alexander				Date of	Rec	ceipt								
Mailing Address 20322 Huebner Rd Ste 103			M M / D / Y											
City	State	Zip Code												
San Antonio	ТХ	78258-3463	A	Amount	ofE	Each R	leceipt th	is P	eriod					
FEC ID number of contributing federal political committee.	С			250.00										
Name of Employer	Occupation													
Self-Employed Receipt For:	Pediatric D		_											
Primary General	Aggregate	Year-to-Date ▼												
Other (specify)		250.00												
Full Name (Last, First, Middle Initial) B. Dr. Brian K. Allen				Date of	Rec	ceipt								
Mailing Address 3131 Princeton Pike Bldg 6, #1	08		07 / D D / Y Y Y Y Y 20 2012											
City	State	Zip Code			actio		SA11AL	_						
Lawrenceville	NJ	08648-2207	A	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		250.00											
Name of Employer	Occupation	1	_											
Self-Employed	Pediatric D	entist												
Receipt For:	Aggregate	Year-to-Date V												
Primary General	33 - 3		11											
Other (specify) v	L	, 250.00												
Full Name (Last, First, Middle Initial) C. Dr. Tricia J. Altschuler			[Date of	Rec	ceipt								
Mailing Address 4431 NE 28th Avenue				м м 07	/	20) / Y		ү 12	Y				
City	State	Zip Code					SA11AI.							
Lighthouse Point	FL	33064-7221	A	Amount	ofE	Each R	leceipt th	is P	eriod					
FEC ID number of contributing federal political committee.	С					,			250.	.00				
Name of Employer	Occupatior	1												
Selff-Employed	Pediatric D	Pentist												
Receipt For:	Aggregate	Year-to-Date V												
Other (specify) ▼		250.00]											
SUBTOTAL of Receipts This Page (optional)				-		7	7		750.(00				

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SCHEDULE A (FEC Form 3X) • •

FOR LINE NUMBER:

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OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12											
Any information copied from such Reports	and Statements may not be sold or used by any po	13 14 15 16 17											
or for commercial purposes, other than usin	ng the name and address of any political committee												
NAME OF COMMITTEE (In Full) American Academy of Pedia	atric Dentistry Political Action Comm	nittee											
Full Name (Last, First, Middle Initial) A. Dr. Kyle D. Amspaugh		Date of Receipt											
Mailing Address 1816 Chapel Dr Ste F		M = M / D = D / Y = Y = Y Y 08 06 2012											
City	State Zip Code OH 45840-1343	Transaction ID : SA11AI.15987											
Findlay		Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	250.00											
Name of Employer	Occupation												
Self-Employed Receipt For:	Pediatric Dentist	_											
Receipt For:	Aggregate Year-to-Date ▼												
Other (specify)	250.00												
Full Name (Last, First, Middle Initial) B. Dr. Deanna E. Aronoff	,	Date of Receipt											
Mailing Address 1171 Murrieta Blvd Ste	101	09 27 2012											
City	State Zip Code	Transaction ID : SA11AI.16258											
Livermore	CA 94550-4143	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	250.00											
Name of Employer Self-Employed	Occupation Pediatric Dentist												
Receipt For:	Aggregate Year-to-Date ▼	—											
Primary General Other (specify) ▼	250.00												
Full Name (Last, First, Middle Initial) C. Dr. Maria Aslani-Breit	·	Date of Receipt											
Mailing Address 1655 Elmwood Avenue		07 16 / Y Y Y Y 2012											
City Rochester	StateZip CodeNY14620	Transaction ID : SA11AI.15723 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	250.00											
Name of Employer	Occupation												
Self-Employed	Pediatric Dentist												
Receipt For:	Aggregate Year-to-Date ▼												
Primary General Other (specify) ▼	250.00												
SUBTOTAL of Receipts This Page (option	al)	750.00											
TOTAL This Period (last page this line nu	mber only)												

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			Detailed Summary	Page	×	11a 13		11b 14	11		12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the					or the		oose o	of solici	iting c	ontribu	tions				
<u> </u>	NAME OF COMMITTEE (In Full) American Academy of Pediatric															
Α.	Full Name (Last, First, Middle Initial) Dr. Carl O. Atkins Jr.				Date of Receipt											
	Mailing Address 2560 Gaskins Rd					м м 08	/	07		Y	y y 2012	Y				
	City Richmond	State VA	Zip Code 23238-1468		Transaction ID : SA11AI.16018 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						,		,	500	.00				
	Name of Employer Self-Employed	Occupation Pediatric De														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00												
B.	Full Name (Last, First, Middle Initial) Dr. Bobbi L. Augustyn					ate of	Re	ceipt								
	Mailing Address 2805 Campus Dr Ste 245					м м 09	/	D 27			2012	Y				
	City Plymouth	State MN	Zip Code 55441-2678		Transa mount					260 Period						
	FEC ID number of contributing federal political committee.	С				7		,	250	.00						
	Name of Employer Self-Employed	Occupation Pediatric De														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	250.00												
	Full Name (Last, First, Middle Initial) Dr. Alan E. Babigan					ate of	Re	ceipt								
	Mailing Address 514 Bloomfield Dr				l f	м м 08	/	09			2012	Y				
	City Fayetteville	State NC	Zip Code 28311-2615					i on ID Each I			022 Period					
	FEC ID number of contributing federal political committee.	С						,		,	250	.00				
	Name of Employer	Occupation			_											
	Village Family Dental	Pediatric D	entist													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	350.00												
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Any information copied from such Reports a or for commercial purposes, other than usir				or the		pose of	soliciting	g contribu	itions					
NAME OF COMMITTEE (In Full) American Academy of Pedia	-													
Full Name (Last, First, Middle Initial) A. Dr. Philip M. Bailey			[Date of	Re	eceipt								
Mailing Address 4220 Little Rd			07 / D D / Y Y Y Y Y Y 2012											
City	State	Zip Code		Transaction ID : SA11AI.15715										
Arlington	ТХ	76016-5601	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С							250	0.00					
Name of Employer	Occupation													
Self-Employed Receipt For:	Pediatric D	entist												
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]											
Full Name (Last, First, Middle Initial) B. Dr. Phillip A. Baker				Date of	Re	eceipt								
Mailing Address 230 N Sawyer St				м м 07	/	D D D	/ Y	y y 2012	Y					
City	State	Zip Code	-				SA11AI.							
Oshkosh	WI	54902-4280	_ /	Amount	of	Each R	leceipt th	is Period						
FEC ID number of contributing federal political committee.	C				_	7		250	0.00					
Name of Employer Self-Employed	Occupation Pediatric De													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1											
Full Name (Last, First, Middle Initial) C. Dr. Jackie L. Banahan				Date of	Re	eceipt								
Mailing Address 3141 Beaumont Centre	Cir Ste 100			м м 07	1	20) / Y	ү ү 2012	Y					
City Lexington	State KY	Zip Code 40513-1934					SA11AI.							
FEC ID number of contributing federal political committee.	С		/	Amount	to t	Each H	leceipt th	iis Period 250	0.00					
Name of Employer	Occupation]												
Jackie L. Banahan, D.M.D.	Pediatric D													
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		250.00	1											
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Ar	ny information copied from such Reports and S	itatements ma	l ay not be sold or used by any pe	erson	13 for the	pur	14 pose of	15 soliciting	16 contrib	 outio	17 ns				
	for commercial purposes, other than using the														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			•											
	American Academy of Pediatric	Dentistry	Political Action Comm	itte	e										
Α.	Full Name (Last, First, Middle Initial) Dr. Richard J. Baylon				Date o	fRc	coint								
~ ·	Mailing Address 155 Lakeland Shores Rd			_				/ Y	Y Y	Y					
					09		14	Ľ	2012						
	City Lakeland	State MN	Zip Code 55043-9601				ion ID : S	-	-						
		IVIIN	55043-9601	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		250.00											
	Name of Employer	Occupation													
	Self-Employed	Pediatric De	entist												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		250.00												
			· · · · · · · · · · · · · · · · · · ·												
B	Full Name (Last, First, Middle Initial) Dr. K. Jean Beauchamp				Date o	f Re	eceipt								
5.	Mailing Address 2297 Rudolphtown Road				M		DDD	/ Y	Y Y	Y					
	·				07	L.	24	L	2012						
	City	State	Zip Code				ion ID : S								
	Clarksville	TN	37043	_	Amoun	t of	Each Re	eceipt th	is Perio	d	_				
	FEC ID number of contributing federal political committee.	С							50	0.00	כ				
	Name of Employer	Occupation													
	Self Employed	Pediatric De	entist												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		500.00												
с.	Full Name (Last, First, Middle Initial) Dr. Neal R. Benham				Date o	f Re	eceipt								
	Mailing Address 3131 Stein Blvd				M M 08	/	D D 06	/ Y	ү ү 2012	Y	1				
	City	State WI	Zip Code				ion ID :								
	Eau Claire	VVI	54701-6978	_	Amoun	t of	Each Re	eceipt th	is Perio	d					
	FEC ID number of contributing federal political committee.	С					7	7	25	50.0	0				
	Name of Employer	Occupation													
	Self-Employed	Pediatric D	entist												
	Receipt For:	Aggregate	Year-to-Date ▼												
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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177		Use separate schedule(s)				(check only one)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12 16		17		
An	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any political committee	ersor	for the	pur	oose of	15 soliciting	g cor	16 htributi	ons	17		
	NAME OF COMMITTEE (In Full)		duress of any pointear commutee	, 10 3				Ioni Suc			с.			
\rangle	American Academy of Pediatri	c Dentistry	Political Action Comm	nitte	e									
Α.	Full Name (Last, First, Middle Initial) Dr. Jed M. Best				Date c	of Re	ceipt							
	Mailing Address 180 W End Ave Apt 1D			Mmm / D / Y										
	City New York	State NY	Zip Code 10023-4917											
	FEC ID number of contributing federal political committee.	С					5			250.0	00			
	Name of Employer Self-Employed	Occupation Pediatric De												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		250.00											
в.	Full Name (Last, First, Middle Initial) Dr. Samuel G. Blanchard				Date c	of Re	ceipt							
	Mailing Address 1230 Berkshire Rd				M N 07	/	20	/ Y	20	ү 12	Y			
	City	State	Zip Code					SA11AI.						
	Grosse Pointe Park	MI	48230-1035	_	Amour	nt of	Each R	eceipt th	nis P	eriod		_		
	FEC ID number of contributing federal political committee.	С					7			250.0	00			
	Name of Employer Self-Employed	Occupation Pediatric De												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Melanie J. Blanton				Date c	of Re	ceipt							
	Mailing Address 10705 Anderson Rd				M 08	/	D D 20	/ Y		ү 12	Y			
	City	State	Zip Code		Tran	sact	ion ID :	SA11AI	.1606	65				
	Easley	SC	29642-8298		Amour	nt of	Each R	eceipt th	nis P	eriod		_		
	FEC ID number of contributing federal political committee.	С					7	,		250.	00			
	Name of Employer	Occupation												
	Self-Employed	Pediatric D	entist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
s	UBTOTAL of Receipts This Page (optional)		<u> </u>				3	7		750.0	0			

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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		Use separate schedule(s)				(check only one)									
			for each category of the Detailed Summary Page		X 11a		11b	11c 15		12 16		17			
Any or f	/ information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	rsor to s	n for the	purı ntrib	pose of	soliciting	g cont	tributic	ons	.,			
	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Comm	itte	e										
A.	Full Name (Last, First, Middle Initial) Dr. John A. Bogert Mailing Address 1011 E Turnbridge Cir City Springfield FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General	State MO C Occupation Pediatric De Aggregate	Year-to-Date ▼			/ sacti	ion ID : S		201 .1591(nis Pe	0	00				
B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Susan Bordenave-Bishop Mailing Address 7314 North Engelwood Drive City	State	Zip Code		Date or	/		/ _	201	12					
- 	Peoria FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	IL Occupation General Der	61614-2114				on ID : S		nis Pe		0				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
C.	Full Name (Last, First, Middle Initial) Dr. Brit E. Bowers Mailing Address Building A 801 Sunset Dr # 3 City Johnson City FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State TN C Occupation Pediatric De Aggregate	Zip Code 37604-3033 entist Year-to-Date ▼ 250.00			/ sact	ion ID : 3	SA11AI	201 .16096 his Pe	6					
รเ	JBTOTAL of Receipts This Page (optional)		▶				7	,	_	750.0	0				

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			Detailed Summary Page		-		11b	11c		12	<u> </u>
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	for commercial purposes, other than using th										
	NAME OF COMMITTEE (In Full)	o Donticta	Political Action Comp	aittar	`						
	American Academy of Pediatri			intee	;						
٨	Full Name (Last, First, Middle Initial) Dr. Nicholas J. Brajevich				Date of	- Pr	acaint				
H .	Mailing Address 7 Misty Acres Rd							/ Y	Y	Y	Y
					09		14)12	
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В.	Full Name (Last, First, Middle Initial) Dr. Todd S. Brasuell	1			Date of	Re	eceipt				
-	Mailing Address 189 Greenbriar Blvd # A				M M	/	DD	/ Y	Y	Y	Y
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с.	Full Name (Last, First, Middle Initial) Dr. Carol J. Braun				Date of	Re	eceipt				
	Mailing Address 2816 Veach Rd				M M 07	/	D D 19	/ Y		12	Y
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American Academy of Pedia	tric Dentistry	Political Action Comr	nittee	e						
Full Name (Last, First, Middle Initial) A. Dr. Warren A. Brill				Date of	Be	ocoint				
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Α.	Full Name (Last, First, Middle Initial) Dr. Richard F. Brooks				Date c	of Re	eceipt					
	Mailing Address 142 Lochwood West Dr				M N 07	/	26	/ Y		у 012	Y	
	City Cary	State NC	Zip Code 27518-8301	_				SA11AI.				
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в.	Full Name (Last, First, Middle Initial) Dr. Charles R. Brown				Date c	of Re	eceipt					
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с.	Full Name (Last, First, Middle Initial) Dr. Jeffrey N. Brownstein	l			Date c	of Re	eceipt					
	Mailing Address 13575 W Indian School Rd	Ste 1000			M N 09	/	D D 27	/ Y)12	Y	
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в.	Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Burg Mailing Address 9161 Wedgefield Dr				Date c	of Re		D / Y	_201		Y
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	American Academy of Pediatric	Dentistry	Political Action Com	nittee	Э						
Α.	Full Name (Last, First, Middle Initial) Dr. Mike Burrows				Date of	f Re	eceipt				
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В.	Full Name (Last, First, Middle Initial) Dr. Maria Calcina				Date of	f Re	eceipt				
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C.	Full Name (Last, First, Middle Initial) Dr. Rita M. Cammarata				Date of	f Re	eceipt				
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NAME OF COMMITTEE (In Full) American Academy of Pedia	tric Dentistry Political Action Com	nittee
Full Name (Last, First, Middle Initial) A. Dr. Mark L. Cannon Mailing Address Grove Medical Center, #3 RFD 4160		Date of Receipt
City Long Grove	State Zip Code IL 60047	Transaction ID : SA11AI.15787 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For:	Occupation Pediatric Dentist Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) B. Dr. John J. Caravolas		Date of Receipt
Mailing Address 20 Hope Ave Ste 306C		08 03 2012
City Waltham	StateZip CodeMA02453-2717	Transaction ID : SA11AI.15977 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Dr. Susan H. Carron		Date of Receipt
Mailing Address 40105 Grand River Ave S	Ste 2	M = M / D = D / Y = Y = Y = Y Y 08 02 2012
City Novi	StateZip CodeMI48375-2170	Transaction ID : SA11AI.15973 Amount of Each Receipt this Period
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	American Academy of Pediatric	Dentistry	Political Action Comm	hittee	;						
Α.	Full Name (Last, First, Middle Initial) Dr. Sobia Carter			[Date o	f Re	eceipt				
	Mailing Address 4025 Mechanicsville Turnpike				M M	/	20			y y y y y y	Y
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B	Full Name (Last, First, Middle Initial) Dr. Nancy A. Cavotta-Morton				Date o	f Re	ceint				
	Mailing Address 9 Century Hill Drive			- '	M = M		D	D /	V	V V	V
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с.	Full Name (Last, First, Middle Initial) Dr. Richard S. Chaet			[Date o	f Re	eceipt				
	Mailing Address 9830 N 50th St				м м 07	/	13			y y 2012	Y
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	Paradise Valley	AZ	85253-1008	A	Amoun	t of	Each I	Receip	t this	Period	
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Α.	Full Name (Last, First, Middle Initial) Dr. William L. Chambers Mailing Address 10B Yorkshire St City Asheville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State NC C Occupation Pediatric De Aggregate				/ sacti	13 ion ID :	SA11AI. Seceipt th	iis Peric	
в.	Full Name (Last, First, Middle Initial) Dr. Ritu Kalra Chandak Mailing Address 9704 Heathermill Ln City Raleigh	State	Zip Code 27617-8506			/ acti	27 on ID :	SA11AI. Receipt th		ď
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C.	Full Name (Last, First, Middle Initial) Dr. Elizabeth S. Check Mailing Address 10 Springfield Xing City Savannah FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State GA C Occupation Pediatric De Aggregate				/ sacti	30 ion ID :	SA11AI. Seceipt th	iis Peric	d 50.00
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	American Academy of Pediatric	Dentistry	Political Action Comm		;							
Α.	Full Name (Last, First, Middle Initial) Dr. Simon Cheirif			1	Date of	Re	ceipt					
	Mailing Address 10460 Queens Blvd., Ste. 1F				м м	/	01	D / Y) 12	Y	
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В.	Dr. Chifan Cheng				Date of	Re	· ·					
	Mailing Address 1209 East Colorado Avenue, #	102			08	1	17)12	Y	
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	Urbana	IL	61801-6393	A				Receipt th				
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c.	Full Name (Last, First, Middle Initial) Dr. Stephen M. Cito				Date of	Re	ceipt					
	Mailing Address 3900 Eubank Blvd NE Ste 2				м м 09	/	14)12	Y	
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
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American Academy of Pediatric	Dentistry	Political Action Com	nmittee	9					
A. Full Name (Last, First, Middle Initial) Dr. Pamela C. Clark Mailing Address 2360 County Road 94 Ste 102 Suite 102 City Pearland	State	Zip Code 77584-5135			/ acti	03 on ID :	SA11AI		Ŷ
FEC ID number of contributing federal political committee.	С			Amount	OT	Each H	eceipt tr	nis Period 500	.00
Name of Employer Pearland Pediatric Dentistry Receipt For: Primary General Other (specify) ▼	Occupation Pediatric De Aggregate								
Full Name (Last, First, Middle Initial) B. Dr. Theresa L. Clifton Mailing Address 77 Vilcom Center Dr Ste 310				Date of	Re	ceipt	/ Y	2012	Y
City Chapel Hill FEC ID number of contributing	State NC	Zip Code 27514-1788	/			on ID :	SA11AI.	2012 1 6068 his Period 250	.00
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Pediatric De					9			
Full Name (Last, First, Middle Initial) C. Dr. H. Bryan Cobb Mailing Address 2600 Oakcrest Ave Ste A				Date of	Re	ceipt	/ Y	YY	Y
City Greensboro FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: □ Primary □ General Other (specify) ▼	State NC Occupation Pediatric Do Aggregate						SA11AI eccipt th	nis Period	.00
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\rangle	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	/ Political Acti	on Commit	ttee	!						
A .	Full Name (Last, First, Middle Initial) Dr. Anthony P. Colandrea Jr. Mailing Address 810 Old Main St City Rocky Hill FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State CT C Occupation Pediatric D Aggregate		250.00			/ actio	16 0n ID :		is Perio]
	Full Name (Last, First, Middle Initial) Dr. Brian D. Collins Mailing Address 7777 Forest Ln Ste C626 City Dallas FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation Pediatric De Aggregate		250.00			/ actic	30		is Peric	id 50.00]
C.	Full Name (Last, First, Middle Initial) Dr. Julie M. Collins Mailing Address 8130 Hope Xing City Evansville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State IN C Occupation Pediatric D Aggregate		250.00			/ actio	10 0n ID :		2012 16154 is Peric	nd 50.00]
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Α.	Full Name (Last, First, Middle Initial) Dr. Brad S. Comeaux				[Date of	Re	ceipt					
	Mailing Address 9000 Airline Hwy Ste 100					м – м 08	/	20			012	Y	
	City	State	Zip Code			Trans	acti	on ID :	SA11AI				
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	Other (specify)	L	·y · · · · ·	250.00									
B	Full Name (Last, First, Middle Initial) Dr. Paige Sigsworth Comeaux					Date of	Bo	coint					
D .	Mailing Address 9000 Airline Highway, #100				1		110) / Y	Y	Y	Y	
		0 1 1				08		20		20)12		
	City	State	Zip Code		_				SA11AI.				
	Baton Rouge	LA	70815-4183		-	Amount	of	Each F	Receipt th	nis P	eriod		_
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	Name of Employer	Occupation			-								
	Self-Employed	Pediatric De	entist										
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	Primary General			050.00									
	Other (specify)	L	, , , ,	250.00									
c.	Full Name (Last, First, Middle Initial) Dr. Santos Cortez Jr.				[Date of	Re	ceipt					
	Mailing Address 3320 N. Los Coyotes Diagonal	, #200				м м 07	/	27)12	Y	
	City	State	Zip Code			Trans	acti	ion ID :	SA11AI				
	Long Beach	CA	90808-3938		/	Amount	of	Each F	Receipt th	nis P	eriod		
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	Santos Cortez, DDS & Assoc	Pediatric De	entist										
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	NAME OF COMMITTEE (In Full) American Academy of Pediatric										
A.	Full Name (Last, First, Middle Initial) Dr. Nancy E. Cosenza				Date of	f Re	eceipt				
	Mailing Address 97 N Main St				м м 08	/	21	D / Y)12	Y
	City Southampton	State NY	Zip Code 11968-3309	_				SA11AI. Receipt th			
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	Name of Employer Self-Employed	Occupation Pediatric De									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
В.	Full Name (Last, First, Middle Initial) Dr. Lenora G. Covington				Date of	f Re	eceipt				
	Mailing Address 216 Cedar Bluff Dr		7.0.1		м м 07	/	D 19		20		Y
	City Moore	State SC	Zip Code 29369-8950					SA11AI. Receipt th			
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	Name of Employer Self-Employed	Occupation Pediatric De									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
C.	Full Name (Last, First, Middle Initial) Dr. Robert D. Coyle				Date of	f Re	eceipt				
	Mailing Address 4404 Thornbrook Ter				м м 07	/	D 24			y 12	Y
	City Columbia	State MO	Zip Code 65203-9741					: SA11AI . Receipt th			
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	Name of Employer	Occupation									
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NAME OF COMMITTEE (In Full)								
American Academy of Pedi	atric Dentistry	Political Action Comr	nittee	•				
Full Name (Last, First, Middle Initial) A. Dr. James J. Crall				Date of	Receipt			
Mailing Address 827 Levering Ave Apt 8	11			м м	/ D 15		Y Y 2012	Y
City	State	Zip Code			action ID		2012	
Los Angeles	CA	90024-2764	A		of Each I			ł
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UCLA Pediatric Dentistry	Pediatric De	ntist						
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Full Name (Last, First, Middle Initial) B. Dr. Gary L. Creisher				Date of	Receipt			
Mailing Address 5 Webhannet PI Ste 1				м м	/ D 27		2012	Y
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Kennebunk	ME	04043-7275			of Each I			ł
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York County Pediatric Dentistry	Pediatric De	ntist						
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Full Name (Last, First, Middle Initial) C. Dr. James P. Crews II				Date of	Receipt			
Mailing Address 2200 E Parrish Ave Bld	lg C # 202			м м	/ D 04		2012	Y
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Owensboro	KY	42303-1449	A	mount	of Each I	Receipt thi	s Period	ł
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Pediatric Dentistry Owensboro	Pediatric De	ntist						
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\rangle	American Academy of Pediatric	Dentistry	Political Action Comm	hittee	Э						
 A.	Full Name (Last, First, Middle Initial) Dr. David J. Crippen				Date of	Re	eceipt				
	Mailing Address 920 29th St				м м 07	/	20	/ Y	201	Y 12	Y
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	Sacramento	CA	95816-4306		Amount	t of	Each R	eceipt th	is Pe	riod	
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	Name of Employer	Occupation		-							
	Capital Pediatric Dentistry	Pediatric De	entist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
В.	Full Name (Last, First, Middle Initial) Dr. Timothy F. Crisp				Date of	Re	eceipt				
	Mailing Address 11 Canary Ln				м м 07	1	26	/ Y	201	Y 2	Y
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	15948	3	
	Winchester	KY	40391-1645		Amount	t of	Each R	eceipt th	is Pe	riod	
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	Name of Employer Self-Employed	Occupation Pediatric De									
	Receipt For:		Year-to-Date ▼	-							
	Primary General	, iggi oguto									
	Other (specify)		, 250.00								
c.	Full Name (Last, First, Middle Initial) Dr. Theodore P. Croll				Date of	Re	eceipt				
	Mailing Address 708 N Shady Retreat Rd Georgetown Commons, #2				м м 08	/	24	/ Y	y 201		Y
	City	State PA	Zip Code					SA11AI.			
	Doylestown	i'A	18901-2503		Amount	t of	Each R	eceipt th	is Pe	riod	_
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	Doylestown Pediatric Dentistry Receipt For:	Pediatric De		_							
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\ \	ME OF COMMITTEE (In Full) merican Academy of Pediatric	Dentistry	Political Action Comm	nittee	!						
A . Di	Name (Last, First, Middle Initial) r. J. David Crossley				Date of			pt			
IVIAI	iling Address 8200 Hulls Mill Rd				м м 08	1		07	/ Y	2012	Y
City Ta	/ lbott	State TN	Zip Code 37877-8918	A					SA11AI.	16017 iis Perio	d
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	Name (Last, First, Middle Initial) r. Yasmi O. Crystal				Date of	f Re	ecei	pt			
	iling Address 111 E Union Ave				м м 09	/	L	14	/ Y	2012	Y
City Bo	/ und Brook	State NJ	Zip Code 08805-1761						A11AL	16176 iis Perio	d
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	Name (Last, First, Middle Initial) r. Brian L. Cullen				Date of	f Re	eceij	pt			
Mai	iling Address 2359 S 22nd Dr Ste 1				м м	/		20	/ Y	2012	Y
City Yu	/ ma	State AZ	Zip Code 85364-8870						SA11AI.		d
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	diatric Dentistry of Yuma ceipt For:	Pediatric De		_							
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	y information copied from such Reports and Sta for commercial purposes, other than using the								
\rangle	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	y Political Action Co	ommittee	9				
A .	Full Name (Last, First, Middle Initial) Dr. Claire L. Cullen Mailing Address 40105 Grand River Ave Ste 2 City Novi FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State MI Occupation Pediatric D Aggregate			08 Trans	action I	t 08 / Y D : SA11AI. h Receipt th	nis Perio	
	Primary General Other (specify) ▼		250.0	00					
в.	Full Name (Last, First, Middle Initial) Dr. Jennifer L. Cully Mailing Address 41 Hearthstone Ln City	State	Zip Code		м м 08		t 06 D : SA11AI.	2012 16012	Y
	Marlton FEC ID number of contributing federal political committee.	NJ	08053-5366	/	Amount	of Each	h Receipt th		d 0.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Pediatric De Aggregate		0					
C.	Full Name (Last, First, Middle Initial) Dr. Ronald A. Curran Mailing Address 5036 Yale St Ste 302				Date of	Receipt	t 26	y y 2012	Y
	City Metairie FEC ID number of contributing federal political committee.	State LA	Zip Code 70006-3980				D : SA11AI	nis Perio	d 0.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Pediatric D Aggregate		00					
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NAME OF COMMITTEE (In Full) American Academy of Ped	-							
Full Name (Last, First, Middle Initial) A. Dr. Barry J. Currey			Dat	e of Re	eceipt			
Mailing Address 6500 Quaker Ave Stel	F			- M / 09	D D D 11	/ Y	2012	Y
City	State	Zip Code			ion ID : S	A11AI.		
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Self-Employed Receipt For:	Pediatric D							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]					
Full Name (Last, First, Middle Initial) B. Dr. Margaret A. Curry	1		Dat	e of Re	eceipt			
Mailing Address 6464 Sutcliffe Dr	<u></u>		(08	D D D 27		2012	Y
City Alexandria	State VA	Zip Code 22315-5579			ion ID : S Each Re			
FEC ID number of contributing federal political committee.	С						250	.00
Name of Employer Self-Employed	Occupation Pediatric De							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]					
Full Name (Last, First, Middle Initial) Dr. David K. Curtis	I		Dat	e of Re	eceipt			
Mailing Address 300 Hospital Dr				08	D D 06		у у 2012	Y
City Columbus	State MS	Zip Code 39705-1921			tion ID : S			
FEC ID number of contributing federal political committee.	С			ount of	Each Re	ceipt th		0.00
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Self-Employed	Pediatric D	entist						
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	American Academy of Pediatric	Dentistry	Political Action Comm	nitte	e							
Α.	Full Name (Last, First, Middle Initial) Dr. Laurence A. Darrow				Date c	of Re	ceipt					
	Mailing Address 14507 S Bascom Ave				M N	/	19	D / Y)12	Y	
	City Los Gatos	State CA	Zip Code 95032-2003	_				SA11AI Receipt tl				
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В.	Full Name (Last, First, Middle Initial) Dr. Lea Ann Davenport				Date o	of Re	ceipt					
	Mailing Address 816 York Rd				08	/	15	0 / Y	201	12	Y	
	City	State	Zip Code		Trans	sacti	on ID :	SA11AL	.1604	6		
	Evansville	IN	47715-4277		Amour	nt of	Each F	Receipt tl	his Pe	eriod		
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	Name of Employer Self-Employed	Occupation Pediatric De	entist									
	Receipt For:	Aggregate	Year-to-Date ▼ 250.00									
— c.	Full Name (Last, First, Middle Initial) Dr. Lynda N. Dean-Duru				Date o	of Re	ceipt					
	Mailing Address 44025 Pipeline Plz # 1-225				M N 07	/	12		20	12	Y	
	City Ashburn	State VA	Zip Code 20147-5885				ion ID :	SA11AI Receipt tl	1.1570	06		
	FEC ID number of contributing federal political committee.	С					7			500.0	00	
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	Ashburn Children's Dentistry	Pediatric De	entist									
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Comn	nittee						
Α.	Full Name (Last, First, Middle Initial) Dr. Jason T. Decker Mailing Address 25 Tarragon Ter				Date of		· ·	/ Y	Y Y	Y
	City Clifton Park	State NY	Zip Code 12065-2643					SA11AL.	2012 15792 is Period	
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	Name of Employer Self-Employed	Occupation Pediatric De								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
B.	Full Name (Last, First, Middle Initial) Dr. Jill A. Decker				Date of	Re	eceipt			
	Mailing Address 240 Sherman St	State	Zip Code	- [м н м 08 Тгара	/ 	14	5A11AI.	2012	Y
	Longmont	CO	80501-5312						is Period	
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C.	Full Name (Last, First, Middle Initial) Dr. Beatriz De la Roche				Date of	Re	eceipt			
	Mailing Address 6583 State Route 819 S Ste 1				м м 08	/	D D D 24	/ Y	ууу 2012	Y
	City Mt Pleasant	State PA	Zip Code 15666-3503	A				SA11AI. eceipt th	1 6071 is Period	
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	Tender Care Pediatric Dentistr	Pediatric D	entist							
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American Academy of Ped	iatric Dentistry Pol	litical Action Comr	nittee	•						
Full Name (Last, First, Middle Initial) A. Dr. Robert L. Delarosa				Date o	f Re	ceipt				
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Baton Rouge	LA 7	0815-4183	A				eceipt thi		bd	
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Self-Employed Receipt For:	Pediatric Dentist		_							
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Other (specify)		250.00								
Full Name (Last, First, Middle Initial) B. Dr. Daniel de la Torre	·			Date o	f Re	ceipt				
Mailing Address 1075 Central Park Ave	Ste 400			м м	/	24	/ Y	2012	Y	1
City	State Z	ip Code		Trans	acti		SA11AI.1		-	
Scarsdale	NY 1	0583-3232					eceipt thi		bd	
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Other (specify)	3	250.00	4							
Full Name (Last, First, Middle Initial) C. Dr. Steven C. Demetriou				Date o	f Re	ceipt				
Mailing Address 1147 Main St				м м 07	/	D D 16	/ Y	2012	Y	1
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	NAME OF COMMITTEE (In Full)										
	American Academy of Pediatric	Dentistry	Political Action Comm	hitte	e						
Α.	Full Name (Last, First, Middle Initial) Dr. John H. Deppen				Date of	of Re	eceipt				
	Mailing Address 6121 S Westnedge Ave				M 7	VI /	02	D / Y	2012		1
	City Portage	State MI	Zip Code 49002-2882					SA11AI		d	_
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	Primary General Other (specify) ▼		250.00	I.							
В.	Full Name (Last, First, Middle Initial) Dr. Lawrence Dinkes				Date of	of Re	eceipt				
	Mailing Address 4702 Main St				M 09	VI /	05	D / Y	2012	Y	1
	City	State	Zip Code		Tran	sacti	ion ID :	SA11AI.			
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	Commerce Park Dental	Pediatric De	entist								
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify)		250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Roland R. Ditto				Date of	of Re	eceipt				
	Mailing Address 2347 Cason St				M 07	VI /	20		ү ү 2012	Y	1
	City Lafayette	State IN	Zip Code 47904-2670					: SA11AI Receipt th		d	
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NAME OF COMMITTEE (In Full) American Academy of Pediatric Den	tistry Political Action Comm	ittee
University of Texas Pedia		Date of Receipt
Self-Employed Pedia	1	Date of Receipt
Self Employed Pedia		Date of Receipt 07 03 2012 Transaction ID : SA11AI.15621 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)......

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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'			Detailed Summary Page	×	11a 13		11b 14	11c	\mid	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric										
Α.	Full Name (Last, First, Middle Initial) Dr. Isabel G. Driggers Mailing Address 1000 Tanner Ford Blvd Ste 37	0			Date of	_) / Y	Y	Y	Ŷ
	City Hanahan	State SC	Zip Code 29410-4712					SA11AI. Receipt th	1579		
	FEC ID number of contributing federal political committee.	С					7		_	250	.00
	Name of Employer Self-Employed Receipt For:	Occupation Pediatric De	entist								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Dr. Deryl W. Drum Mailing Address 317 Tamarack Lane, #B			_	Date of	_	eceipt 31) / Y	20	12	Y
	City Shiloh	State IL	Zip Code 62269-2993		Trans		ion ID :	SA11AI. Receipt th	1596	64	
	FEC ID number of contributing federal political committee.	С					7	7	_	250	00
	Name of Employer All Grins 4 Kids Pediatric Dentistry	Occupation Pediatric De									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
C.	Full Name (Last, First, Middle Initial) Dr. Fred B. Dunkelberger				Date of	f Re	eceipt				
	Mailing Address 79 Smokerise Pt				м м 07	/	D 12) 12	Y
	City Peachtree City	State GA	Zip Code 30269-4068					SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С					,		_	250	.00
	Name of Employer	Occupation									
	Self-Employed Receipt For:	Pediatric D Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)			•			,			750.	00
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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	y information copied from such Reports and St for commercial purposes, other than using the			erson for th		pose of	soliciting	contribu	tions
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
$\Big\rangle$	American Academy of Pediatric	Dentistry	Political Action Comm	ittee					
Α.	Full Name (Last, First, Middle Initial) Dr. Mary Beth Dunn			Date	of Re	eceipt			
	Mailing Address 2733 Wehrle Dr Ste 300			07		20	/ Y	2012	Y
	City	State	Zip Code	Tra	nsact	ion ID :	SA11AI.		
	Williamsville	NY	14221-7348	Amou	unt of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				7		250).00
	Name of Employer	Occupation							
	Self-Employed	Pediatric De	entist						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		250.00						
	Full Name (Last, First, Middle Initial)			Dete	of D	eceipt			
р.	Mailing Address 1508 N Grandview Ave Ste 5						/ Y	YY	Y
				0	Э	27		2012	
	City	State	Zip Code			ion ID : S			
	Odessa	ТХ	79761-3040	Amou	unt of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				y		250	.00
	Name of Employer	Occupation							
	Self-Employed Receipt For:	Pediatric De	entist						
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		250.00						
c.	Full Name (Last, First, Middle Initial) Dr. Robert H. Ellis Jr.			Date	of Re	eceipt			
	Mailing Address 8905 Two Notch Rd			0		D D D	/ Y	2012	Y
	City	State	Zip Code	Tra	nsact	tion ID :	SA11AI.		
	Columbia	SC	29223-6367	Amoi	unt of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				9		250	0.00
	Name of Employer	Occupation							
	Self-Employed	Pediatric De	entist	_					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		, 250.00						
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		Detailed Summary Page		11a 13		11b 14	11c	12	17
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NAME OF COMMITTEE (In Full) American Academy of Pedia	atric Dentistry	/ Political Action Comr	nittee	9					
Full Name (Last, First, Middle Initial) A. Dr. Catharine A. Enright				Date of	Re	eceipt			
Mailing Address 3280 Howell Mill Road,	NW			м м	/	05		2012	Y
City Atlanta	State GA	Zip Code 30327	A				: SA11A Receipt	1.15981 this Perio	d
FEC ID number of contributing federal political committee.	С					7		25	0.00
Name of Employer Self Employed	Occupation Pediatric D								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) B. Dr. Frank J. Enriquez				Date of	Re	eceipt			
Mailing Address 23727 Hawthorne Blvd S		7.0.1		м м 09	/	D 14		y y y 2012	Y
City Torrance	State CA	Zip Code 90505-5939						I.16178 this Perio	d
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Name of Employer Self-Employed	Occupation Pediatric De								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) C. Dr. Kelli L. Ettelbrick	1			Date of	Re	eceipt			
Mailing Address 8380 Warren Pkwy Ste	400			м м 07	1	20		y y y 2012	Y
City Frisco	State TX	Zip Code 75034-4253						AI.15799 this Perio	d
FEC ID number of contributing federal political committee.	C					л. I		25	0.00
Name of Employer	Occupation	l							
Self-Employed Receipt For:	Pediatric D								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]						
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or for commercial purposes, other the	han using the name and a									
American Academy of		Political Action Comm	nittee	;						
Full Name (Last, First, Middle Ini Dr. Meredith A. Evans	tial)		[Date of	Re	eceipt				
Mailing Address 125 Siegler St				м м 07	1	03	/ Y	y 2012	Y 2	Y
City Green Bay	State WI	Zip Code 54303-2635					SA11AL			
FEC ID number of contributing federal political committee.	С			Amount	OT		eceipt thi		100 250.0	00
Name of Employer Self-Employed	Occupation Pediatric De	entist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name (Last, First, Middle Ini B. Dr. Morgan P. Evershed				Date of	Re	eceipt				
Mailing Address 2273 E Wilcox D		7. 0.1		м м 07	/	02	/ Y	2012	Y	Y
City Sierra Vista	State AZ	Zip Code 85635-2755					SA11AI.1 eceipt thi		iod	
FEC ID number of contributing federal political committee.	С			anoun	. 01		,		250.0	00
Name of Employer Self-Employed	Occupation Dental Stud	ent								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name (Last, First, Middle Ini C. Dr. Melanie J. Fatone	tial)			Date of	Re	eceipt				
Mailing Address 110 Buckley Rd				м м 08	/	02	/ Y	y 2012		Y
City Salem	State CT	Zip Code 06420-3742					SA11AI.			
FEC ID number of contributing federal political committee.	C					,		2	250.0	00
Name of Employer	Occupation									
Self-Employed	Pediatric De	entist								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]							
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SCHEDULE A (FEC Form 3X)

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or	for commercial purposes, other than using the	name and a	ddress of any political committee	to	solicit co	ntribu	itions fr	om sucl	n com	ımittee	э.	
	American Academy of Pediatric	Dentistry	Political Action Comm	nitte	e							
Α.	Full Name (Last, First, Middle Initial) Dr. Jay L. Felsenstein				Date of	f Rec	eipt					
	Mailing Address 4521 US Highway 9				07	/	20	/ Y	y 201	ү ү 12	7	
	City	State	Zip Code			actio		SA11AI.				
	Howell	NJ	07731-3380	_	Amoun	t of E	Each Re	eceipt th	nis Per	riod		
	FEC ID number of contributing federal political committee.	С					,	7	_	250.0	0	
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	Self-Employed	Pediatric De	entist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
В.	Full Name (Last, First, Middle Initial) Dr. M. Claire B. Field			+	Date of	f Rec	eipt					
	Mailing Address 200 Grandview Rd				м м 07	/	26	/ Y	201	ү ү 2	1	
	City	State	Zip Code		Trans	actio	on ID : S	SA11AI.	15917	7		
	Media	PA	19063-1708	_	Amoun	t of E	Each Re	eceipt th	nis Per	riod		
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	Name of Employer	Occupation										
	Self-Employed	Pediatric De	entist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		250.00									
с.	Full Name (Last, First, Middle Initial) Dr. David F. Fishbaugh				Date of	f Rec	eipt					
	Mailing Address 3434 Douglas Rd				м – м 09	/	D D	/ Y	201	ү ү 2	1	
	City	State	Zip Code		Trans	sactio	on ID : S	SA11AI.	.16180	0		
	South Bend	IN	46635-1776		Amoun	t of E	Each Re	eceipt th	nis Per	riod		
	FEC ID number of contributing federal political committee.	С						- 7	_	250.0	0	
	Name of Employer	Occupation										
	Self-Employed	Pediatric De	entist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b 14	11c		r	17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	statements mage name and a	l ay not be sold or used by any pe ddress of any political committee	ersor ersor	n for the	purp purp	oose o	f solicitin	g contr	ributic	ns
\square	NAME OF COMMITTEE (In Full)										
\rangle	American Academy of Pediatric	Dentistry	Political Action Comm	nitte	e						
Α.	Full Name (Last, First, Middle Initial) Dr. John J. Flowers Jr.				Date c	of Re	ceipt				
	Mailing Address 2431 W Main St Ste 201				M N	Л /	31	D / Y	201	Y Y 2	
	City Dothan	State AL	Zip Code 36301-1250					SA11AI Receipt tl			
	FEC ID number of contributing federal political committee.	С					,			250.0	0
	Name of Employer Self-Employed	Occupation Pediatric De									
	Receipt For:		Year-to-Date ▼								
	Primary General	Aggregate		ıĿ.							
	Other (specify)		250.00	ų.							
в.	Full Name (Last, First, Middle Initial) Dr. Tyger A. Foster				Date o	of Re	ceipt				
	Mailing Address 145 Sullys Trl Ste 1				M N 09	/	D 14	D / Y	2012		
	City	State	Zip Code					SA11AI			
	Pittsford	NY	14534-4561	_	Amour	nt of	Each F	Receipt tl	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					,	7	2	250.0	0
	Name of Employer Self-Employed	Occupation Pediatric De									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Susan Gehm Francis				Date o	of Re	ceipt				
	Mailing Address 3200 Bellmead Dr				M N 08	/	D 24		_2012		1
	City	State	Zip Code		Tran	sacti	ion ID	: SA11AI	.16075	5	
	Bellmead	ТХ	76705-3077	_	Amour	nt of	Each F	Receipt tl	his Per	riod	
	FEC ID number of contributing federal political committee.	С					,			250.0	0
	Name of Employer	Occupation									
	Self-Employed	Pediatric D	entist								
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	y Political Action Co	ommittee	Ð				
Full Name (Last, First, Middle Initial) Dr. Casey R. Frazier Mailing Address 100 Medical Center Pkwy Ste City Huntsville	State TX	Zip Code 77340-4965		07 Trans	26 action ID	5 SA11AI. Receipt th		
FEC ID number of contributing federal political committee. Name of Employer Pediatric Dentistry, P.C. Receipt For: ☐ Primary General Other (specify) ▼	C Occupation Pediatric D Aggregate		00		<u> </u>	- 7	250	0.00
Full Name (Last, First, Middle Initial) B. Dr. Carol A. French Mailing Address PO Box 1813 #1 Thames Alley City Irmo FEC ID number of contributing	State SC	Zip Code 29063-1813		07 Transa		D / Y D : SA11AI. Receipt th		Y
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	C Occupation Pediatric De Aggregate		00		7		250	0.00
Full Name (Last, First, Middle Initial) Dr. Joseph D. Fridgen Mailing Address 189 N Bascom Ave Ste 200 City San Jose FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State CA C Occupation Pediatric D Aggregate			07 Trans	20 action ID	D / Y : SA11AI. Receipt th	iis Perioc	Y 1 2.00
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		Detailed Summary Page		1 1a		11b	11c	12	
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NAME OF COMMITTEE (In Full)									
American Academy of	Pediatric Dentistry	/ Political Action Comm	hittee	Э					
Full Name (Last, First, Middle Init A. Dr. Lynn K. Fujimoto	ial)			Date of	f Re	ceipt			
Mailing Address 850 Kamehameh	a Hwy			м м 08	/	13	/ Y	2012	Y
City	State	Zip Code			acti	ion ID : S	SA11AI.		
Pearl City	HI	96782-2656						nis Period	
FEC ID number of contributing federal political committee.	C					3		250	0.00
Name of Employer	Occupation	1							
Self-Employed	Pediatric D	entist							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	55 - 5 - 5								
Other (specify) ▼		250.00							
Full Name (Last, First, Middle Init B. Dr. Steven J. Fuson	ial)			Date of	f Ro	coint			
Mailing Address 7675 Wolf Circle,	#102			M M			/ V	Y Y	V
	#102			07		02	7 1	2012	
City	State	Zip Code		Trans	acti	on ID : S	SA11AL.		
Germantown	TN	38138		Amoun	t of	Each Re	eceipt th	nis Period	
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Name of Employer	Occupation	1	_						
Pediatric Dental Group	Pediatric De	entist							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General									
Other (specify) ▼		250.00							
Full Name (Last, First, Middle Init C. Dr. Richard J. Galeone	ial)			Date of	f Re	ceipt			
Mailing Address 122 Holly Drive				м м 07	/	D D D 20	/ Y	у у 2012	Y
City	State	Zip Code		Trans	sacti	ion ID : S	SA11AI.	15804	_
Lansdale	PA	19446-0737		Amoun	t of	Each Re	eceipt th	nis Period	I
FEC ID number of contributing federal political committee.	C					7	9	250	0.00
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Self-Employed	Pediatric D	entist							
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Primary General			11.						
Other (specify) ▼		250.00							
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	
	ny information copied from such Reports and s for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) American Academy of Pediatric	c Dentistry	Political Action Comm	nittee	•					
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew H. Garabedian Mailing Address 915 E 24th Ave				Date o		eceipt	D / Y	- Y - Y	
	City	State	Zip Code		09		27		2012	
	Spokane FEC ID number of contributing	C	99203-3329	A	Moun	nt of	Each	Receipt tl		od 50.00
	federal political committee. Name of Employer	Occupation		+ '			7	- 7		
	Self-Employed Receipt For:	Pediatric De								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
в.	Full Name (Last, First, Middle Initial) Dr. Irma L. Garcia				Date o	of Re	eceipt			
	Mailing Address 3694 Hilborn Road, #100				M M	/	26		2012	Y
	City Fairfield	State CA	Zip Code 94534-7994					SA11AI Receipt t		od
	FEC ID number of contributing federal political committee.	С					,		2	50.00
	Name of Employer Self-Employed	Occupation Pediatric De								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Geraldine Garcia-Rogers				Date o	of Re	eceipt			
	Mailing Address 955 Main St Ste 101				M N 07	/	15		2012	
	City Winchester	State MA	Zip Code 01890-4300	A				: SA11AI Receipt tl		od
	FEC ID number of contributing federal political committee.	С					7		2	50.00
	Name of Employer	Occupation								
	Pediatric Dental Associates	Pediatric D	entist							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		250.00							
s	UBTOTAL of Receipts This Page (optional)						7		7!	50.00
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			Detailed Summary Page		11a 13	\vdash	11b 14	11c	12	ſ	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the			f soliciting	g contri	butic	ons
	NAME OF COMMITTEE (In Full) American Academy of Pediatric						2				
A.	Full Name (Last, First, Middle Initial) Dr. Shakeh Garibyan				Date of	Re	eceipt				
	Mailing Address 539 Salem St Apt 3				м м 09	/	24		2012		1
	City Glendale	State CA	Zip Code 91203-2144		Trans		ion ID :	SA11AI.	16244		
	FEC ID number of contributing federal political committee.	C			Amount	l Of	⊨ach F	Receipt th		od 250.0	0
	Name of Employer Self-Employed	Occupation Pediatric De									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]							
в.	Full Name (Last, First, Middle Initial) Dr. Lacy V. Garrett				Date of	Re	eceipt				
	Mailing Address 1676 Jefferson Ave				м м 07	/	31		2012	Y Y	1
	City New Orleans	State LA	Zip Code 70115-4949		Trans		ion ID :	SA11AI. Receipt th	15966		_
	FEC ID number of contributing federal political committee.	С								ou 50.0	0
	Name of Employer Self-Employed	Occupation Pediatric De									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
C.	Full Name (Last, First, Middle Initial) Dr. Jonathan M. Gidan				Date of	Re	eceipt				
	Mailing Address 12840 Riverside Dr Ste 504				м м 09	/	D 14		2012		7
	City North Hollywood	State CA	Zip Code 91607-3354					: SA11AI . Receipt th	16212		_
	FEC ID number of contributing federal political committee.	С					7			250.0	0
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	Self-Employed Receipt For:	Pediatric De		_							
	Primary General Other (specify) ▼	Ayyreyate	Year-to-Date ▼ 350.00]							
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SCHEDULE A (FEC Form 3X)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12		17
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	NAME OF COMMITTEE (In Full)		duress of any political commute	, 10 1							<u>.</u>	
	American Academy of Pediatric	c Dentistry	Political Action Comm	nitte	e							
Α.	Full Name (Last, First, Middle Initial) Dr. Joseph Giuliano				Date c	f Re	ceipt					
	Mailing Address 191 Hamburg Turnpike				м – м 09	/	27	D / Y)12	Y	
	City Pompton Lakes	State NJ	Zip Code 07442-2330					SA11AI Receipt tl			_	
	FEC ID number of contributing federal political committee.	C			[.		,		_	250.0	00]
	Name of Employer Ped. Dentistry of North Jersey	Occupation Pediatric De										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Dr. Kathryn M. Glazer	I			Date c	f Re	ceipt					
	Mailing Address 50 Copperfield Dr				07	/	24	D / Y	20	12	ŕ	
	City	State	Zip Code					SA11AI				
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C.	Full Name (Last, First, Middle Initial) Dr. Charles R. Hall				Date of	f Re	eceipt					
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NAME OF COMMITTEE (In Full) American Academy of Pedia	atric Dentistry Political Action Com	mittee
Full Name (Last, First, Middle Initial) Dr. Robert S. Haring Mailing Address 100 N High St Ste D City Dublin FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State Zip Code OH 43017-2155 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Dr. Amybeth Harmon Mailing Address 2710 Pleasant Hill Road City Pleasant Hill FEC ID number of contributing federal political committee.	State Zip Code CA 94523-2036	Date of Receipt 07 20 2012 Transaction ID : SA11AI.15807 Amount of Each Receipt this Period 250.00
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Full Name (Last, First, Middle Initial) Dr. J. Huel Harris Mailing Address 1014 S. 28th Avenue City Hattiesburg FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MS 39402-2600 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 07 26 2012 Transaction ID : SA11AI.15950 Amount of Each Receipt this Period 250.00
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Full Name (Last, First, Middle Initial) A. Dr. Stephen M. Heaney				Date o	f Re	eceipt				
Mailing Address 64 Orland Square Dr Ste 216				м – м 08	/	29	/ Y		012	Y
City Orland Park	State IL	Zip Code 60462-6544					SA11AI. eceipt th			
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City Phoenix	State AZ	Zip Code 85021-8576					SA11AI. eceipt th			
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Full Name (Last, First, Middle Initial) C. Dr. Vickie L. Hemann				Date o	f Re	eceipt				
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В.	Full Name (Last, First, Middle Initial) Dr. Matthew C. Henry				Date o	f Red	ceipt					
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	City Cheyenne	State WY	Zip Code 82009-7367					SA11AI. Receipt th		d		
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<u></u> .	Full Name (Last, First, Middle Initial) Dr. Gregory G Hill				Date o	f Red	ceipt					
	Mailing Address 45 Barkley Cir				м м 07	/	06		20 <u>1</u> 2	Y		
	City Fort Myers	State FL	Zip Code 33907-7531					: SA11AI Receipt_th		d		
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American Academy of Pedia	tric Dentistry	y Political Action Comn	nitte	e					
Full Name (Last, First, Middle Initial) A. Dr. Sarah Hill				Date of	· Ro	.ceint			
Mailing Address 1308 34th Street						ceipt	y / c	Y Y	Y
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A.	Full Name (Last, First, Middle Initial) Dr. Mark S. Hochberg					Date of	Re	eceipt					
	Mailing Address 5 Overbrook Ln					м м 07	1	20		201			
	City Glen Head	State NY	Zip Code 11545-2795					ion ID :	SA11AI. Receipt th	15817			
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	Full Name (Last, First, Middle Initial) Dr. Eric D. Hodges					Date of	Re	eceipt					
	Mailing Address 2410 S 73rd St					м м 08	1	24		y 2012			
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	Full Name (Last, First, Middle Initial) Dr. Michael Hoffmann					Date of	Re	eceipt					
	Mailing Address 950 Francis Place, #305					м м 07	/	20		y 2012			
	City St. Louis	State MO	Zip Code 63105-2465						: SA11AI . Receipt th				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Comm	nittee	ļ						
A.	Full Name (Last, First, Middle Initial) Dr. Lizbeth Holguin				Date of	Re	eceipt				
	Mailing Address 1800 McRae Blvd				м м 07	1	20	/ Y)12	Y
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в.	Full Name (Last, First, Middle Initial) Dr. Craig S. Hollander				Date of	Re	eceipt				
	Mailing Address 1911 Kings Row Mnr				м м 07	/	02	/ Y	ү 20	12	Y
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c.	Full Name (Last, First, Middle Initial) Dr. Robert L. Hollowell III			C	Date of	Re	eceipt				
	Mailing Address 2824 Rogers Rd Ste 201				м м 07	1	20	/ Y		۲ 12	Y
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	158	80	
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Α.	Full Name (Last, First, Middle Initial) Dr. Brent L. Holman				Date o	f Re	∋ceipt				
	Mailing Address 2538 University Dr S # A				м м 07	/	11	D / Y		у 012	Y
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<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Zachary L. Houser				Date o	f Re	eceipt				
	Mailing Address 9480 Briar Village Pt Ste 301				м м 09	/	21) 12	Y
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\	ME OF COMMITTEE (In Full) merican Academy of Pediatric	Dentistry	y Political Action		ee				
A C	II Name (Last, First, Middle Initial) Dr. Richard P. Hsu ailing Address 1789 NW 173rd Ave				Date of	Receipt	D / Y	Y Y	Y
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Na	deral political committee. ame of Employer nigo Children's Dental	C Occupation Pediatric De		_		7		25	0.00
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NAME OF COMMITTEE (Ir American Academ	y of Pediatric Dentistry	Political Action Com	nittee	
Full Name (Last, First, Mide Dr. Brad C. Hwang Mailing Address 24837 104 City Kent FEC ID number of contribu federal political committee.	th Ave SE Ste 200 State WA	Zip Code 98030-6800	Date of Receipt 08 06 2012 Transaction ID : SA11AI.15993 Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed Receipt For: Primary Ger Other (specify) ▼	Pediatric De Aggregate]	
Full Name (Last, First, Mide Dr. Bilkisu Idakoji Mailing Address 1535 Nagle City	e St State	Zip Code	Date of Receipt 07 17 2012 Transaction ID : SA11AI.15738	
Houston FEC ID number of contribu federal political committee. Name of Employer Self-Employed	ting C C C C C C C C C C C C C C C C C C C		Amount of Each Receipt this Period	
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Full Name (Last, First, Mide Dr. John Iwasaki Mailing Address 19 Padana	·	Zip Code	Date of Receipt	
Danbury FEC ID number of contribut federal political committee. Name of Employer Self-Employed Receipt For: Primary Ger Other (specify) ▼	Occupation Pediatric De	06811-4824 entist Year-to-Date ▼ 250.00	Amount of Each Receipt this Period]
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	NAME OF COMMITTEE (In Full)											
	American Academy of Pediatri	c Dentistry	Political Action Comm	hitte	e							
/F	Full Name (Last, First, Middle Initial)											
	Dr. Jenny Jackson				Date of	f Re	eceipt					
ľ	Mailing Address 76 Peachtree Rd Ste 100				M M	/	D D	/ Y		Y	Y	
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	Asheville	NC	28803-5041					SA11AI. eceipt th				
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-	Dr. Lois A. Jackson			_	Date of	f Re	eceipt					
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	New York	NY	10012-0045					eceipt th				
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	Full Name (Last, First, Middle Initial) Dr. Perry L. Jeffries	l			Date of	f Re	ceipt					
-	Mailing Address 871 Huffman Street				м м 07	/	20	/ Y)12	Y	
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	American Academy of Pediatric	Dentistry	Political Action Comm	nittee	9						
Δ.	Full Name (Last, First, Middle Initial) Dr. Bret M. Jerger				Date of	Re	eceipt				
	Mailing Address 2101 N Main St				M M	_	D	р / Y	Y	Y	Y
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	Other (specify) ▼		1000.00								
	Full Name (Last, First, Middle Initial) Dr. Raquel M. Jham				Date of	Re	eceipt				
	Mailing Address 7618 Polk St				м м 08	/	06		ү 20	12	Y
	City	State	Zip Code			acti		SA11AI.1			
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	Full Name (Last, First, Middle Initial) Dr. E. LaRee Johnson				Date of	Re	eceipt				
	Mailing Address 2800 Wakefield Pines Drive, #	ŧ110			м м 07	/	26)12	Y
	City Raleigh	State NC	Zip Code 27614-8597					SA11AL			
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Α.	Full Name (Last, First, Middle Initial) Dr. Julie Y. Jong				Date o	fP		.+				
А.	Mailing Address 555 Westfield Ave				Date o				/ V	Y	ý – N	
					09	ľ	Ľ	20	Ľ	2012		
	City Westfield	State NJ	Zip Code 07090-3375						A11AI.			
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в.	Full Name (Last, First, Middle Initial) Dr. Andrew J. Kapust	1			Date o	f Re	eceip	ot				
	Mailing Address 344 Cleveland Ave SE Ste J				M M	/	D	D	/ Y	- Y - Y	Y Y	
	City	State	Zip Code	_	09		. –	27		2012		
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<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. I. Gary Katcoff				Date o	f Re	eceip	ot				
	Mailing Address 3559 Wheeler Road				м м 09	1	D	27	/ Y	2012		
	City Augusta	State GA	Zip Code 30909-6500						A11AI.			
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		r used by any person for the purpose of soliciting contributions plitical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Pediat	ric Dentistry Political Ac	ction Committee
Full Name (Last, First, Middle Initial) Dr. George A. Kates Mailing Address 15 Old Beach Rd City Newport FEC ID number of contributing federal political committee.	State Zip Code RI 02840-3285	Date of Receipt 07 26 2012 Transaction ID : SA11AI.15923 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For:	Occupation Pediatric Dentist Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) B. Dr. Lewis A. Kay Mailing Address 401 Mallard Ln City Moorestown	State Zip Code NJ 08057-4304	Date of Receipt 08 06 2012 Transaction ID : SA11AI.15996 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	C Occupation Pediatric Dentist Aggregate Year-to-Date ▼	750.00
C. Full Name (Last, First, Middle Initial) Dr. John J. Keating III Mailing Address 529 New Jersey Ave City	State Zip Code	Date of Receipt
Absecon FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	NJ 08201-2435 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 350.00
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Comm	nittee							
A.	Full Name (Last, First, Middle Initial) Dr. Douglas B. Keck Mailing Address 62 Denison Dr				Date of	_					
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	City Guilford	State CT	Zip Code 06437-2344	A					A11AI. ceipt th	1 5824 is Perioc	1
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B.	Full Name (Last, First, Middle Initial) Dr. Richard W. Kennedy				Date of	Re	eceip	ot			
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с.	Full Name (Last, First, Middle Initial) Dr. Paul A. Kennedy III				Date of	Re	eceip	ot			
	Mailing Address 6200 Saratoga Boulevard				м м 07	/	D	03	/ Y	2012	Y
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\bigvee	American Academy of Pediatric	Denustry	Political Action Comm	nite	e					
_	Full Name (Last, First, Middle Initial) Dr. Paul A. Kennedy Jr.				Data	(D .				
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B	Full Name (Last, First, Middle Initial) Dr. Mahnaz M. Khan				Date o	f Bo	coint			
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с.	Full Name (Last, First, Middle Initial) Dr. Ameneh Khosrovani				Date o	f Re	eceipt			
	Mailing Address 2640 Telegraph Ave # 101				м м 08	/	23	/ Y	2012	Y
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В.	Full Name (Last, First, Middle Initial) Dr. Timothy R. Kinzel				Date o	of Re	eceipt				
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<u></u> .	Full Name (Last, First, Middle Initial) Dr. Mark H. Kogut				Date	of R	lece	eipt				
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	American Academy of Pediatri	c Dentistry	Political Action Comm	nitt€	e							
Α.	Full Name (Last, First, Middle Initial) Dr. Shari C. Kohn				Date c	of Re	eceipt					
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NAME OF COMMITTEE (In Full) American Academy of Pedi	-								
Full Name (Last, First, Middle Initial) A. Dr. Stacey R. Kutsch				Date of	Re	eceipt			
Mailing Address 299 Piper St				м м	/	09) / Y	2012	Y
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Full Name (Last, First, Middle Initial) B. Dr. Dennis M. Lambert				Date of	Re	eceipt			
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Full Name (Last, First, Middle Initial) C. Dr. Beverly A. Largent				Date of	Re	eceipt			
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\square	NAME OF COMMITTEE (In Full)												
$\left \right\rangle$	American Academy of Pediatric	c Dentistry	Political Action Comn	nittee									
Α.	Full Name (Last, First, Middle Initial) Dr. Steven D. Lasser			D	ate of	Receipt							
	Mailing Address 1090 New London Ave				M = M	/ D		2040	Y				
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в.	Full Name (Last, First, Middle Initial) Dr. Hoanh B. Le			D	ate of	Receipt							
	Mailing Address 430 N Woodlawn St				м м 07		D / Y 9	2012	Y				
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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 from such committee. NAME OF COMMITTEE (in Full) American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) Dr. Kecia S. Leary Mailing Address 609 N Jerico St City State Ditage of enclose o				Detailed Summary Page		-		11b	11c	$\mid \mid$	12	
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American Academy of Pediatric Dentistry Political Action Committee Full Name (Last, First, Middle Initial) American Academy of Pediatric Dentistry Political Action Committee Maing Address 609 N Jenico St City State Name of Employer Self-Employed Pediatric Dentist Preceipt For: Other (specify) ♥ Safe Employer Full Name (Last, First, Middle Initial) S. Dr. Address 12801 Plum Hollow Dr City State City State Mailing Address 2000 Fox Creek Dr City State Name of Employer Pediatric Dentist Preceipt For: Other (specify) ♥ City State Other (specify) ♥ Aggregate Year-to-Date ♥ Date of Receipt Statint Dentist Preceipt For: Occupation Primary General Other (specify) ♥ Aggregate Year-to-Date ♥ Differ General Occupation Primary General Other (specify) ♥ Aggregate Year-to-Date ♥ Din Andres 2500 Fox Creek Dr <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
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Α.	Full Name (Last, First, Middle Initial) Dr. Brynn L. Leroux				Date o	f Ro	coint									
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A.	Full Name (Last, First, Middle Initial) Dr. Larry W. Loveridge				Date of	Re	ceipt								
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В.	Full Name (Last, First, Middle Initial) Dr. Catherine L. Lyles				Date of	Re	ceipt								
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	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Comm	hittee)										
Α.	Full Name (Last, First, Middle Initial) Dr. Martin J. Makowski Mailing Address 39400 Garfield Rd Ste 200				Date of	_		/ Y	Y	Y	Y				
	City	State	Zip Code		07		20 ion ID : \$	5A11AI.1	20	012					
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B.	Full Name (Last, First, Middle Initial) Dr. Cynthia A. Manders				Date of	f Re	eceipt								
	Mailing Address 115 N Dixie Dr Ste 310			07 12 2012											
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С.	Full Name (Last, First, Middle Initial) Dr. Aaron M. Mannella				Date of	f Re	eceipt								
	Mailing Address 390 State Route 10				м м 07	/	D D 20	/ Y)12	Y				
	City Randolph	State NJ	Zip Code 07869-2141				ion ID : S Each Re								
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NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Comm	nittee					
Full Name (Last, First, Middle Initial) A. Dr. Nidia P. Marchese			Date	of Re	eceipt			
Mailing Address Mt Margaret Estates <u>16 September Dr</u>			09		20	/ Y	у у 2012	Y
City Scranton	State PA	Zip Code 18512			tion ID : Each R		. 16222 nis Perio	d
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Full Name (Last, First, Middle Initial) B. Dr. Barry K. Marcum Mailing Address 310 Stevens Entry			M	M /	eceipt	/ Y	Y Y	Y
City Peachtree City	State GA	Zip Code 30269-1325		nsact	20 ion ID :	-	2012 15837 nis Perio	
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Full Name (Last, First, Middle Initial) C. Dr. Michael P. Marfori			Date	of Re	eceipt			
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City Orlando	State FL	Zip Code 32837-3617			tion ID : Each R		.16107 nis Perio	d
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<u> </u>	NAME OF COMMITTEE (In Full) American Academy of Pediatric																
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Brian S. Martin				Date of	Re	eceipt										
	Mailing Address 116 Shannon Dr				м м 08	1	24		20	012	Y						
	City Blawnox	State PA	Zip Code 15238-1714		Trans		ion ID	: SA11AI	.1608	87							
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В.	Full Name (Last, First, Middle Initial) Dr. H. Edward Martin				Date of	Re	eceipt										
	Mailing Address 4601 West 109th Street, #217				м м 07	/	23		20)12	Y						
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c.	Full Name (Last, First, Middle Initial) Dr. Josefina V. Martinez				Date of	Re	eceipt										
	Mailing Address 310 Stagecoach Trl Ste 1000				м м 08	/	06)12	Y						
	City San Marcos	State TX	Zip Code 78666-5157					: SA11AI Receipt th									
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\rangle	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Comm	nitte	e						
Α.	Full Name (Last, First, Middle Initial) Dr. Elliott David Maser				Date of	f Re	ceipt				
	Mailing Address 3101 Bristol Rd Ste 1				м м 07	/	20	/ Y	ү ү 2012	Y	
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в.	Full Name (Last, First, Middle Initial) Dr. Claudia Masouredis				Date of	f Re	ceipt				
	Mailing Address 801 Portola Drive, Ste 109				м м 07	/	23	/ Y	ү ү 2012	Y	
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с.	Full Name (Last, First, Middle Initial) Dr. Michael S. Mathews			Ť	Date of	f Re	ceipt				
	Mailing Address 409 Layne Dr				м м 09		D D D 14	/ Y	2012	Y	
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NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	y Political Action	Committe	e					
Full Name (Last, First, Middle Initial) Dr. Raymond A. Maturo Mailing Address 2074 S Main St City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State MI C Occupation Pediatric D Aggregate	entist Year-to-Date ▼	0.00	07 Tran	sacti	09 01 ID :	SA11AI. ecceipt th	is Period	Y 1 0.00
Full Name (Last, First, Middle Initial) Dr. Frank J. Maye Mailing Address 19615 State Road 7 Ste 33 City Boca Raton FEC ID number of contributing federal political committee. Name of Employer Maye Pediatric Dentistry Receipt For: Primary General Other (specify) ▼	State FL C Occupation Pediatric Do Aggregate	entist Year-to-Date ▼	0.00		sactio	20 on ID :	SA11AL. Seceipt th	is Period	y 1 0.00
Full Name (Last, First, Middle Initial) Dr. Denise L. McAllister Mailing Address 888 Busse Hwy City Park Ridge FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State IL Occupation Pediatric D Aggregate	entist Year-to-Date ▼	0.00		m / nsacti	14 0n ID :	SA11AI.	is Period	
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$\Big\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	y Political Action Comn	hittee
Α.	Full Name (Last, First, Middle Initial) Dr. Timothy P. McCabe Mailing Address 555 Westfield Ave			Date of Receipt
	City Westfield	State NJ	Zip Code 07090-3375	09 05 2012 Transaction ID : SA11AI.16142 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Westfield Pediatric Dental Group Receipt For: Primary General Other (specify) ▼	Occupation Pediatric De Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Georganne P. McCandless Mailing Address 455 School St Ste 42			Date of Receipt
	City Tomball FEC ID number of contributing federal political committee.	State TX	Zip Code 77375-4595	09 25 2012 Transaction ID : SA11AI.16246 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Pediatric De		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) Dr. Michael J. McCoy			Date of Receipt
	Mailing Address 32 Dennett Farm Rd	Ctoto	Zin Oodo	08 / 19 / Y Y Y 2012
	City Buxton	State ME	Zip Code 04093-6225	Transaction ID : SA11AI.16063 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	
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	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
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	American Academy of Pediatric	Denusury		miee	;						
^	Full Name (Last, First, Middle Initial) Dr. K. Renee McGough			r	Date of	Ro	coint				
Α.	Mailing Address 2392 H G Mosley Pkwy			- '		_			V	V	V
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в.	Dr. Eugene J. McGuire			- '	Date of	Re	·				
	Mailing Address 1575 Pond Rd Ste 105				м м 09	1'	10	/ Y		12	Y
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	Allentown	PA	18104-2254	A				leceipt th			
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с.	Full Name (Last, First, Middle Initial) Dr. Lezley P. McIlveen			[Date of	Re	eceipt				
	Mailing Address 131 Elden St Ste 130				м м 07	/	26) / Y)12	Y
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	159	29	
	Herndon	VA	20170-4835	/	Amount	of	Each R	leceipt th	is P	eriod	
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	ne (Last, First, Middle Initial) ennis J. McTigue			[Date o	f Re	eceipt				
Mailing A	Address 305 W 12th Ave				м м 07	/	D D 25	/ Y	201		Y
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Drumrig	ht	OK	74030-0712	A	Amoun	t of	Each Re	eceipt thi	is Per	iod	
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	y Political Action Comm	nittee)						
A.	Full Name (Last, First, Middle Initial) Dr. Andrew S. Middleton			[Date of	Re	eceipt				
	Mailing Address 6643 Hwy 98				м м 07	/	23		Y 2() 12	Y
	City Hattiesburg	State MS	Zip Code 39402	4				SA11AI . Receipt th			
	FEC ID number of contributing federal political committee.	С					7		_	250	.00
	Name of Employer Self-Employed	Occupation Pediatric D									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
	Full Name (Last, First, Middle Initial) Dr. David M. Miller				Date of	Re	eceipt				
	Mailing Address PO Box 206 8011 Robin Hill Ro				M M 07	1	D 20		ү 20	ү 12	Y
	City Newburgh	State IN	Zip Code 47629-0206	-				SA11AI. Receipt th			
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c.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt				
	Mailing Address 517 Hammill Ln				м м 09	1	27)12	Y
	City Reno	State NV	Zip Code 89511-1004					: SA11AI Receipt th			
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NAME OF COMMITTEE (In Full)									
American Academy of Pedi	atric Dentistry	Political Action Comr	nittee	;					
Full Name (Last, First, Middle Initial) A. Dr. Margaret A. Miller			1	Date o	f Rec	eipt			
Mailing Address 534 Redbird Cir				м м 07	/	20	/ Y	2012	Y
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Children's Dental Clinic Of Green Bay	Pediatric De	entist							
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Full Name (Last, First, Middle Initial) B. Dr. Anthony L. Minutillo				Date o	f Rec	eipt			
Mailing Address 820 Route 176, #111				м м 07	/	20	/ Y	2012	Y
City	State	Zip Code		Trans	actio	n ID : S	6A11AI.1	5846	
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Full Name (Last, First, Middle Initial) c. Dr. Martha B. Miqueo				Date o	f Rec	eipt			
Mailing Address 300 Sylvan Ave				м м 07	/	D D 17	/ Y	2012	Y
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VIZSTARA	Pediatric De	entist							
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 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 Comm	hittee
Full Name (Last, First, Middle Initial) A. Dr. Gregory S. Mokotoff Mailing Address 1478 Post Rd City Fairfield FEC ID number of contributing federal political committee. Name of Employer Kids First Pediatric Dentistry Receipt For: Primary General	State CT Zip Code 06824-5938 C C Occupation C Pediatric Dentist Aggregate Year-to-Date ▼	Date of Receipt 07 09 2012 Transaction ID : SA11AI.15664 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Ericka Montalvan Mailing Address 1000 Park Blvd Unit F City Massapequa Park FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11762-2740 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼	Date of Receipt 07 10 2012 Transaction ID : SA11AI.15692 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward H. Moody Jr. Mailing Address 920 W Main St City Morristown FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State TN Zip Code 37814-4515 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00	Date of Receipt 08 / 15 / 2012 Transaction ID : SA11AI.16044 Amount of Each Receipt this Period 250.00
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NAME OF COMMITTEE (In Full) American Academy of Pediat									
Full Name (Last, First, Middle Initial) A. Dr. Margaret G. Moore Mailing Address 900 Professional Dr City Warner Robins FEC ID number of contributing	State GA	Zip Code 31088-0520		/ acti	26	SA11AI. Receipt th	20 . 159 3	-	Y
rece ib number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	C Occupation Pediatric Do Aggregate				3		-	250.	00
Full Name (Last, First, Middle Initial) B. Dr. Shane Moore Mailing Address 2455 W Interstate 40 City Amarillo FEC ID number of contributing	State TX	Zip Code 79109-1852		/ acti	16	SA11AI. Beceipt th	1572		Y
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	C Occupation Pediatric De Aggregate				3			250.	00
Full Name (Last, First, Middle Initial) Dr. Shane Moore Mailing Address 2455 W Interstate 40 City Amarillo FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation Pediatric D Aggregate			/ act	27 ion ID :	SA11AI. Beceipt th	20 . 163		
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American Academy of Pediatric	c Dentistry	Political Action Comn	nittee)							
Full Name (Last, First, Middle Initial) Dr. Robert E. Morgan				Date of	Re	eceip	pt				
Mailing Address Richardson Medical Park <u>375 Municipal Dr Ste 104</u> City	State	Zip Code		07 Trans	/ acti	L	09 ID : S	/ Y A11AI.	201 1 5683	2	Y
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Full Name (Last, First, Middle Initial) 3. Dr. Stephen Moriguchi				Date of	Re	eceip	pt				
Mailing Address 4211 Waialae Ave Ste 405				м м 09	/	D	20	/ Y	201		Y
City Honolulu	State HI	Zip Code 96816-5317						A11AI.	-		
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Full Name (Last, First, Middle Initial) Dr. Jack W. Morrow				Date of	Re	ceip	pt				
Mailing Address 4200 Bryant Irvin Rd Ste 129)			м м 09	/	D	14	/ Y	Y 201		Y
City Fort Worth	State TX	Zip Code 76109-4212						A11AI. ceipt th			_
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	American Academy of Pediat	ric Dentistry	Political Action Comn	nitte	e							
A.	Full Name (Last, First, Middle Initial) Dr. Cecilia A. Moy				Date c	of Re	eceipt					
	Mailing Address 4015 Henderson Rd				09	/	26) / Y		012	Y	
	City Columbus	State OH	Zip Code 43220-2288					SA11AI leceipt th			_	
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	Primary General Other (specify) ▼		250.00									
в.	Full Name (Last, First, Middle Initial) Dr. Gary R. Myers				Date c	of Re	eceipt					
	Mailing Address 3200 Old Jennings Rd				07	/	18	/ Y		y)12	Y	
	City	State	Zip Code		Trans	sacti	ion ID :	SA11AI	.1574	45		
	Middleburg	FL	32068-3414		Amour	nt of	Each R	leceipt tl	his F	Period		
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<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Mark L. Nelson				Date c	of Re	eceipt					
	Mailing Address 1551 Renaissance Towne	Dr Ste 540			м 07	/	20) / Y)12	Y	
	City	State	Zip Code		Tran	sact	ion ID :	SA11AI	1.158	48		
	Bountiful	UT	84010-7678		Amour	nt of	Each R	leceipt tl	his F	Period		
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FEC Schedule A (Form 3X) Rev. 02/2003

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\setminus	NAME OF COMMITTEE (In Full)										
	American Academy of Pediatric	Dentistry	Political Action Comm	nittee	;						
Α.	Full Name (Last, First, Middle Initial) Dr. Rick J. Nichols			[Date o	f Re	eceipt				
	Mailing Address 104 E Olive Ave Ste 200				м м 08	/	D 16) 12	Y
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.1604	49	
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в.	Full Name (Last, First, Middle Initial) Dr. Scott W. Nieman				Date o	f Re	eceipt				
	Mailing Address 395 N West St # A				м м 07	/	D 19			12	Y
	City	State	Zip Code		Trans	act	ion ID	: SA11AI	.1576	64	
	Westerville	OH	43082-1400	A	Amoun	t of	Each	Receipt th	his P	eriod	
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— c.	Full Name (Last, First, Middle Initial) Dr. Steven Niethamer				Date o	f Re	eceipt				
	Mailing Address 490 S Farrell Dr Ste C101				м м 09	/	D 04) 12	Y
	City Palm Springs	State CA	Zip Code 92262-7962					: SA11AI Receipt tl			
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\backslash	NAME OF COMMITTEE (In Full)				•								
	American Academy of Pediatric	Dentistry	Political Act	ion Comm		;							
Α.	Full Name (Last, First, Middle Initial) Dr. W. Patrick Noonan				[Date of	Re	ceipt					
	Mailing Address 210 South Breiel Boulevard					м м	1	24		2	012	Y	
	City	State	Zip Code			Trans	acti	ion ID :	SA11AI.				
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	Primary General			050.00									
	Other (specify)		7 7	250.00									
B	Full Name (Last, First, Middle Initial) Dr. Dennis Paul Nutter					Date of	Be	ceipt					
	Mailing Address 3694 Hilborn Rd Ste 100					M M	/	D) / Y	Y	Y	Y	
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C.	Full Name (Last, First, Middle Initial) Dr. Joseph P. O'Donnell					Date of	Re	ceipt					
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A. Dr. David H. Okawachi				Date o	of Rec	eipt			
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B. Dr. Joe S. Olsen				Date o		·	_		
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Full Name (Last, First, Middle Initial) C. Dr. David D. Olson				Date o	of Rec	eipt			
Mailing Address 10931 Raven Ridge Rd	Ste 105			м м 07	/	02	/ Y	y y 2012	Y
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\rangle	American Academy of Pediatric	Dentistry	Political Action Comn	nittee)										
Α.	Full Name (Last, First, Middle Initial) Dr. Joanne R. Oppenheim				Date of	Re	eceipt								
	Mailing Address 737 N Michigan Ave Ste 1330			07 20 2012											
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В.	Full Name (Last, First, Middle Initial) Dr. James W. Orbon				Date of	Re	eceipt								
	Mailing Address 1 E Phillip Rd Ste 102				м м 08	1	D D 11	/ Y	20) 12	Y				
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с.	Full Name (Last, First, Middle Initial) Dr. Kristin Paoli				Date of	Re	eceipt								
	Mailing Address 239 Northern Blvd Ste 3				м м 09	1	D D 06	/ Y) 12	Y				
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A.	Full Name (Last, First, Middle Initial) Dr. Gurveena Parhar			[Date of	Re	ceipt						
	Mailing Address 31 River Ct Apt 2611			08 30 _ 20'									
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B.	Full Name (Last, First, Middle Initial) Dr. Douglas L. Park				Date of	Re	ceipt						
	Mailing Address 1201 SE 223rd Ave Ste 240				м м 07	/	05	/ Y)12	Y		
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C.	Full Name (Last, First, Middle Initial) Dr. Phillip R. Parker			[Date of	Re	ceipt						
	Mailing Address 3700 W. Robinson, #102				м м 08	/	06) / Y)12	Y		
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Α.	Full Name (Last, First, Middle Initial) Dr. Kyle E. Pedersen				Date o	f Re	eceipt					
	Mailing Address 2560 Foxfield Road, #190				07	/	02	/ Y		012	Y	
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R R	Full Name (Last, First, Middle Initial) Dr. Cynthia P. Pelley				Date o	f Re	ceint					
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с.	Full Name (Last, First, Middle Initial) Dr. Ricardo A. Perez				Date o	f Re	eceipt					
	Mailing Address 5530 Wisconsin Ave Ste 123	0			м м 09	/	D D 14	/ Y)12	Y	
	City	State	Zip Code		Tran	sact	ion ID : \$	SA11AI.1	1619	91		
	Chevy Chase	MD	20815-4301		Amoun	t of	Each Re	eceipt thi	s P	'eriod		
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	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action	Committe	e.
Α.	Full Name (Last, First, Middle Initial) Dr. Dennis R. Peterson Mailing Address 5420 Park Dr				Date of Receipt
	City Rocklin	State CA	Zip Code 95765-5562		08 06 2012 Transaction ID : SA11AI.16001 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
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в.	Full Name (Last, First, Middle Initial) Dr. Steven D. Peterson Mailing Address 5536 Lake Mendota Dr				Date of Receipt
	City Madison FEC ID number of contributing federal political committee.	State WI	Zip Code 53705-1247	1	08 06 2012 Transaction ID : SA11AI.16002 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For:	Occupation General De			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 25	50.00	
C.	Full Name (Last, First, Middle Initial) Dr. Gloria A. Phillips				Date of Receipt
	Mailing Address PO Box 421165				M M / D D / Y
	City Houston	State TX	Zip Code 77242-1165		Transaction ID : SA11AI.15741 Amount of Each Receipt this Period
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	American Academy of Pediatri				;						
^	Full Name (Last, First, Middle Initial) Dr. Jeanette D. Pikarski				Date of	P					
н.	Mailing Address 24 Lewiston Cir					/ Y	Y	Y	Y		
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с.	Full Name (Last, First, Middle Initial) Dr. Harold J. Pincus	1			Date of	Re	eceipt				
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A. Full Name (Last, First, Middle Initial) Dr. Michael D. Plunk Mailing Address 1151 N Buckner Blvd Ste 402 City	State	Zip Code	Date of Receipt 07 09 2012 Transaction ID : SA11AI.15670
Dallas FEC ID number of contributing federal political committee.	С	75218-3407	Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial) B. Dr. Mitchell B. Poiset Mailing Address 7930 Frost St Ste 101 City San Diego FEC ID number of contributing federal political committee.	State CA	Zip Code 92123-2756	Date of Receipt 08 / 10 / 2012 Transaction ID : SA11AI.16029 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For:	Occupation Pediatric De Aggregate		
Full Name (Last, First, Middle Initial) C. Dr. Douglas Pollack Mailing Address 5 Tudor City Place, #1739			Date of Receipt
City New York FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State NY Occupation Pediatric D Aggregate		08 21 2012 Transaction ID : SA11AI.16108 Amount of Each Receipt this Period 250.00
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A .	Full Name (Last, First, Middle Initial) Dr. Ronald L. Poulos Mailing Address 7655 5 Mile Rd Ste 214			_	te of	Re /	ceipt) / Y	Y	Y	ſ
	City Cincinnati	State OH	Zip Code 45230-4326					SA11AI		5	
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в.	Full Name (Last, First, Middle Initial) Dr. Austin C. Powell			Da	ite of	Re	ceipt				
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<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Nick A. Prater			Da	ite of	Re	ceipt				
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Δ	Full Name (Last, First, Middle Initial) Dr. Stephen C. Pretzer				Date of	Re	ceint				
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В.	Dr. Mindy A. Price				Date of	Re	eceipt				
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C.	Full Name (Last, First, Middle Initial) Dr. William N. Quinton				Date of	Re	eceipt				
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Full Name (Last, First, Middle Initial) B. Dr. Gregory K. Rabitz				Date o	f Re	ceint									
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American Academy of Pe	diatric Dentistry	Political Action Comr	nittee	Э						
Full Name (Last, First, Middle Initial) A. Dr. Nancy L. Rajchel				Date of	f Recei	ipt				
Mailing Address 4509 Union Deposit F	Rd			м м 09	/	D D D 04	/ Y	Y 20 ²		Y
City	State	Zip Code			action	-	SA11AI.1			
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Full Name (Last, First, Middle Initial) B. Dr. Curt S. Ralstrom				Date of	f Boco	int				
Mailing Address 39400 Garfield Rd Ste	200		_			· .		V	V	V
Maining Address 39400 Garrield Rd Ste	200			07	/	20	/ Y	_201	2	Y
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Full Name (Last, First, Middle Initial) C. Dr. Mario E. Ramos				Date of	f Recei	ipt				
Mailing Address 6 Prospect Street, #1	A			м м 08	/	D D D 06	/ Y	201		Y
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Midland Park	NJ	07432-1606		Amount	t of Ea	ach Re	eceipt thi	is Pe	eriod	
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Pediatric Dentistry of Midland Park	Pediatric De	ntist								
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	erican Academy of Pediatric	Dentistry	Political Action Com	nitte	е												
Full I A. Dr.	Name (Last, First, Middle Initial) Rockland A. Ray				Date	e of	Re	eceipt									
Maili	ng Address 26777 Lorain Rd Ste 514					M)7	/	20			012	Y					
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Nort	h Olmsted	OH	44070-3223	Amount of Each Receipt this Period													
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	Name (Last, First, Middle Initial) Paul A. Reggiardo				Date	e of	Re	eceipt									
	ng Address 17742 Beach Blvd Ste 320				M	M)8	/	06		Р 2(012	Y					
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	Name (Last, First, Middle Initial) . Olga L. Restrepo				Date	e of	Re	eceipt									
Maili	ng Address 266 Main St					м)9	/	14			012	Y					
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$\left[\right]$	NAME OF COMMITTEE (In Full)	_									
	American Academy of Pediatric	Dentistry	Political Action Comm	hitte	e						
Α.	Full Name (Last, First, Middle Initial) Dr. Reneida E. Reyes				Date o	f Bc	ocoint				
Π.	Mailing Address 1 Hanson Place, #2204							/ Y	Y	Y	Y
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	City	State NY	Zip Code 11243-2907				ion ID :	-		-	
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	Reneida E. Reyes, DDs, MPH, PC	Pediatric De	entist								
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	Full Name (Last, First, Middle Initial)			_							
В.	Dr. Jason Richards				Date o	f Re	eceipt				
	Mailing Address 5860 Alexis Rd				M	/	DD	/ Y		Y	Y
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–	Full Name (Last, First, Middle Initial) Dr. Edward L. Rick				Date o	f Re	eceipt				
2.	Mailing Address 1808 First Avenue				09		17	/ Y	y 201		Y
	City Sterling	State IL	Zip Code 61081-1202				ion ID : Each Re				
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NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry Political Action Com	mittee
Full Name (Last, First, Middle Initial) Dr. Patricia L. Ridgley Mailing Address PO Box 1847 18803 SW Boones Ferry Road City Tualatin FEC ID number of contributing	State Zip Code OR 97062-1847	Date of Receipt 09 14 2012 Transaction ID : SA11AI.16196 Amount of Each Receipt this Period
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Dr. Gregory A. Robbins Mailing Address 4420 E Bristol St City Elkhart FEC ID number of contributing	State Zip Code IN 46514-6946	Date of Receipt M / D / Y
r Eo ib namber of contributing federal political committee. Name of Employer Self-Employed Receipt For:	C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) C. Dr. Jessica L Robertson Mailing Address 1110 W Beal Rd City Flagstaff FEC ID number of contributing federal political committee. Name of Employer Sefl-Employed Receipt For: Primary General Other (specify) ▼	State Zip Code AZ 86001-1281 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
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	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Co	ommitte	е					
Α.	Full Name (Last, First, Middle Initial) Dr. Kirk J. Robertson Mailing Address 1024 N San Francisco St Ste 1	0			Date of		eipt	/	- Y - Y	V
	City	State	Zip Code		07		11 n ID : S	A11AI.	2012	
	Flagstaff	AZ	86001-3266		Amoun	t of E	ach Re	ceipt th	is Period	k
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	Primary General Other (specify) ▼		250.0	0						
в.	Full Name (Last, First, Middle Initial) Dr. Lindsey A. Robinson				Date of	f Rec	eipt			
	Mailing Address 453 South Auburn Street				м м 09	1	D D 11	/ Y	y y 2012	Y
	City Grass Valley	State CA	Zip Code 95945-7224				n ID : S ach Re		16153 is Period	ł
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с.	Full Name (Last, First, Middle Initial) Dr. Fariborz Rodef				Date of	f Rec	eipt			
	Mailing Address 2233 E Garvey Ave N				м м 07	1	03	/ Y	ү ү 2012	Y
	City West Covina	State CA	Zip Code 91791-1500				on ID : S ach Re		15628 is Period	ł
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric												
A.	Full Name (Last, First, Middle Initial) Dr. Victoria J. Roeder				C	Date of			ot				
	Mailing Address 211 W Millstream Rd				I	м м 09	/	D	21	/ Y	2() 12	Y
	City Cream Ridge	State NJ	Zip Code 08514-2356							SA11AI. eceipt th			
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в.	Full Name (Last, First, Middle Initial) Dr. Nick Rogers				C	Date of	Re	eceip	ot				
	Mailing Address 1939 N 11th St				[м = м 08	1	D	D 06	/ Y	ү 20	ү)12	Y
	City Arkansas City	State KS	Zip Code 67005-1724							SA11AI. eceipt th			
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c.	Full Name (Last, First, Middle Initial)				C	Date of	Re	eceip	ot				
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	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Comm	nitte	e						
A.	Full Name (Last, First, Middle Initial) Dr. Francisco J. Romero				Date of	f Red	ceipt				
	Mailing Address 160 Tun Pedro Ada St				м м 08	1	D D D	/ Y	2012	Y	
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	The Pediatric Dental Center Receipt For:	Pediatric De		_							
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В.	Full Name (Last, First, Middle Initial) Dr. Michael S. Rosenbaum			1	Date of	f Red	ceipt				
	Mailing Address Whitemarsh Corporate Center 7 E Skippack Pike Ste 100				м м 07	/	09	/ Y	ү ү 2012	Y	
	City Ambler	State PA	Zip Code 19002-5308					SA11AL.	15671 iis Period		
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	Name of Employer Episcopal Hospital	Occupation Pediatric De	ntist								
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с.	Full Name (Last, First, Middle Initial) Dr. David L. Rothman				Date of	f Red	ceipt				
	Mailing Address 2301 Ocean Ave				м м 08	/	D D 17	/ Y	2012	Y	
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\bigvee	American Academy of Pediatric	Denustry	Political Action Comm	iiitee	9						
	Full Name (Last, First, Middle Initial) Dr. Scott Rowley				Data at	D	·				
Α.	Mailing Address 222 Lilly Rd NE			_	Date of		•		- Y - Y		
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0.	Mailing Address 6801 Warren Pkwy Ste 115				M M		DD	/ Y	Y Y		Y
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	NAME OF COMMITTEE (In Full) American Academy of Pediatric	c Dentistry	Political Action Comm	nitte	e							
Α.	Full Name (Last, First, Middle Initial) Dr. David L. Russell				Date of	of Re	eceipt					
	Mailing Address 14 Racetrack Rd NW				M 1	VI /	20	/ Y		12	Y	
	City Fort Walton Beach	State FL	Zip Code 32547-1642					SA11AI. eceipt th			_	
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<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Gary D. Sabbadini	l			Date of	of Re	eceipt					
	Mailing Address 1500 Tara Hills Dr Ste 100				M 07	VI /	08	/ Y	20 ²	12 12	Y	
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Self-Employed Pedia	1	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Estela Sanchez Mailing Address 3320 N Los Coyotes Diagonal		Date of Receipt
Ste 200 City Sta Long Beach CA FEC ID number of contributing federal political committee. C Name of Employer Occu Pedia Self Employed Pedia	1	07 23 2012 Transaction ID : SA11AI.15895 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) C. Dr. Brian J. Saunders Mailing Address 48 Christamon W City Sta Irvine CA FEC ID number of contributing federal political committee. C Name of Employer Occur		Date of Receipt 07 20 2012 Transaction ID : SA11AI.15860 Amount of Each Receipt this Period 250.00
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	American Academy of Pediati	ric Dentistry	/ Political Action Comm	nittee	Э					
Α.	Full Name (Last, First, Middle Initial) Dr. Ilse Savelli				Date of	f Re	ceipt			
	Mailing Address 355 K St Ste A				м м 09	/	D D D 14) / Y	у у 2012	Y
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	Chula Vista Smiles Pediatric Dental Pr	Pediatric D	entist	_						
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	Other (specify)		230.00	4						
в.	Full Name (Last, First, Middle Initial) Dr. Neophytos L. Savide				Date of	f Re	ceipt			
	Mailing Address 12001 S Harlem Ave				м м 07	/	06	/ Y	2012	Y
	City	State	Zip Code		Trans	actio	on ID :	SA11AI.	15651	
	Palos Heights	IL	60463-1139		Amoun	t of	Each R	leceipt th	is Period	ł
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	Name of Employer Self-Employed	Occupation Pediatric De								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jayne F. Scherrman				Date of	f Re	ceipt			
	Mailing Address 2845 Professional Ct				м м 09	/	D D 27) / Y	y y 2012	Y
	City Cape Girardeau	State MO	Zip Code 63703-5035					SA11AI.		
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	FEC ID number of contributing federal political committee.	C			L.		7		25	0.00
	Name of Employer	Occupation								
	Self-Employed Receipt For:	Pediatric D	entist							
	Primary General	Aggregate	Year-to-Date ▼	_						
	Other (specify)		250.00							
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	y information copied from such Reports and St for commercial purposes, other than using the					for the		pose		soliciting		ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	Political Action Co	omm	ittee	9							
A.	Full Name (Last, First, Middle Initial) Dr. Emily B. Scholl Mailing Address 14 Bouchard Dr				_	Date of							
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	City Brunswick	State ME	Zip Code 04011-2823							SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	С						3		7	_	250	.00
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.0	00									
в.	Full Name (Last, First, Middle Initial) Dr. Janet Y. Schrodi					Date of	f Re	eceipt	:				
	Mailing Address 17411 Chatsworth St Ste 100					м м 07	1		D 19	/ Y	ү 20	12	Y
	City Granada Hills	State CA	Zip Code 91344-7612							SA11AI. eceipt th			
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c.	Full Name (Last, First, Middle Initial) Dr. Kathleen A. Schroeder					Date of	f Re	eceipt					
	Mailing Address 278 Memorial Drive, Suite B					м м 07	/		D 10	/ Y) 12	Y
	City Crystal Lake	State IL	Zip Code 60014-6254							SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	C						,			_	250	.00
	Name of Employer	Occupation			-								
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	ny information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	
	NAME OF COMMITTEE (In Full) American Academy of Pediatric										
A.	Full Name (Last, First, Middle Initial) Dr. Norman J. Schwartz				Date of	Re	eceipt				
	Mailing Address 14 E Westfield Ave	01-1-1-	7. 0.1		м м 07		02)12	Y
	City Roselle Park	State NJ	Zip Code 07204-2283					SA11AI.1			
	FEC ID number of contributing federal political committee.	С			Amouni		Each R	eceipt thi	IS P	250	.00
	Name of Employer Self-Employed	Occupation Pediatric De									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
в.	Full Name (Last, First, Middle Initial) Dr. Steven S. Schwartz				Date of	Re	eceipt				
	Mailing Address 54 Riviera Dr				м м 09	/	13	/ Y	20) 12	Y
	City Monroe Twp	State NJ	Zip Code 08831-8891					SA11AI.1 eceipt thi			_
	FEC ID number of contributing federal political committee.	С					7			250.	00
	Name of Employer Staten Island University Hospital	Occupation Pediatric De									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
C.	Full Name (Last, First, Middle Initial) Dr. N. Sue Seale				Date of	Re	eceipt				
	Mailing Address 6815 Cornelia Ln				м м 07	/	26	/ Y) 12	Y
	City Dallas	State TX	Zip Code 75214-3220					SA11AI. [,] eceipt thi			
	FEC ID number of contributing federal political committee.	С					7			250	.00
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	American Academy of Pediatric	Dentistry	Political Action Comm	litte	e					
Α.	Full Name (Last, First, Middle Initial) Dr. Homer Sedighi				Date o	of Re	ceint			
~ ·	Mailing Address 2 West Dr			\neg	M - N			/ 7	Y Y	Y
					07		20		2012	
	City	State	Zip Code		Tran	sact	ion ID : S	SA11AI.	15862	
	Chesterfield	MO	63017-1843	_	Amour	nt of	Each Re	eceipt th	is Period	
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	Other (specify)		250.00							
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	Full Name (Last, First, Middle Initial) Dr. Irwin M. Seidman				Date o	of Re	ceint			
	Mailing Address 600 N North Ct				M N		DD	/ Y	Y Y	Y
					08		30		2012	
	City	State	Zip Code				ion ID : S			
	Palatine	IL	60067-8155	_	Amour	nt of	Each Re	eceipt th	is Period	l
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	Other (specify)		250.00							
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с.	Full Name (Last, First, Middle Initial) Dr. Barry P. Setzer				Date o	of Re	eceipt			
	Mailing Address 8355 Bayberry Rd				M	/	D D	/ Y	Y Y	Y
	City	State	Zip Code		08		04		2012	
	Jacksonville	FL	32256-4427				ion ID :		15980 is Period	1
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	federal political committee.	С			L.,		7	7	750	0.00
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		Detailed Summary Page		11a 12	$\mid \mid$	11b	11c	12	_ 4-
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American Academy of Ped	iatric Dentistry	Political Action Comr	nittee						
Full Name (Last, First, Middle Initial) A. Dr. Leland W. Shenfield			D	ate of	Re	ceipt			
Mailing Address 16030 Bothell Everett H	lwy Ste 250			м м	/	06 D	/ Y	у у 2012	Y
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	16008	
Mill Creek	WA	98012-1274	A	mount	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					7		250	0.00
Name of Employer	Occupation	1							
Mill Creek Children's Dentistry	Pediatric D	entist							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) B. Dr. Stanley A. Sheppard				ate of	Re	ceipt			
Mailing Address 2424 E Plaza Dr				м м 07	/	D D 19	/ Y	y y 2012	Y
City	State	Zip Code					SA11AI.		
Tallahassee	FL	32308-5301	A	mount	t of	Each R	eceipt th	nis Period	
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Self-Employed Receipt For:	Pediatric De								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
Full Name (Last, First, Middle Initial) C. Dr. Nannette R. Sherman				ate of	Re	ceipt			
Mailing Address 7908 Cincinnati Daytor				м м 09	/	D D 13	/ Y	y y 2012	Y
City West Chester	State OH	Zip Code 45069-6630					SA11AI.		_
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Self-Employed	Pediatric D								
Receipt For:	I	Year-to-Date ▼							
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NAME OF COMMITTEE (In Full) American Academy of Pediatric D	Pentistry Political Action Comm	hittee
Full Name (Last, First, Middle Initial) Dr. Kanoknuch Shiflett Mailing Address 933 South Sunset Avenue, #205 City West Covina FEC ID number of contributing federal political committee.	State Zip Code CA 91790-3410	Date of Receipt 07 09 2012 Transaction ID : SA11AI.15672 Amount of Each Receipt this Period 250.00
Self Employed F Receipt For: // Primary General Other (specify) ▼	Dccupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00	
smiles4children P	State Zip Code MD 21042-3673 C C Decupation C Pediatric Dentist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Self-Employed F	State Zip Code WV 26501-2291 C C Decupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
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NAME OF COMMITTEE (In Full) American Academy of Pedia	-												
A. Dr. Maria L. S. Simon Mailing Address 1560 Sherman Avenue,	#610		_	Date o		ceipt	/ Y	Y	Y	Y			
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Evanston	IL	60201-4806		Amoun	t of	Each Re	ceipt thi	is P	eriod				
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North Shore Dent. for Children	Pediatric D	entist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		250.00	1										
Full Name (Last, First, Middle Initial) B. Dr. James C. Singleton				Date o	f Re	ceipt							
Mailing Address 22423 Columbia Glacier	Loop			м м 07	/	26	/ Y) 12	Y			
City	State	Zip Code		Trans	acti	on ID : S	A11AI.1	593	37				
Eagle River	AK	99577-9528		Amoun	t of	Each Re	ceipt thi	is P	eriod				
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Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		250.00											
Full Name (Last, First, Middle Initial) C. Dr. Catherine M. Skarulis				Date o	f Re	ceipt							
Mailing Address Syosset Medical Arts Bu 50 Underhill Blvd	uilding			07	/	D D D 20	/ Y)12	Υ			
City	State	Zip Code		Trans	sact	ion ID : S	SA11AI.	158	85				
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NAME OF COMMITTEE (In Full) American Academy of Pediatr									
Full Name (Last, First, Middle Initial) Dr. Rebecca L. Slayton Mailing Address S201 Dental Science Bldg.	State	Zip Code		Date of	/	eceipt 05 ion ID :	/ Y	2012 25645	Y
Iowa City FEC ID number of contributing federal political committee.	IA	52242	/					nis Period).00
Name of Employer University of Iowa Receipt For: Primary General Other (specify)	Occupation Pediatric D Aggregate]						
Full Name (Last, First, Middle Initial) Dr. John L. Snuggs Mailing Address 3809 Whites Ferry Rd City	State	Zip Code		Date of 07 Trans	/	eceipt 27 ion ID : 1	/ Y SA11AI.	2012 1 5951	Y
West Monroe FEC ID number of contributing federal political committee. Name of Employer	LA C Occupation	71291-2006	Amount of Each Receipt this Period						
Self-Employed Receipt For: Primary General Other (specify) v	Pediatric De Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) Dr. Hazelmei D. Soliman Mailing Address 4969 Trescott Ct				Date of	[:] Re	eceipt 21	/ Y	2012	Y
City Dublin FEC ID number of contributing	State CA	Zip Code 94568-4844				ion ID : Each R		nis Period	0.00
federal political committee. Name of Employer Self-Employed	Occupation Pediatric D					7	3		
Receipt For: Primary General Other (specify) v		Year-to-Date ▼ 250.00]						
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ITEMIZED RECEIPTS	for each category Detailed Summary	
or for commercial purposes, other than using the		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
American Academy of Pediatri	c Dentistry Political Action	n Committee
Full Name (Last, First, Middle Initial) A. Dr. Steven J. Solow Mailing Address 1601 Walnut St Ste 1014		Date of Receipt
City Philadelphia	State Zip Code PA 19102-2906	Transaction ID : SA11AI.15939
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Pediatric Dentist Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) B. Dr. Eugene D. Stevenson Jr. Mailing Address 11165 La Quinta Pl		Date of Receipt
City El Paso FEC ID number of contributing federal political committee.	State Zip Code TX 79936-5221	08 24 2012 Transaction ID : SA11AI.16090 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For:	Occupation Pediatric Dentist Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Dr. John W. Stewart Mailing Address 440 E Hospital Ln		Date of Receipt
City Terre Haute FEC ID number of contributing federal political committee. Name of Employer Wabash Valley Children's Dentistry Receipt For: □ Primary □ General □ Other (specify) ▼	State IN Zip Code 47802-4251 C Occupation General Dentist Aggregate Year-to-Date ▼	09 27 2012 Transaction ID : SA11AI.16293 Amount of Each Receipt this Period 250.00 250.00
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or for commercial purposes, other than u	sing the name and a	ddress of any political committee	e to so	olicit co	ntrib	utions fr	om such	1 committ	tee.			
American Academy of Peo	diatric Dentistry	Political Action Comn	hittee	e								
Full Name (Last, First, Middle Initial) A. Dr. Bob C. Stone				Date o	f Ro	ceint						
Mailing Address 406 W Boughton Rd S	Ste B						/ .	Y Y	V			
				08	ĺ,	06	/ 1	2012				
City	State	Zip Code		Trans	sacti	ion ID : S	SA11AI.	16009				
Bolingbrook	IL	60440-3721		Amoun	t of	Each Re	eceipt th	is Period				
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Primary General Other (specify) ▼		250.00	1									
		gg	11									
Full Name (Last, First, Middle Initial)				_								
B. Dr. Angela M. Stout			_	Date o			_					
Mailing Address 716 Bethlehem Pike				07	/	04	/ Y	2012	Y			
City	State	Zip Code			acti	on ID : S	SA11AL					
Erdenheim	PA	19038		Amoun	t of	Each Re	eceipt th	is Period				
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Full Name (Last, First, Middle Initial) C. Dr. David M. Strange Jr.				Date o	f Re	ceipt						
Mailing Address 7975 Allison Way				м м 08	1	28	/ Y	ү ү 2012	Y			
City Arvada	State CO	Zip Code 80005-4428				ion ID : S						
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$\left\langle \right\rangle$	American Academy of Pediatric	Dentistry	Political Action Comm	nitte	2									
/	American Academy of Feuldlife	Derniou												
,	Full Name (Last, First, Middle Initial)													
Α.					Date c	of Re	ece	eipt						
	Mailing Address 2277 Michael Drive, #2				M N	/	ſ	DD	/	Y	Y Y	Y		
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	City Newbury Park	State CA	Zip Code 91320	\vdash							6239	J		
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	Name of Employer	Occupation												
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	Full Name (Last, First, Middle Initial)													
В.	Dr. Dean T. Sueda				Date c	of Re	ece	eipt						
	Mailing Address 1441 Kapiolani Blvd Ste 617				M	/	ſ	DD) /	Y	Y Y	Y		
				07 20 2012										
	City	State	Zip Code	Transaction ID : SA11AI.15863										
	Honolulu	HI	96814-4403	_	Amour	nt of	Ea	ach R	Recei	pt thi	s Period	k		
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	Full Name (Last, First, Middle Initial)													
C.	Dr. Candice R. Sullivan				Date c	of Re	ece	eipt						
-	Mailing Address 5436 Commerce St PO Box 24	880			M N			DD) /	Y	Y Y	Y		
					09			27		Ĺ	2012			
	City	State	Zip Code		Tran	sact	tio	n ID :	SA1	1AI.1	6294			
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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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American Academy of Pediatric	c Dentistry Political Action Comm	nittee
Full Name (Last, First, Middle Initial) Dr. David A. Sumikawa Mailing Address 1221 Kapiolani Blvd Ste 1048	3	Date of Receipt
City	State Zip Code	07 20 2012 Transaction ID : SA11AI.15864
Honolulu	HI 96814-3517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Pediatric Dental Group	Occupation Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Dr. Erin B. Sutton		Date of Receipt
Mailing Address 931 Mar Walt Dr		07 03 2012
City Fort Walton Beach	StateZip CodeFL32547-6759	Transaction ID : SA11AI.15631 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emerald Coast Dentistry	Occupation General Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dr. Purnima C. Swearingen		Date of Receipt
Mailing Address 4707 Washington Road, #2		09 27 2012
City Kenosha	StateZip CodeWI53144-1597	Transaction ID : SA11AI.16295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Pediatric Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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American Academy of Pediatric	Dentistry Political Action Com	mittee
Full Name (Last, First, Middle Initial) Dr. Jennifer Tan Heahlke Mailing Address 1221 Kapiolani Blvd Ste 1048 City Honolulu FEC ID number of contributing	State Zip Code HI 96814-3517	Date of Receipt
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leslie K. Tanimura Mailing Address 2390 Country Hills Dr Ste 102 City Antioch FEC ID number of contributing federal political committee. Name of Employer	Date of Receipt 07 20 2012 Transaction ID : SA11AI.15867 Amount of Each Receipt this Period 250.00	
Self-Employed Receipt For: Primary General Other (specify) ▼	Pediatric Dentist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dr. Jordan Tarver Mailing Address 1111 Parkway Frontage Road City Lakeland FEC ID number of contributing federal political committee. Name of Employer Dentistry for Children Receipt For: Primary General Other (specify) ▼	N State Zip Code FL 33803-0400 C Occupation Pediatric Dentist Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 08 17 2012 Transaction ID : SA11AI.16057 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		

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		Detailed Summary Page		11a 13		11b 14	11c		12 16	17
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NAME OF COMMITTEE (In Full) American Academy of Pediatri										
Full Name (Last, First, Middle Initial) A. Dr. Ben Taylor				Date of	Re	ceipt				
Mailing Address 6756 Poss Road				м м 07	/	20	/ Y	20) 12	Y
City	State	Zip Code		Trans	acti	on ID : S	SA11AI.	1586	68	
San Antonio	ТХ	78238-2258	A	Amount	of	Each Re	eceipt th	is P	eriod	
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Full Name (Last, First, Middle Initial) B. Dr. Eric A. teDuits	1			Date of	Re	ceipt				
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
$\Big\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	y Political Action Comm	hittee								
Α.	Full Name (Last, First, Middle Initial) Dr. Ashley S. Tercero			Date of Receipt								
	Mailing Address 3909 Creekside Loop Ste 140	01212	7. 0.1	07 04 Y Y Y Y 2012								
	City Yakima	State WA	Zip Code 98902-4880	Transaction ID : SA11AI.15641 Amount of Each Receipt this Period								
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	Yakima Pediatric Dentistry Receipt For:		Year-to-Date ▼	_								
	Primary General Other (specify) ▼		250.00									
в.	Full Name (Last, First, Middle Initial) Dr. Luke Teruya			Date of Receipt								
	Mailing Address 4211 Waialae Ave Ste 405		08 17 2012									
	City Honolulu	State HI	Zip Code 96816-5317	Transaction ID : SA11AI.16062 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer Self Employed	Occupation Pediatric De		_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
C.	Full Name (Last, First, Middle Initial) Dr. Scott Thompson			Date of Receipt								
	Mailing Address 16814 Placer Hills Rd			M = M / D = D / Y = Y = Y = Y Y Y Y = Y = Y Y								
	City Meadow Vista	State CA	Zip Code 95722-9531	Transaction ID : SA11AI.16058 Amount of Each Receipt this Period								
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Full Name (L A. Dr. Maria	ast, First, Middle Initial) B. Tiefenbach				Date of	Re	eceipt										
Mailing Addre	ess 5226 Graford Pl				м м 07	1	01	/ Y	۲ 202	Y 12	Y						
City		State	Zip Code			acti		SA11AI.1									
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Full Name (L B. Dr. Mary	ast, First, Middle Initial) E. Tierney	1			Date of	Re	eceipt										
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Chicago						Transaction ID : SA11AI.15941 Amount of Each Receipt this Period											
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	ess 100 N Central Expy Ste 11				м м 07	1	D D 12	/ Y	y 201		Y						
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	s and Statements may not be sold or used by any pe sing the name and address of any political committee											
NAME OF COMMITTEE (In Full)												
ight angle American Academy of Ped	iatric Dentistry Political Action Comm	ittee										
Full Name (Last, First, Middle Initial) A. Dr. Lisa M. Trevino		Date of Receipt										
Mailing Address 8323 Whisper Point Dr												
		08 06 2012										
City	State Zip Code	Transaction ID : SA11AI.16010										
Houston	TX 77040-6095	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	250.00										
Name of Employer	Occupation	_										
Self-Employed	Pediatric Dentist											
Receipt For:	Aggregate Year-to-Date ▼											
Other (specify)	250.00											
Full Name (Last, First, Middle Initial) B. Dr. Gilbert A. Trujillo		Date of Receipt										
Mailing Address 517 Hammill Ln		M M / D D / Y Y Y Y										
		07 27 2012										
City	State Zip Code	Transaction ID : SA11AI.15953										
Reno	NV 89511-1004	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	250.00										
Name of Employer	Occupation	-										
Self-Employed	Pediatric Dentist											
	Aggregate Year-to-Date ▼											
Other (specify)	250.00											
Full Name (Last, First, Middle Initial) C. Dr. Harley J. Turner III		Date of Receipt										
Mailing Address 365B E Blackstock Rd		08 01 2012										
City	State Zip Code	Transaction ID : SA11AI.15970										
Spartanburg	SC 29301-3762	Amount of Each Receipt this Period										
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\setminus	NAME OF COMMITTEE (In Full)												
	American Academy of Pediatric	c Dentistry	Political Action Comr	nitte	е								
Α.	Full Name (Last, First, Middle Initial) Dr. Christine M. Tweedy				Date	of	Re	ceipt					
	Mailing Address 4520 42nd Ave SW Ste 24				M 0	7 ^M	/	D 26			2012	Y]
	City	State	Zip Code		Tra	nsa	acti	on ID :	SA11A	1.159	142		
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в.	Full Name (Last, First, Middle Initial) Dr. Joseph A. Tylka				Date	of	Re	ceipt					
	Mailing Address Grove Medical Center, #308 R.F.D. 4160				M 0		/	20	ר / D		012	Y]
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с.	Full Name (Last, First, Middle Initial) Dr. Joseph A. Tylka				Date	of	Re	ceipt					
	Mailing Address Grove Medical Center, #308 R.F.D. 4160				[™] 0		/	D 16			012	Y]
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	Long Grove	IL	60047		Amo	unt	of	Each F	Receipt t	his F	Period	I	
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	Name of Employer	Occupation											
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		Detailed Summary Page		11a	Ш	11b	11c	12	
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American Academy of Peo	diatric Dentistry	Political Action Comr	nittee						
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Full Name (Last, First, Middle Initial)			_						
A. Dr. John H. Unkel				Date of					
Mailing Address 11730 Burray Rd				м м 09	/	27	/ Y	2012	Y
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Chesterfield	VA	23838-5155						is Period	
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B. Dr. Eric J. Van Miller			C	Date of	Re	ceipt			
Mailing Address 125 Siegler St				M M	/	DD	/ Y	YY	Y
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c . Dr. Alejandra Villasenor				Date of	Re	ceipt			
Mailing Address 8325 Walnut Hill Land	e, Suite 111			м м 08	/	21	/ Y	y y 2012	Y
City	State	Zip Code		Trans	acti	on ID : S	SA11AI.		
Dallas	ТХ	75231-4212	A	mount	of	Each Re	ceipt th	is Period	
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\rangle	American Academy of Pediatric	Dentistry	Political Action Comm	hitte	е							
A.	Full Name (Last, First, Middle Initial) Dr. Leslie Suzanne Wallace				Date of	Re	eceipt					
	Mailing Address 179 Cobbler Cir				м м 07	/	08	/ Y	Y 20)12	Y	
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.1	1565	57		
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	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Dr. Carrie A. Wanamaker				Date of	Re	eceipt					
	Mailing Address 100 Riley St Ste B				м м 09	1	07	/ Y	20 ²	ү 12	Y	
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.1	614	6		
	East Aurora	NY	14052-1830	_	Amount	of	Each R	eceipt thi	is Pe	eriod		
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Gary Warrington				Date of	Re	eceipt					
	Mailing Address 955 Main Street				м м 09	1	D D D	/ Y	20 ⁻	ү 12	Y	
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	1620)1		
	Winchester	MA	01890-1961		Amount	of	Each R	eceipt thi	is Pe	eriod		
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\backslash	NAME OF COMMITTEE (In Full)											
$\Big/$	American Academy of Pediatric	Dentistry	Political Action Comn	nittee	;							
Α.	Full Name (Last, First, Middle Initial) Dr. Nicole K. Weddell			[Date of	f Re	ceipt					-
	Mailing Address 3737 N Meridian St Ste 100				м м 07	/	20	/ Y		у 012	Y	
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.1	58	71		
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	Self-Employed	Pediatric De	entist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.00	11								
	Other (specify)		250.00									
B.	Full Name (Last, First, Middle Initial) Dr. Jack Weil			Г	Date of	f Re	ceipt					
	Mailing Address 402 Maple Avenue W., Suite B				07		27	/ Y)12	Y	
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	Vienna	VA	22180-4223	A				eceipt thi				
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с.	Full Name (Last, First, Middle Initial) Dr. Bruce H. Weiner			[Date of	f Re	ceipt					
	Mailing Address 6210 John Ryan Dr Ste 100				м м 07	/	19	/ Y)12	Y	
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI.1				
	Fort Worth	ТХ	76132-4111	A	Amoun	t of	Each R	eceipt thi	s P	Period		
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ITEMIZED RECEIPTS		each category of the ailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Pedia	tric Dentistry Poli	tical Action Com	nittee
Full Name (Last, First, Middle Initial) A. Dr. Paul A. Weiss			Date of Receipt
Mailing Address 1150 Youngs Rd Ste 106			M - M / D - D / Y - Y - Y - Y Y 09 13 2012
City Williamsville		o Code 221-8024	Transaction ID : SA11AI.16169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. William L. Whatley Jr. Mailing Address 2487 Demere Rd Ste 300)		Date of Receipt
City Saint Simons Island	State Zip	0 Code 522-5642	07 09 2012
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Pediatric Dentist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Dr. B. Gene Whitehead			Date of Receipt
Mailing Address 718 Lakeview Rd			07 20 2012
City Clearwater		o Code 1756	Transaction ID : SA11AI.15872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		_
Self-Employed	Pediatric Dentist		
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Academy of Pediatr	ic Dentistry	y Political Action Comn	nittee
Full Name (Last, First, Middle Initial) A. Dr. Fred C. Whitmire Jr. Mailing Address 951 Riverfront Pkwy Ste 20 City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State TN C Occupation Pediatric D		Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Whitney R. Wignall Mailing Address 10 Terison Dr City Falmouth FEC ID number of contributing federal political committee. Name of Employer Southern Maine Pediatric Dentistry	State ME C Occupation Pediatric De	Zip Code 04105-2618	Date of Receipt 08 17 2012 Transaction ID : SA11AI.16060 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Abby T. Wilentz Mailing Address 7400 NW 5th St City Plantation FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State FL C Occupation Pediatric D Aggregate		Date of Receipt 08 24 2012 Transaction ID : SA11AI.16092 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional).			750.00
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Any information copied from such Reports or for commercial purposes, other than us	and Statements may ing the name and ac	y not be sold or used by any p dress of any political committe	erson f e to so	or the licit co	pur ontrik	pose o outions	f solicitin from suc	g con ch cor	ntributi mmitte	ions ee.
NAME OF COMMITTEE (In Full)										
American Academy of Pedi	iatric Dentistry	Political Action Comr	nittee	;						
Full Name (Last, First, Middle Initial) A. Dr. John C. Williams			[Date c	of Re	eceipt				
Mailing Address 206 Murray Guard Dr				м м 07	/	03)12	Y
City	State	Zip Code		Tran	sact	ion ID	: SA11A	1.1563	36	
Jackson	TN	38305-3776	#	Amour	nt of	Each I	Receipt t	his Pe	eriod	
FEC ID number of contributing federal political committee.	C					7			250.	00
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Primary General	1.55.034.0		11.							
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) B. Dr. Thomas G. Wilson				Date c	of Re	eceint				
Mailing Address 8515 Douglas Ave Ste	26		- '	M		D			Y	V
Maining / Ratiose 8515 Douglas Ave Sie .	20			07	1 /	20)	_ 20 [.]		
City	State	Zip Code			sact		SA11AI		-	
Des Moines	IA	50322-2927	A				Receipt t			
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Primary General	Aggrogato		11.							
Other (specify)		250.00	4							
Full Name (Last, First, Middle Initial) C. Dr. Ronald L. Winder				Date c	of Re	eceipt				
Mailing Address 5602 South Memorial E	Drive			M N 07	/	04		y ∎ y _ 20) 12	Y
City	State	Zip Code		Tran	sact	ion ID	: SA11A	I.1564	42	
Tulsa	OK	74145-9016	A	Amour	nt of	Each I	Receipt t	his P	eriod	
FEC ID number of contributing federal political committee.	C					7			250.	00
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Primary General	. iggi ogato									
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	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose of	f solicit	ting c	ontribu	tions	_					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Pediatric																
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jackson E. Winters				ate of	Re	ceipt										
	Mailing Address 200 Lima Avenue				м м 09	/	D 14		Y	2012	Y						
	City Findlay	State OH	Zip Code 45840-3040				i on ID : Each F					_					
	FEC ID number of contributing federal political committee.	С					7			250	0.00						
	Name of Employer Self-Employed	Occupation Pediatric De															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	2.00													
в.	Full Name (Last, First, Middle Initial) Dr. John B. Wittgen Mailing Address 701 N Weinbach Ave Ste 910				Date of	Re	ceipt	0 /	Y	YY	Ý						
	City Evansville	State	Zip Code 47711-6607		08 Trans:		24 on ID :	SA11.	AI.160								
	FEC ID number of contributing federal political committee.	С			inoun	U	Each F	neceip		250							
	Name of Employer Self-Employed	Occupation Pediatric De															
	Receipt For:	Aggregate	Year-to-Date ▼ 250.00														
C.	Full Name (Last, First, Middle Initial) Dr. Carol B. Wooddell				ate of	Re	ceipt										
	Mailing Address 9295 Old Keene Mill Rd				м м 07	/	26			2012	Y						
	City Burke	State VA	Zip Code 22015-4202				ion ID : Each F										
	FEC ID number of contributing federal political committee.	С					7	,		250	0.00						
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Use separate schedule(s) for each category of the

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PAGE 141 OF

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	for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	y Political Action Com	mittee									
Α.	Full Name (Last, First, Middle Initial) Dr. Jody L. Wright			Date of Receipt									
	Mailing Address 60 Glass Ct	State	Zip Code	07 16 2012 Transaction ID : SA11AI.15737									
	Springboro	ОН	45066-9079	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer	Occupation	1										
	Self-Employed	Pediatric D	entist										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		250.00										
в.	Full Name (Last, First, Middle Initial) Dr. Karen Yee-Lo			Date of Receipt									
	Mailing Address 7609 Steilacoom Boulevard		07 20 2012										
	City Lakewood	State WA	Zip Code 98498-6199	Transaction ID : SA11AI.15875									
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer Self-Employed	Occupation Pediatric D											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
c.	Full Name (Last, First, Middle Initial) Dr. Huey-Ju Grace Yeh			Date of Receipt									
	Mailing Address 1148 S. Garfield Ave.			07 20 Y Y Y Y Y									
	City Alhambra	State CA	Zip Code 91801-4713	Transaction ID : SA11AI.15876 Amount of Each Receipt this Period									
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	Name of Employer	Occupation	1										
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	for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)	Dontiot	Delitical Action Comm								
	American Academy of Pediatfic				÷						
Α.	Full Name (Last, First, Middle Initial) Dr. Sue Nimer Young				Date of	Re	eceipt				
	Information copied from such Reports and Statements may not be so commercial purposes, other than using the name and address of a a ME OF COMMITTEE (In Full) merican Academy of Pediatric Dentistry Politica II Name (Last, First, Middle Initial) r. Sue Nimer Young uiling Address 7105 Founders PI y State y State y State general Occupation Pediatric Dentist definition r. Sue Contributing leral political committee. me of Employed ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) r. Stacy Zarakiotis uiling Address 42 Sherwood PI y State y State general Other (specify) ▼ II Name (Last, First, Middle Initial) r. Stacy Zarakiotis uiling Address 42 Sherwood PI y State general Occupation Pediatric Dentist ceipt For: Aggregate Year-to-Date Primary <				м м 09	/	12	/ Y	۲ 20	Y 12	Y
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В.	Full Name (Last, First, Middle Initial) Dr. Stacy Zarakiotis				Date of	Re	eceipt				
	Mailing Address 42 Sherwood PI				м м 07	1	20	/ Y	201	2	Y
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	Greenwich	СТ	06830-5638		Amount	of	Each R	eceipt th	is Pe	eriod	
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C.	Full Name (Last, First, Middle Initial) Dr. Stacy Zarakiotis				Date of	Re	eceipt				
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Si for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Academy of Pediatric	Dentistry	y Political Action Comm	littee
Α.	Full Name (Last, First, Middle Initial) Dr. Alan R. Zicherman Mailing Address 1 Roosevelt Ave City Peabody FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State MA C Occupation Pediatric D Aggregate		Date of Receipt 08 / 24 2012 Transaction ID : SA11AI.16095 Amount of Each Receipt this Period 250.00
В.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code	Date of Receipt
C.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code	Date of Receipt
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FEC Schedule A (Form 3X) Rev. 02/2003

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	CHEDULE B (FEC Form 3X)		varata cabadula(-)		-		-	MBER:				PA	GE	144 (OF 150
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			-											
	American Academy of Pediatric De	entistry	Political Action	on C	on	nmit	tee	Э							
Α.	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS							Date of	Dis	sburse	em	nent			
	Mailing Address PO BOX 80505							м м 07	1	D	D 01			012	Y
	City BATON ROUGE	State LA	Zip Code 70898					Trans	acti	on ID):	SB23.1	5549	9	
	Purpose of Disbursement LA 2012 House General							Amount	of	Each	D	isburse	men	t this	Period
	Candidate Name			Cat	ego ype									2500).00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	X General		ype	, 				7					
	State: LA District: 06		<i>,</i>												
в.	Full Name (Last, First, Middle Initial) BILLY LONG FOR CONGRESS							Date of	Dis						
	Mailing Address 1675-F E SEMINOLE							08	/	2	22			2012	Y
	SPRINGFIELD	State MO	Zip Code 65804					Trans	acti	ion ID):	SB23.1	557	3	
	Purpose of Disbursement MO 2012 House General							Amount	of	Fach	П	isburse	men	t this	Period
	Candidate Name			Cate T	ego ype					,		1004100		150	_
	Office Sought: House Disburser Senate President State: MO District: 07	ment For: Primary Other (spe	X General												
— C.	Full Name (Last, First, Middle Initial) BROWNLEY, JULIA							Date of	Dis	sburse	em	nent			
	Mailing Address 5613 FOXWOOD DRIVE							м м 07	1		D 6	/		012	Y
	City OAK PARK	State CA	Zip Code 91377					Trans	acti	ion ID):	SB23.1	555 <i>-</i>	4	
	Purpose of Disbursement CA 2012 House General							Amount	of	Each	П	isburse	mon	t thic	Period
	Candidate Name			Cate	ego ype			Amount		Lach		isbuise	inen).00
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_	State: CA District: 26										_				
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	om such Reports and Staten es, other than using the nam																
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American Acad	lemy of Pediatric De	ntistry I	Political Action	on Co	omm	ttee											
Full Name (Last, First A. CITIZENS TO	, Middle Initial) ELECT RICK LARS	EN					ate of	Disb	ourser		Y	Y	Y				
Mailing Address PO B	Mailing Address PO Box 326											12					
City Everett		State WA	Zip Code 98206			1	Frans	actio	n ID :	: SB23.1	5571						
Purpose of Disbursem WA 2012 House Gen						Amount of Each Disbursement this Period											
Candidate Name					egory/ vpe			,		7	:	5000.	00				
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Full Name (Last, First	trict: 02 , Middle Initial) FO RE-ELECT LOR	ETTA S	ANCHEZ			Da	ate of	Disb	ourser	ment							
Mailing Address 1212 Suite	-						08	/	D 08		201		Y				
City BURBANK		State CA	Zip Code 91502			-	Trans	actio	on ID	: SB23.1	5568						
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Mailing Address 5956	W. Race Avenue						08	/	04		201		T				
City Chicago		State IL	Zip Code 60644			1	Trans	actio	n ID	: SB23.1	5567						
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Ľ	Full Name (Last, First, Middle Initial)														
Α.	FRIENDS OF CHRIS MURPHY	D	ate c	of Dis	sburse	eme	ent								
	Mailing Address PO BOX 127					09	/	1	2	/ Y	201	12 1	Y		
	,	State	Zip Code					Trans	sacti	ion ID) : S	B23.15	5576		
	CHESHIRE Purpose of Disbursement	СТ	06410								-				
	CT 2012 Senate General						A	nour	t of	Each	Dis	sburser	nent t	this P	eriod
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	Mailing Address PO Box U										202	12	Y		
	Marietta	State GA	Zip Code 30060				,	Transaction ID : SB23.15570							
	Purpose of Disbursement GA 2012 House General			—			Amount of Each Disbursemer						nent t	this P	eriod
	Candidate Name			Cate T	ry/	1500.00									
	Office Sought: House Disburser Senate President State: GA District: 11	nent For: Primary Other (spe	X General												
с.	Full Name (Last, First, Middle Initial)						D	ate c	of Dis	sburse	eme	ent			
	Mailing Address PO BOX 371907							07	/	D 1	8	/ Y	201	12 ^Y	Y
	5	State	Zip Code					Tran	sact	ion IC):S	B23.1	5565		
	LAS VEGAS Purpose of Disbursement	NV	89137												
	NV 2012 Senate General Candidate Name			Cate		·y/	Amount of Each Disbursement							this P 1000.	
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	American Academy of Pediatric De	entistry	Political Action	on C	on	nmitte	ee									
Δ	Full Name (Last, First, Middle Initial)	Date	of Di	ebured	mor	at										
	KINZINGER FOR CONGRESS	M	_	D			Y Y	Y								
	Mailing Address PO BOX 487		09			27		2012								
	City S NEW LENOX		Tran	sact	ion ID	: SE	323.155	79								
	Purpose of Disbursement	_														
	IL 2012 House General			Amount of Each Disbursement this Pe												
	Candidate Name			Cat T	egoi ype				7		7	500	0.00			
	Office Sought: X House Disburser Senate President	2012 X General ecify)														
	State: IL District: 16		· · · · · · · · · · · · · · · · · · ·													
в.	Full Name (Last, First, Middle Initial)		Date of	of Di	sburse	emer	nt									
				Date of Disbursement 07 16 2012												
	Mailing Address PO BOX 479					07			6		2012					
	GLASTONBURY	State CT	Zip Code 06033				Tran	sact	ion ID) : SI	B23.155	559				
	Purpose of Disbursement CT 2012 House General						Amount of Each Disbursement this						Period			
	Candidate Name			Cate T	egoi ype		1000.00									
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	State: CT District: 01 Full Name (Last, First, Middle Initial)															
C.	MCCOLLUM FOR CONGRESS						Date o	_		emer		YY	V			
	Mailing Address P.O. Box 14131						09			7		2012				
	St. Paul	State MN	Zip Code 55114				Tran	sact	ion ID) : SI	B23.155	574				
	Purpose of Disbursement MN 2012 House General			Γ.			Amount of Each Disbursement th						Period			
	Candidate Name			Cat T	egoi ype							1500	0.00			
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\square	NAME OF COMMITTEE (In Full)			_															
	American Academy of Pediatric De	entistry	Political Acti	on C	on	nmi	itte	e											
Α.	Full Name (Last, First, Middle Initial) MOBROOKSFORCONGRESS.CC			Date c				ent											
	Mailing Address 7610 FOXFIRE DRIVE					09		D	2	/ 1)12	T						
	City HUNTSVILLE	State AL	Zip Code 35802					Trans	sact	ion IC):8	SB23.1	5575	;					
	Purpose of Disbursement AL 2012 House General							Amour	nt of	Each	Di	sbursei	nent	this	Period				
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	Mailing Address P.O. Box 425			08															
	Roswell	State GA	Zip Code 30077	Transaction ID : SB23.155							5569)							
	Purpose of Disbursement GA 2012 House General							Amount of Each Disbursement						this	Period				
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	State: GA District: 06 Full Name (Last, First, Middle Initial)																		
C.	STABENOW FOR US SENATE							Date c	_	sburs		ent	V	Y	Y				
	Mailing Address PO BOX 4945							09	,		2			012					
	City EAST LANSING	State MI	Zip Code 48826					Tran	sact	ion IE): S	SB23.1	5582	2					
	Purpose of Disbursement MI 2012 Senate General							Amount of Each Disbursement this Pe						Period					
	Candidate Name			Cat	ego ype				5000.00										
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$ \rangle$	American Academy of Pediatric De	entistry	Political Action	on C	on	nmit	tee	Э											
Α.	Full Name (Last, First, Middle Initial) STEVE DAINES FOR MONTANA		I	Date of	f Dis	sburse				Ŷ	Y								
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A. WELCH FOR CONGRESS					Date of											
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