

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Pediatric Dentistry Political Action Committee

ADDRESS (number and street) ▼

211 E Chicago Ave

Suite 700

☐ Check if different than previously reported. (ACC)

Chicago

IL

60611-2663

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00365965

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☒ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John S. Rutkauskas

Signature of Treasurer

John S. Rutkauskas

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 08 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 01 2012

To:

 M M / D D / Y 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

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

119392.00

125542.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

119392.00

125542.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

119392.00

125542.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37500.00	143500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37500.00	143500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37500.00	143500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Courtney Alexander

Mailing Address 20322 Huebner Rd Ste 103

City

San Antonio

State

TX

Zip Code

78258-3463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2012

Transaction ID : SA11AI.16248

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Brian K. Allen

Mailing Address 3131 Princeton Pike Bldg 6, #108

City

Lawrenceville

State

NJ

Zip Code

08648-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15779

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Tricia J. Altschuler

Mailing Address 4431 NE 28th Avenue

City

Lighthouse Point

State

FL

Zip Code

33064-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15780

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kyle D. Amspaugh

Mailing Address 1816 Chapel Dr Ste F

City

Findlay

State

OH

Zip Code

45840-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.15987

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Deanna E. Aronoff

Mailing Address 1171 Murrieta Blvd Ste 101

City

Livermore

State

CA

Zip Code

94550-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16258

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Maria Aslani-Breit

Mailing Address 1655 Elmwood Avenue

City

Rochester

State

NY

Zip Code

14620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

Transaction ID : SA11AI.15723

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Carl O. Atkins Jr.

Mailing Address 2560 Gaskins Rd

City
Richmond

State
VA

Zip Code
23238-1468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : SA11AI.16018

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Bobbi L. Augustyn

Mailing Address 2805 Campus Dr Ste 245

City
Plymouth

State
MN

Zip Code
55441-2678

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16260

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Alan E. Babigan

Mailing Address 514 Bloomfield Dr

City
Fayetteville

State
NC

Zip Code
28311-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Village Family Dental

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 09 / 2012

Transaction ID : SA11AI.16022

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Philip M. Bailey

Mailing Address 4220 Little Rd

City

Arlington

State

TX

Zip Code

76016-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	2

Transaction ID : SA11AI.15715

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Phillip A. Baker

Mailing Address 230 N Sawyer St

City

Oshkosh

State

WI

Zip Code

54902-4280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.15698

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jackie L. Banahan

Mailing Address 3141 Beaumont Centre Cir Ste 100

City

Lexington

State

KY

Zip Code

40513-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackie L. Banahan, D.M.D.

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.15782

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard J. Baylon

Mailing Address 155 Lakeland Shores Rd

City

Lakeland

State

MN

Zip Code

55043-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.16171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. K. Jean Beauchamp

Mailing Address 2297 Rudolphtown Road

City

Clarksville

State

TN

Zip Code

37043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 24 / 2012

Transaction ID : SA11AI.15899

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Neal R. Benham

Mailing Address 3131 Stein Blvd

City

Eau Claire

State

WI

Zip Code

54701-6978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.15988

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jed M. Best

Mailing Address 180 W End Ave Apt 1D

City
New York

State
NY

Zip Code
10023-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 26 / 2012

Transaction ID : SA11Al.15909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Samuel G. Blanchard

Mailing Address 1230 Berkshire Rd

City

Grosse Pointe Park

State

MI

Zip Code

48230-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : SA11Al.15879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Melanie J. Blanton

Mailing Address 10705 Anderson Rd

City

Easley

State

SC

Zip Code

29642-8298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
08 / 20 / 2012

Transaction ID : SA11Al.16065

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John A. Bogert

Mailing Address 1011 E Turnbridge Cir

City

Springfield

State

MO

Zip Code

65810-2868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15910

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Susan Bordenave-Bishop

Mailing Address 7314 North Engelwood Drive

City

Peoria

State

IL

Zip Code

61614-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.15962

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Brit E. Bowers

Mailing Address Building A
801 Sunset Dr # 3

City

Johnson City

State

TN

Zip Code

37604-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2012

Transaction ID : SA11AI.16096

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Nicholas J. Brajevich

Mailing Address 7 Misty Acres Rd

City State Zip Code
 Rolling Hills Estates CA 90274-5749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 14 / 2012

Transaction ID : SA11Al.16173

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Todd S. Brasuell

Mailing Address 189 Greenbriar Blvd # A

City State Zip Code
 Covington LA 70433-7234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 19 / 2012

Transaction ID : SA11Al.15772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Carol J. Braun

Mailing Address 2816 Veach Rd

City State Zip Code
 Owensboro KY 42303-6295

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 19 / 2012

Transaction ID : SA11Al.15746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Warren A. Brill

Mailing Address 1001 N Point Blvd

City
Baltimore

State
MD

Zip Code
21224-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 24 / 2012

Transaction ID : SA11AI.16240

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. James M. Brittain

Mailing Address 2711 Randolph Rd Ste 201

City
Charlotte

State
NC

Zip Code
28207-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15783

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Mala A. Britto

Mailing Address 4080 Lafayette Center Dr

City
Chantilly

State
VA

Zip Code
20151-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.15989

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard F. Brooks

Mailing Address 142 Lochwood West Dr

City State Zip Code
Cary NC 27518-8301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15914

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles R. Brown

Mailing Address 19365 7th Ave NE # D-108

City State Zip Code
Poulsbo WA 98370-7441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11AI.16250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey N. Brownstein

Mailing Address 13575 W Indian School Rd Ste 1000

City State Zip Code
Litchfield Park AZ 85340-4926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

West Valley Ped. Dent.

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16261

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey C. Bryson

Mailing Address 1619 S Miller Way

City

Nampa

State

ID

Zip Code

83686-7539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15785

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey S. Burg

Mailing Address 9161 Wedgefield Dr

City

Sandy

State

UT

Zip Code

84093-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Alfred M. Burns

Mailing Address 3027 Hidden Mdw

City

Seguin

State

TX

Zip Code

78155-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : SA11AI.15748

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mike Burrows

Mailing Address 303 Bancario Ste 11-12

City Marion State AR Zip Code 72364-2825

FEC ID number of contributing federal political committee.

C

Name of Employer
Marion Pediatric Dentistry

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 30 / 2012

Transaction ID : SA11AI.15957

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Maria Calcina

Mailing Address 19214 Clay Rd Ste D

City Katy State TX Zip Code 77449-4082

FEC ID number of contributing federal political committee.

C

Name of Employer
Clay Dental PLLC

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.15749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Rita M. Cammarata

Mailing Address 5252 Westchester St Ste 190

City Houston State TX Zip Code 77005-4144

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.15750

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark L. Cannon

Mailing Address Grove Medical Center, #308
 RFD 4160

City State Zip Code
 Long Grove IL 60047

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11AI.15787

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John J. Caravolas

Mailing Address 20 Hope Ave Ste 306C

City State Zip Code
 Waltham MA 02453-2717

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 03 / 2012

Transaction ID : SA11AI.15977

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Susan H. Carron

Mailing Address 40105 Grand River Ave Ste 2

City State Zip Code
 Novi MI 48375-2170

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA11AI.15973

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Sobia Carter

Mailing Address 4025 Mechanicsville Turnpike

City State Zip Code
 Richmond VA 23223-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15788

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Nancy A. Cavotta-Morton

Mailing Address 9 Century Hill Drive

City State Zip Code
 Latham NY 12110-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital District Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.16061

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard S. Chaet

Mailing Address 9830 N 50th St

City State Zip Code
 Paradise Valley AZ 85253-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 13 / 2012

Transaction ID : SA11AI.15714

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. William L. Chambers

Mailing Address 10B Yorkshire St

City

Asheville

State

NC

Zip Code

28803-2752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11AI.15717

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ritu Kalra Chandak

Mailing Address 9704 Heathermill Ln

City

Raleigh

State

NC

Zip Code

27617-8506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16265

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Elizabeth S. Check

Mailing Address 10 Springfield Xing

City

Savannah

State

GA

Zip Code

31411-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.16305

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Simon Cheirif

Mailing Address 10460 Queens Blvd., Ste. 1F

City State Zip Code
 Forest Hills NJ 11375-7301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

Transaction ID : SA11AI.15967

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Chifan Cheng

Mailing Address 1209 East Colorado Avenue, #102

City State Zip Code
 Urbana IL 61801-6393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.16050

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Stephen M. Cito

Mailing Address 3900 Eubank Blvd NE Ste 2

City State Zip Code
 Albuquerque NM 87111-3427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.16175

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Pamela C. Clark

Mailing Address 2360 County Road 94 Ste 102
Suite 102

City State Zip Code
Pearland TX 77584-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pearland Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11AI.15618

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Theresa L. Clifton

Mailing Address 77 Vilcom Center Dr Ste 310

City State Zip Code
Chapel Hill NC 27514-1788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.16068

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. H. Bryan Cobb

Mailing Address 2600 Oakcrest Ave Ste A

City State Zip Code
Greensboro NC 27408-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11AI.15733

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Anthony P. Colandrea Jr.

Mailing Address 810 Old Main St

City

Rocky Hill

State

CT

Zip Code

06067-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11AI.15728

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Brian D. Collins

Mailing Address 7777 Forest Ln Ste C626

City

Dallas

State

TX

Zip Code

75230-2549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.16306

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Julie M. Collins

Mailing Address 8130 Hope Xing

City

Evansville

State

IN

Zip Code

47712-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11AI.16154

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Brad S. Comeaux

Mailing Address 9000 Airline Hwy Ste 100

City

Baton Rouge

State

LA

Zip Code

70815-4183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : SA11AI.16098

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paige Sigsworth Comeaux

Mailing Address 9000 Airline Highway, #100

City

Baton Rouge

State

LA

Zip Code

70815-4183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : SA11AI.16099

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Santos Cortez Jr.

Mailing Address 3320 N. Los Coyotes Diagonal, #200

City

Long Beach

State

CA

Zip Code

90808-3938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santos Cortez, DDS & Assoc

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2012

Transaction ID : SA11AI.15952

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 25 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Nancy E. Cosenza

Mailing Address 97 N Main St

City

Southampton

State

NY

Zip Code

11968-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : SA11Al.16104

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lenora G. Covington

Mailing Address 216 Cedar Bluff Dr

City

Moore

State

SC

Zip Code

29369-8950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 19 / 2012

Transaction ID : SA11Al.15774

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert D. Coyle

Mailing Address 4404 Thornbrook Ter

City

Columbia

State

MO

Zip Code

65203-9741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 24 / 2012

Transaction ID : SA11Al.15901

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James J. Crall

Mailing Address 827 Levering Ave Apt 811

City

Los Angeles

State

CA

Zip Code

90024-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2012

Transaction ID : SA11AI.15721

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Gary L. Creisher

Mailing Address 5 Webhannet Pl Ste 1

City

Kennebunk

State

ME

Zip Code

04043-7275

FEC ID number of contributing
federal political committee.

C

Name of Employer

York County Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16267

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James P. Crews II

Mailing Address 2200 E Parrish Ave Bldg C # 202

City

Owensboro

State

KY

Zip Code

42303-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Dentistry Owensboro

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : SA11AI.16139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David J. Crippen

Mailing Address 920 29th St

City

Sacramento

State

CA

Zip Code

95816-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15790

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Timothy F. Crisp

Mailing Address 11 Canary Ln

City

Winchester

State

KY

Zip Code

40391-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15948

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Theodore P. Croll

Mailing Address 708 N Shady Retreat Rd
Georgetown Commons, #2

City

Doylestown

State

PA

Zip Code

18901-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doylestown Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.16070

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 28 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. J. David Crossley

Mailing Address 8200 Hulls Mill Rd

City

Talbott

State

TN

Zip Code

37877-8918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : SA11AI.16017

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Yasmi O. Crystal

Mailing Address 111 E Union Ave

City

Bound Brook

State

NJ

Zip Code

08805-1761

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Ped. Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.16176

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian L. Cullen

Mailing Address 2359 S 22nd Dr Ste 1

City

Yuma

State

AZ

Zip Code

85364-8870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Dentistry of Yuma

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : SA11AI.16214

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Claire L. Cullen

Mailing Address 40105 Grand River Ave Ste 2

City

State

Zip Code

Novi

MI

48375-2170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : SA11AI.16019

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jennifer L. Cully

Mailing Address 41 Hearthstone Ln

City

State

Zip Code

Marlton

NJ

08053-5366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.16012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ronald A. Curran

Mailing Address 5036 Yale St Ste 302

City

State

Zip Code

Metairie

LA

70006-3980

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11AI.15915

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Barry J. Currey

Mailing Address 6500 Quaker Ave Ste F

City

Lubbock

State

TX

Zip Code

79413-5138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.16156

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Margaret A. Curry

Mailing Address 6464 Sutcliffe Dr

City

Alexandria

State

VA

Zip Code

22315-5579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : SA11AI.16115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David K. Curtis

Mailing Address 300 Hospital Dr

City

Columbus

State

MS

Zip Code

39705-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.15991

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Laurence A. Darrow

Mailing Address 14507 S Bascom Ave

City

Los Gatos

State

CA

Zip Code

95032-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.15751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lea Ann Davenport

Mailing Address 816 York Rd

City

Evansville

State

IN

Zip Code

47715-4277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2012

Transaction ID : SA11AI.16046

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Lynda N. Dean-Duru

Mailing Address 44025 Pipeline Plz # 1-225

City

Ashburn

State

VA

Zip Code

20147-5885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ashburn Children's Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 12 / 2012

Transaction ID : SA11AI.15706

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jason T. Decker

Mailing Address 25 Tarragon Ter

City

Clifton Park

State

NY

Zip Code

12065-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11Al.15792

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jill A. Decker

Mailing Address 240 Sherman St

City

Longmont

State

CO

Zip Code

80501-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	2

Transaction ID : SA11Al.16041

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Beatriz De la Roche

Mailing Address 6583 State Route 819 S Ste 1

City

Mt Pleasant

State

PA

Zip Code

15666-3503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tender Care Pediatric Dentist

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : SA11Al.16071

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Robert L. Delarosa

Mailing Address 9000 Airline Hwy Ste 100

City State Zip Code
Baton Rouge LA 70815-4183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SA11AI.15584

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Daniel de la Torre

Mailing Address 1075 Central Park Ave Ste 400

City State Zip Code
Scarsdale NY 10583-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.16073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Steven C. Demetriou

Mailing Address 1147 Main St

City State Zip Code
Tewksbury MA 01876-2080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11AI.15735

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John H. Deppen

Mailing Address 6121 S Westnedge Ave

City

State

Zip Code

Portage

MI

49002-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 02 / 2012

Transaction ID : SA11AI.15605

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lawrence Dinkes

Mailing Address 4702 Main St

City

State

Zip Code

Bridgeport

CT

06606-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Commerce Park Dental

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2012

Transaction ID : SA11AI.16140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Roland R. Ditto

Mailing Address 2347 Cason St

City

State

Zip Code

Lafayette

IN

47904-2670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15793

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kevin J. Donly

Mailing Address 7703 Floyd Curl Dr

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 12 / 2012

Transaction ID : SA11AI.15709

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Larry D. Dormois

Mailing Address 7675 Wolf River Cir Ste 102

City

Germantown

State

TN

Zip Code

38138-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15795

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Gila C. Dorostkar

Mailing Address 38 Avila Street

City

San Francisco

State

CA

Zip Code

94123-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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)..... ►

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

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

FOR LINE NUMBER: PAGE 36 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Isabel G. Driggers

Mailing Address 1000 Tanner Ford Blvd Ste 370

City State Zip Code
 Hanahan SC 29410-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11AI.15797

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Deryl W. Drum

Mailing Address 317 Tamarack Lane, #B

City State Zip Code
 Shiloh IL 62269-2993

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Grins 4 Kids Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : SA11AI.15964

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Fred B. Dunkelberger

Mailing Address 79 Smokerise Pt

City State Zip Code
 Peachtree City GA 30269-4068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 12 / 2012

Transaction ID : SA11AI.15707

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mary Beth Dunn

Mailing Address 2733 Wehrle Dr Ste 300

City

Williamsville

State

NY

Zip Code

14221-7348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15798

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Joel T. Edwards

Mailing Address 1508 N Grandview Ave Ste 5

City

Odessa

State

TX

Zip Code

79761-3040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16269

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert H. Ellis Jr.

Mailing Address 8905 Two Notch Rd

City

Columbia

State

SC

Zip Code

29223-6367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2012

Transaction ID : SA11AI.15711

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Catharine A. Enright

Mailing Address 3280 Howell Mill Road, NW

City State Zip Code
 Atlanta GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2012

Transaction ID : SA11AI.15981

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank J. Enriquez

Mailing Address 23727 Hawthorne Blvd Ste 4B

City State Zip Code
 Torrance CA 90505-5939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.16178

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kelli L. Ettelbrick

Mailing Address 8380 Warren Pkwy Ste 400

City State Zip Code
 Frisco TX 75034-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15799

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Meredith A. Evans

Mailing Address 125 Siegler St

City

Green Bay

State

WI

Zip Code

54303-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

Transaction ID : SA11AI.15623

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Morgan P. Evershed

Mailing Address 2273 E Wilcox Dr

City

Sierra Vista

State

AZ

Zip Code

85635-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dental Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 02 / 2012

Transaction ID : SA11AI.15588

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Melanie J. Fatone

Mailing Address 110 Buckley Rd

City

Salem

State

CT

Zip Code

06420-3742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2012

Transaction ID : SA11AI.15975

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jay L. Felsenstein

Mailing Address 4521 US Highway 9

City

Howell

State

NJ

Zip Code

07731-3380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11Al.15801

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. M. Claire B. Field

Mailing Address 200 Grandview Rd

City

Media

State

PA

Zip Code

19063-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11Al.15917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. David F. Fishbaugh

Mailing Address 3434 Douglas Rd

City

South Bend

State

IN

Zip Code

46635-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11Al.16180

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 41 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John J. Flowers Jr.

Mailing Address 2431 W Main St Ste 201

City State Zip Code
Dothan AL 36301-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.15961

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Tyger A. Foster

Mailing Address 145 Sullys Trl Ste 1

City State Zip Code
Pittsford NY 14534-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.16182

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Susan Gehm Francis

Mailing Address 3200 Bellmead Dr

City State Zip Code
Bellmead TX 76705-3077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.16075

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Casey R. Frazier

Mailing Address 100 Medical Center Pkwy Ste 700

City State Zip Code
Huntsville TX 77340-4965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pediatric Dentistry, P.C.

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15919

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Carol A. French

Mailing Address PO Box 1813 #1 Thames Alley

City State Zip Code
Irmo SC 29063-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15881

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Joseph D. Fridgen

Mailing Address 189 N Bascom Ave Ste 200

City State Zip Code
San Jose CA 95128-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15803

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lynn K. Fujimoto

Mailing Address 850 Kamehameha Hwy

City

Pearl City

State

HI

Zip Code

96782-2656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2012

Transaction ID : SA11AI.16038

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven J. Fuson

Mailing Address 7675 Wolf Circle, #102

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Dental Group

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 02 / 2012

Transaction ID : SA11AI.15589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard J. Galeone

Mailing Address 122 Holly Drive

City

Lansdale

State

PA

Zip Code

19446-0737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15804

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Andrew H. Garabedian

Mailing Address 915 E 24th Ave

City

Spokane

State

WA

Zip Code

99203-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Irma L. Garcia

Mailing Address 3694 Hilborn Road, #100

City

Fairfield

State

CA

Zip Code

94534-7994

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15920

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Geraldine Garcia-Rogers

Mailing Address 955 Main St Ste 101

City

Winchester

State

MA

Zip Code

01890-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Dental Associates

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2012

Transaction ID : SA11AI.15722

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Shakeh Garibyan

Mailing Address 539 Salem St Apt 3

City

Glendale

State

CA

Zip Code

91203-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11AI.16244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lacy V. Garrett

Mailing Address 1676 Jefferson Ave

City

New Orleans

State

LA

Zip Code

70115-4949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.15966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jonathan M. Gidan

Mailing Address 12840 Riverside Dr Ste 504

City

North Hollywood

State

CA

Zip Code

91607-3354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.16212

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Joseph Giuliano

Mailing Address 191 Hamburg Turnpike

City

Pompton Lakes

State

NJ

Zip Code

07442-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ped. Dentistry of North Jersey

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.16272

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kathryn M. Glazer

Mailing Address 50 Copperfield Dr

City

Madison

State

CT

Zip Code

06443-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	2

Transaction ID : SA11AI.15902

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jerry W. Godkin

Mailing Address 14721 Pebble Bend Dr At F M 1960 W

City

Houston

State

TX

Zip Code

77068-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.15777

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lori C. Good

Mailing Address 11616 Iberia Pl

City

San Diego

State

CA

Zip Code

92128-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16298

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Scott D Goodman

Mailing Address 1340 Matthews Township Pkwy
Ste 201

City

Matthews

State

NC

Zip Code

28105-4681

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ped. Dentistry of Matthews

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11AI.15949

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael L. Gordon

Mailing Address 3544 Springdale Rd

City

Cincinnati

State

OH

Zip Code

45251-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16273

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Tamela L. Gough

Mailing Address 201 N Alma Dr Ste 100

City
Allen

State
TX

Zip Code
75013-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11Al.16051

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kristine A. Grazioso

Mailing Address 223 Route 3A, #102

City

Cohasset

State

MA

Zip Code

02025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11Al.16309

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Kristine A. Grazioso

Mailing Address 223 Route 3A, #102

City

Cohasset

State

MA

Zip Code

02025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 26 / 2012

Transaction ID : SA11Al.16310

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth D. Greenstadt

Mailing Address 3565 Torrance Boulevard

City

Torrance

State

CA

Zip Code

90503-4847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SA11Al.16215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert L. Gregorsok

Mailing Address 1301 W 1st St

City

Cedar Falls

State

IA

Zip Code

50613-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Transaction ID : SA11Al.16021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ann L. Griffen

Mailing Address 305 W 12th Ave

City

Columbus

State

OH

Zip Code

43210-1267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : SA11Al.16254

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth W. Groman

Mailing Address 27 Georgian Bay Dr

City

Morganville

State

NJ

Zip Code

07751-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15805

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Wayne M. Grossman

Mailing Address 11230 Gold Express Drive, #302

City

Gold River

State

CA

Zip Code

95670-4484

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15806

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gulsun Gul

Mailing Address 375 Lee St

City

Brookline

State

MA

Zip Code

02445-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tufts Dental School

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 02 / 2012

Transaction ID : SA11AI.15591

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 51 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. George A. Gutierrez

Mailing Address 3830 McCullough Ave Ste 100

City State Zip Code
 San Antonio TX 78212-5260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012

Transaction ID : SA11AI.16102

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James Haas

Mailing Address 17 Isabella Dr

City State Zip Code
 Londonderry NH 03053-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanguard Dental Group

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : SA11AI.15624

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Charles R. Hall

Mailing Address 2918 Eastern Shore Dr SE

City State Zip Code
 Hampton Cove AL 35763-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : SA11AI.16015

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Robert S. Haring

Mailing Address 100 N High St Ste D

City State Zip Code
Dublin OH 43017-2155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11Al.15921

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Amybeth Harmon

Mailing Address 2710 Pleasant Hill Road

City State Zip Code
Pleasant Hill CA 94523-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11Al.15807

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. J. Huel Harris

Mailing Address 1014 S. 28th Avenue

City State Zip Code
Hattiesburg MS 39402-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11Al.15950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 53 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark R. Harrison

Mailing Address 40 Portsmouth Avenue

City State Zip Code
 Exeter NH 03833-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 20 2012

Transaction ID : SA11AI.15808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robin D. Harshaw

Mailing Address 780 W Lancaster Ave Ste 100

City State Zip Code
 Bryn Mawr PA 19010-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 20 2012

Transaction ID : SA11AI.15809

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Donald W. Haskins

Mailing Address 5222 N Portland Ave

City State Zip Code
 Oklahoma City OK 73112-2070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 23 2012

Transaction ID : SA11AI.15890

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Susie S. Hayden

Mailing Address 20322 Huebner Rd Ste 103

City

San Antonio

State

TX

Zip Code

78258-3463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11Al.16252

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mary J. Hayes

Mailing Address 737 N Michigan Ave Ste 1330

City

Chicago

State

IL

Zip Code

60611-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Dental Health Assoc.

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2012

Transaction ID : SA11Al.16116

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Peter A. Hayes

Mailing Address 5475 Remington Rd

City

Las Cruces

State

NM

Zip Code

88011-7594

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SA11Al.16052

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Stephen M. Heaney

Mailing Address 64 Orland Square Dr Ste 216

City

Orland Park

State

IL

Zip Code

60462-6544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2012

Transaction ID : SA11AI.16119

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William J. Heimann

Mailing Address 1526 W Glendale Ave Ste 103

City

Phoenix

State

AZ

Zip Code

85021-8576

FEC ID number of contributing
federal political committee.

C

Name of Employer

N. Phoenix Pediatric Dentistry LLC

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2012

Transaction ID : SA11AI.16023

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Vickie L. Hemann

Mailing Address 1209 E Colorado Ave

City

Urbana

State

IL

Zip Code

61801-6392

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15810

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Raven R. Henderson

Mailing Address 765 Straits Tpke

City
Middlebury

State
CT

Zip Code
06762-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dynobite Smiles

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15812

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Matthew C. Henry

Mailing Address 1439 Stillwater Ave Ste 7

City

Cheyenne

State

WY

Zip Code

82009-7367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SA11AI.15593

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Gregory G Hill

Mailing Address 45 Barkley Cir

City

Fort Myers

State

FL

Zip Code

33907-7531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : SA11AI.15650

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Sarah Hill

Mailing Address 1308 34th Street

City

Anacortes

State

WA

Zip Code

98221-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11Al.15775

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ty A. Hinze

Mailing Address 8380 Warren Pkwy Ste 400

City

Frisco

State

TX

Zip Code

75034-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11Al.15815

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Cynthia L. Hipp

Mailing Address 2 Vale Rd

City

Charleston

State

SC

Zip Code

29407-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 11 / 2012

Transaction ID : SA11Al.15699

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark S. Hochberg

Mailing Address 5 Overbrook Ln

City

Glen Head

State

NY

Zip Code

11545-2795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15817

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Eric D. Hodges

Mailing Address 2410 S 73rd St

City

Omaha

State

NE

Zip Code

68124-2395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.16077

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Hoffmann

Mailing Address 950 Francis Place, #305

City

St. Louis

State

MO

Zip Code

63105-2465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15818

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 59 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lizbeth Holguin

Mailing Address 1800 McRae Blvd

City

El Paso

State

TX

Zip Code

79925-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15820

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Craig S. Hollander

Mailing Address 1911 Kings Row Mnr

City

Saint Louis

State

MO

Zip Code

63146-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SA11AI.15594

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert L. Hollowell III

Mailing Address 2824 Rogers Rd Ste 201

City

Wake Forest

State

NC

Zip Code

27587-3896

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15880

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Brent L. Holman

Mailing Address 2538 University Dr S # A

City

Fargo

State

ND

Zip Code

58103-5737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2012

Transaction ID : SA11AI.15700

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James M. Hori

Mailing Address 94-229 Waipahu Depot St Ste 501

City

Waipahu

State

HI

Zip Code

96797-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.16205

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Zachary L. Houser

Mailing Address 9480 Briar Village Pt Ste 301

City

Colorado Springs

State

CO

Zip Code

80920-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : SA11AI.16236

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 61 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard P. Hsu

Mailing Address 1789 NW 173rd Ave

City

Beaverton

State

OR

Zip Code

97006-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : SA11AI.16217

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Howard H. Hunt Jr.

Mailing Address 320 Griner St

City

Del Rio

State

TX

Zip Code

78840-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amigo Children's Dental

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15822

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jessie Hunter

Mailing Address 201 N. Alma Drive, #100

City

Allen

State

TX

Zip Code

75013-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.16078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 62 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Brad C. Hwang

Mailing Address 24837 104th Ave SE Ste 200

City State Zip Code
 Kent WA 98030-6800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 08 / 06 / 2012

Transaction ID : SA11AI.15993

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Bilkisu Idakoji

Mailing Address 1535 Nagle St

City State Zip Code
 Houston TX 77003-4542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 07 / 17 / 2012

Transaction ID : SA11AI.15738

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John Iwasaki

Mailing Address 19 Padanaram Road

City State Zip Code
 Danbury CT 06811-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 08 / 17 / 2012

Transaction ID : SA11AI.16053

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jenny Jackson

Mailing Address 76 Peachtree Rd Ste 100

City Asheville State NC Zip Code 28803-5041

FEC ID number of contributing federal political committee.

C

Name of Employer
Asheville Pediatric Dentistry

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.16079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lois A. Jackson

Mailing Address 505 Laguardia Pl Apt L4

City New York State NY Zip Code 10012-0045

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.16081

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Perry L. Jeffries

Mailing Address 871 Huffman Street

City Greensboro State NC Zip Code 27405-7205

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15823

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Bret M. Jerger

Mailing Address 2101 N Main St

City

Decatur

State

IL

Zip Code

62526-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jerger Pediatric Dentistry, P.C.

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11Al.16124

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Raquel M. Jham

Mailing Address 7618 Polk St

City

Forest Park

State

IL

Zip Code

60130-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11Al.15995

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. E. LaRee Johnson

Mailing Address 2800 Wakefield Pines Drive, #110

City

Raleigh

State

NC

Zip Code

27614-8597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11Al.15922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Julie Y. Jong

Mailing Address 555 Westfield Ave

City

Westfield

State

NJ

Zip Code

07090-3375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI.16218

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Andrew J. Kapust

Mailing Address 344 Cleveland Ave SE Ste J

City

Tumwater

State

WA

Zip Code

98501-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16274

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. I. Gary Katcoff

Mailing Address 3559 Wheeler Road

City

Augusta

State

GA

Zip Code

30909-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer

I. Gary Katcoff DDS PC

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16275

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. George A. Kates

Mailing Address 15 Old Beach Rd

City

Newport

State

RI

Zip Code

02840-3285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11AI.15923

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lewis A. Kay

Mailing Address 401 Mallard Ln

City

Moorestown

State

NJ

Zip Code

08057-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.15996

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Dr. John J. Keating III

Mailing Address 529 New Jersey Ave

City

Absecon

State

NJ

Zip Code

08201-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.16054

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Douglas B. Keck

Mailing Address 62 Denison Dr

City

Guilford

State

CT

Zip Code

06437-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15824

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard W. Kennedy

Mailing Address 1246 Nilles Rd Ste 3

City

Fairfield

State

OH

Zip Code

45014-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2012

Transaction ID : SA11AI.15701

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul A. Kennedy III

Mailing Address 6200 Saratoga Boulevard

City

Corpus Christi

State

TX

Zip Code

78414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

Transaction ID : SA11AI.16315

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Paul A. Kennedy Jr.

Mailing Address 6200 Saratoga Boulevard

City State Zip Code
 Corpus Christi TX 78414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : SA11AI.16316

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mahnaz M. Khan

Mailing Address 959 Brush Hollow Rd

City State Zip Code
 Westbury NY 11590-1778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.16279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ameneh Khosrovani

Mailing Address 2640 Telegraph Ave # 101

City State Zip Code
 Berkeley CA 94704-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 23 / 2012

Transaction ID : SA11AI.16112

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 69 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John T. King

Mailing Address 125 Cool Springs Blvd Ste 140

City State Zip Code
Franklin TN 37067-6475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : SA11AI.16143

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Timothy R. Kinzel

Mailing Address 7001 Old Sauk Rd

City State Zip Code
Madison WI 53717-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : SA11AI.15998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Derek G. Kirkham

Mailing Address 9480 Briar Village Pt Ste 301

City State Zip Code
Colorado Springs CO 80920-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11AI.16213

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 70 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Daniel R. Klein

Mailing Address 2121 Abbot Rd

City

East Lansing

State

MI

Zip Code

48823-8535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard A. Kline

Mailing Address 8831 Satyr Hill Rd Ste 200

City

Baltimore

State

MD

Zip Code

21234-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16280

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark H. Kogut

Mailing Address 8325 Walnut Hill Ln Ste 111

City

Dallas

State

TX

Zip Code

75231-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.16206

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 71 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Shari C. Kohn

Mailing Address 3 Dipping Pond Ct

City

Lutherville

State

MD

Zip Code

21093-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SA11Al.16312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Amy E. Kramer

Mailing Address 3279 Fernglade Rd

City

Verona

State

WI

Zip Code

53593

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2012

Transaction ID : SA11Al.16220

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Kimberly A. Kretsch

Mailing Address 1056 S 88th St

City

Louisville

State

CO

Zip Code

80027-9460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Young Dentistry for Children

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11Al.16242

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Stacey R. Kutsch

Mailing Address 299 Piper St

City

Richland

State

WA

Zip Code

99352-8703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11AI.15678

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Dennis M. Lambert

Mailing Address 8205 Corporate Way

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2012

Transaction ID : SA11AI.15983

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Beverly A. Largent

Mailing Address 3008 Oregon St

City

Paducah

State

KY

Zip Code

42001-5651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beverly A. Largent, DMD

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11AI.16067

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

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

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

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

FOR LINE NUMBER: PAGE 73 OF 150
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Steven D. Lasser

Mailing Address 1090 New London Ave

City
Cranston

State
RI

Zip Code
02920-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15927

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Hoanh B. Le

Mailing Address 430 N Woodlawn St

City
Wichita

State
KS

Zip Code
67208-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer

KidSpace Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11AI.15679

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Tra T. Le

Mailing Address 14591 Newport Ave Ste 108

City
Tustin

State
CA

Zip Code
92780-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dentistry for KiDDS

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : SA11AI.16148

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kecia S. Leary

Mailing Address 609 N Jerico St

City

State

Zip Code

Nixa

MO

65714-8963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : SA11AI.16110

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jason M. Lee

Mailing Address 12801 Plum Hollow Dr

City

State

Zip Code

Oklahoma City

OK

73142-5147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.16083

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Andrea R. Leopold

Mailing Address 2600 Fox Creek Dr

City

State

Zip Code

Lima

OH

45805-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15826

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 75 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Brynn L. Leroux

Mailing Address 9000 Airline Hwy Ste 100

City

Baton Rouge

State

LA

Zip Code

70815-4183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2012

Transaction ID : SA11AI.16106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen C. Levin

Mailing Address 2003 Rock Spring Rd

City

Forest Hill

State

MD

Zip Code

21050-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stephen C Levin DDSPA

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2012

Transaction ID : SA11AI.15689

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Jasper L. Lewis Jr.

Mailing Address 1025 Johns Hopkins Dr

City

Greenville

State

NC

Zip Code

27834-7227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15883

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. William H. Lieberman

Mailing Address 152 Broad St

City

Red Bank

State

NJ

Zip Code

07701-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11Al.16184

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Amy Treese Light

Mailing Address 9812 Falls Rd Ste 118

City

Potomac

State

MD

Zip Code

20854-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amy Light, DMD, PC

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11Al.15828

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Doris Lin-Song

Mailing Address 1 Parker Ave

City

San Francisco

State

CA

Zip Code

94118-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11Al.15829

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 77 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gary S. Lindner

Mailing Address 72 S River Rd

City State Zip Code
 Bedford NH 03110-6759

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : SA11AI.15732

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark S. Lisagor

Mailing Address 477 Calle Higuera

City State Zip Code
 Camarillo CA 93010-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : SA11AI.15999

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Tammi T. Lockhart

Mailing Address 109 Dunton Hill Ln

City State Zip Code
 Clinton MS 39056-6216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.16282

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Larry W. Loveridge

Mailing Address 1921 S Arthur St

City

Kennewick

State

WA

Zip Code

99338-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.16085

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Catherine L. Lyles

Mailing Address 13032 Nacogdoches Road, #202

City

San Antonio

State

TX

Zip Code

78217-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

Transaction ID : SA11AI.15633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas J. Madl Jr.

Mailing Address 1003 Harrison Ave Ste 300

City

Harrison

State

OH

Zip Code

45030-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.16185

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 79 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Margaret Madonian

Mailing Address 600 Oswego Street

City
Liverpool

State
NY

Zip Code
13088-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2012

Transaction ID : SA11AI.15690

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Tammy L. Maharrey

Mailing Address PO Box 381436

City

Germantown

State

TN

Zip Code

38183-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : SA11AI.16132

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Rachel A. Maher

Mailing Address 2036 Foulk Rd Ste 200

City

Wilmington

State

DE

Zip Code

19810-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15833

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Martin J. Makowski

Mailing Address 39400 Garfield Rd Ste 200

City

Clinton Township

State

MI

Zip Code

48038-4096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : SA11AI.15834

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Cynthia A. Manders

Mailing Address 115 N Dixie Dr Ste 310

City

Lake Jackson

State

TX

Zip Code

77566-5958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 12 / 2012

Transaction ID : SA11AI.15708

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Aaron M. Mannella

Mailing Address 390 State Route 10

City

Randolph

State

NJ

Zip Code

07869-2141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : SA11AI.15835

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Nidia P. Marchese

Mailing Address **Mt Margaret Estates**
16 September Dr

City State Zip Code
Scranton PA 18512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI.16222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Barry K. Marcum

Mailing Address **310 Stevens Entry**

City State Zip Code
Peachtree City GA 30269-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15837

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael P. Marfori

Mailing Address **4151 Hunters Park Ln Ste 124**

City State Zip Code
Orlando FL 32837-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2012

Transaction ID : SA11AI.16107

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Brian S. Martin

Mailing Address 116 Shannon Dr

City

Blawnox

State

PA

Zip Code

15238-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.16087

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. H. Edward Martin

Mailing Address 4601 West 109th Street, #217

City

Overland Park

State

KS

Zip Code

66211-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2012

Transaction ID : SA11AI.15891

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Josefina V. Martinez

Mailing Address 310 Stagecoach Trl Ste 1000

City

San Marcos

State

TX

Zip Code

78666-5157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.16013

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Elliott David Maser

Mailing Address 3101 Bristol Rd Ste 1

City
Bensalem

State
PA

Zip Code
19020-2168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15838

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Claudia Masouredis

Mailing Address 801 Portola Drive, Ste 109

City

San Francisco

State

CA

Zip Code

94127-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2012

Transaction ID : SA11AI.15892

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael S. Mathews

Mailing Address 409 Layne Dr

City

West Burlington

State

IA

Zip Code

52655-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.16187

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Raymond A. Maturo

Mailing Address 2074 S Main St

City

Ann Arbor

State

MI

Zip Code

48103-6962

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11AI.15680

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank J. Maye

Mailing Address 19615 State Road 7 Ste 33

City

Boca Raton

State

FL

Zip Code

33498-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maye Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15840

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Denise L. McAllister

Mailing Address 888 Busse Hwy

City

Park Ridge

State

IL

Zip Code

60068-5901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.16189

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Timothy P. McCabe

Mailing Address 555 Westfield Ave

City
Westfield

State
NJ

Zip Code
07090-3375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westfield Pediatric Dental Group

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 05 / 2012

Transaction ID : SA11AI.16142

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Georganne P. McCandless

Mailing Address 455 School St Ste 42

City
Tomball

State
TX

Zip Code
77375-4595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.16246

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael J. McCoy

Mailing Address 32 Dennett Farm Rd

City
Buxton

State
ME

Zip Code
04093-6225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2012

Transaction ID : SA11AI.16063

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. K. Renee McGough

Mailing Address 2392 H G Mosley Pkwy

City

Longview

State

TX

Zip Code

75604-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

Transaction ID : SA11Al.16028

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Eugene J. McGuire

Mailing Address 1575 Pond Rd Ste 105

City

Allentown

State

PA

Zip Code

18104-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

Transaction ID : SA11Al.16152

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Lezley P. McIlveen

Mailing Address 131 Elden St Ste 130

City

Herndon

State

VA

Zip Code

20170-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2012

Transaction ID : SA11Al.15929

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Dennis J. McTigue

Mailing Address 305 W 12th Ave

City

Columbus

State

OH

Zip Code

43210-1267

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSU College of Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 25 / 2012

Transaction ID : SA11AI.15907

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jessica A. Meeske

Mailing Address 601 N Saint Joseph Ave

City

Hastings

State

NE

Zip Code

68901-7531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lockwood Meeske Ped. Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.15757

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert H. Melton

Mailing Address PO Box 712

City

Drumright

State

OK

Zip Code

74030-0712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 16 / 2012

Transaction ID : SA11AI.15727

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 88 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Andrew S. Middleton

Mailing Address 6643 Hwy 98

City State Zip Code
Hattiesburg MS 39402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : SA11AI.15894

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David M. Miller

Mailing Address PO Box 206 8011 Robin Hill Rd

City State Zip Code
Newburgh IN 47629-0206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jade Miller

Mailing Address 517 Hammill Ln

City State Zip Code
Reno NV 89511-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Margaret A. Miller

Mailing Address 534 Redbird Cir

City

De Pere

State

WI

Zip Code

54115-8785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Dental Clinic Of Green Bay

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15844

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Anthony L. Minutillo

Mailing Address 820 Route 176, #111

City

Crystal Lake

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15846

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Martha B. Miqueo

Mailing Address 300 Sylvan Ave

City

Englewood Cliffs

State

NJ

Zip Code

07632-2525

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIZSTARA

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : SA11AI.15740

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gregory S. Mokotoff

Mailing Address 1478 Post Rd

City

Fairfield

State

CT

Zip Code

06824-5938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kids First Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : SA11AI.15664

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ericka Montalvan

Mailing Address 1000 Park Blvd Unit F

City

Massapequa Park

State

NY

Zip Code

11762-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2012

Transaction ID : SA11AI.15692

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward H. Moody Jr.

Mailing Address 920 W Main St

City

Morristown

State

TN

Zip Code

37814-4515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
08 / 15 / 2012

Transaction ID : SA11AI.16044

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Margaret G. Moore

Mailing Address 900 Professional Dr

City

Warner Robins

State

GA

Zip Code

31088-0520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11AI.15931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Shane Moore

Mailing Address 2455 W Interstate 40

City

Amarillo

State

TX

Zip Code

79109-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

Transaction ID : SA11AI.15725

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Shane Moore

Mailing Address 2455 W Interstate 40

City

Amarillo

State

TX

Zip Code

79109-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16301

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 92 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Robert E. Morgan

Mailing Address Richardson Medical Park
375 Municipal Dr Ste 104

City Richardson State TX Zip Code 75080-3543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : SA11AI.15683

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Moriguchi

Mailing Address 4211 Waialae Ave Ste 405

City Honolulu State HI Zip Code 96816-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI.16224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jack W. Morrow

Mailing Address 4200 Bryant Irvin Rd Ste 129

City Fort Worth State TX Zip Code 76109-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sel-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.16190

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 93 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Cecilia A. Moy

Mailing Address 4015 Henderson Rd

City State Zip Code
 Columbus OH 43220-2288

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012

Transaction ID : SA11AI.16247

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Gary R. Myers

Mailing Address 3200 Old Jennings Rd

City State Zip Code
 Middleburg FL 32068-3414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Myers Pediatric Dent. & Orthodontics

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : SA11AI.15745

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark L. Nelson

Mailing Address 1551 Renaissance Towne Dr Ste 540

City State Zip Code
 Bountiful UT 84010-7678

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11AI.15848

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 94 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Rick J. Nichols

Mailing Address 104 E Olive Ave Ste 200

City State Zip Code
 Redlands CA 92373-5255

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA11AI.16049

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Scott W. Nieman

Mailing Address 395 N West St # A

City State Zip Code
 Westerville OH 43082-1400

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 19 / 2012

Transaction ID : SA11AI.15764

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Niethamer

Mailing Address 490 S Farrell Dr Ste C101

City State Zip Code
 Palm Springs CA 92262-7962

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 04 / 2012

Transaction ID : SA11AI.16135

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER: PAGE 95 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. W. Patrick Noonan

Mailing Address 210 South Breiel Boulevard

City State Zip Code
Middletown OH 45044-5157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.16088

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Dennis Paul Nutter

Mailing Address 3694 Hilborn Rd Ste 100

City State Zip Code
Fairfield CA 94534-7994

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dr Dennis P. Nutter Ped. Dent.

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : SA11AI.15665

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Joseph P. O'Donnell

Mailing Address 955 Main St Ste 101

City State Zip Code
Winchester MA 01890-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16284

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 96 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David H. Okawachi

Mailing Address 1761 W Romneya Dr Ste F

City

Anaheim

State

CA

Zip Code

92801-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2012

Transaction ID : SA11AI.15627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Joe S. Olsen

Mailing Address 3813 Kiwanis Circle, #200

City

Sioux Falls

State

SD

Zip Code

57105-4266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Dental Center

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : SA11AI.15597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David D. Olson

Mailing Address 10931 Raven Ridge Rd Ste 105

City

Raleigh

State

NC

Zip Code

27614-6499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raleigh Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : SA11AI.15598

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 97 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Joanne R. Oppenheim

Mailing Address 737 N Michigan Ave Ste 1330

City State Zip Code
Chicago IL 60611-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pediatric Dental Health Associates

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James W. Orbon

Mailing Address 1 E Phillip Rd Ste 102

City State Zip Code
Vernon Hills IL 60061-1858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2012

Transaction ID : SA11AI.16035

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kristin Paoli

Mailing Address 239 Northern Blvd Ste 3

City State Zip Code
South Abington Township PA 18411-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2012

Transaction ID : SA11AI.16144

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gurveena Parhar

Mailing Address 31 River Ct Apt 2611

City

Jersey City

State

NJ

Zip Code

07310-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : SA11AI.16126

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Douglas L. Park

Mailing Address 1201 SE 223rd Ave Ste 240

City

Gresham

State

OR

Zip Code

97030-2579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 05 / 2012

Transaction ID : SA11AI.15644

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Phillip R. Parker

Mailing Address 3700 W. Robinson, #102

City

Norman

State

OK

Zip Code

73072-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.16000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kyle E. Pedersen

Mailing Address 2560 Foxfield Road, #190

City
Saint Charles

State Zip Code
IL 60174-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dayspring Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 02 / 2012

Transaction ID : SA11AI.15614

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Cynthia P. Pelley

Mailing Address 8708 SE 17th Ave

City
Portland

State Zip Code
OR 97202-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo A. Perez

Mailing Address 5530 Wisconsin Ave Ste 1230

City
Chevy Chase

State Zip Code
MD 20815-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.16191

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Dennis R. Peterson

Mailing Address 5420 Park Dr

City

Rocklin

State

CA

Zip Code

95765-5562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : SA11AI.16001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven D. Peterson

Mailing Address 5536 Lake Mendota Dr

City

Madison

State

WI

Zip Code

53705-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : SA11AI.16002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gloria A. Phillips

Mailing Address PO Box 421165

City

Houston

State

TX

Zip Code

77242-1165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

Transaction ID : SA11AI.15741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeanette D. Pikarski

Mailing Address 24 Lewiston Cir

City
Lancaster

State
PA

Zip Code
17601-4822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunshine Dental, PC

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11Al.16208

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven M. Pilipovich

Mailing Address 800 Poplar St

City
Terre Haute

State
IN

Zip Code
47807-3724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11Al.16193

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Harold J. Pincus

Mailing Address 11317 Berger Ter

City
Potomac

State
MD

Zip Code
20854-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11Al.15669

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael D. Plunk

Mailing Address 1151 N Buckner Blvd Ste 402

City State Zip Code
 Dallas TX 75218-3407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : SA11AI.15670

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mitchell B. Poiset

Mailing Address 7930 Frost St Ste 101

City State Zip Code
 San Diego CA 92123-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : SA11AI.16029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Douglas Pollack

Mailing Address 5 Tudor City Place, #1739

City State Zip Code
 New York NY 10017-6876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2012

Transaction ID : SA11AI.16108

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Ronald L. Poulos

Mailing Address 7655 5 Mile Rd Ste 214

City

Cincinnati

State

OH

Zip Code

45230-4326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11Al.16055

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Austin C. Powell

Mailing Address 1626 29th Ct S

City

Homewood

State

AL

Zip Code

35209-2442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : SA11Al.16114

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Nick A. Prater

Mailing Address 13095 S Mur Len Rd Ste 160

City

Olathe

State

KS

Zip Code

66062-1298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11Al.16288

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 104 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Stephen C. Pretzer

Mailing Address 7401 Creedmoor Rd

City

Raleigh

State

NC

Zip Code

27613-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mindy A. Price

Mailing Address 1253 Pennsylvania Ave

City

Columbus

State

OH

Zip Code

43201-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11AI.15719

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. William N. Quinton

Mailing Address 837 S Main St

City

Greenville

State

MS

Zip Code

38701-5871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : SA11AI.16157

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Brian C. Quo

Mailing Address 882 Emerson St Ste A

City State Zip Code
Palo Alto CA 94301-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15851

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Gregory K. Rabitz

Mailing Address 1600 Willow St Ste 250

City State Zip Code
San Jose CA 95125-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2012

Transaction ID : SA11AI.16031

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel G. Raether

Mailing Address 2805 Campus Dr Ste 245

City State Zip Code
Plymouth MN 55441-2678

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15934

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Nancy L. Rajchel

Mailing Address 4509 Union Deposit Rd

City

Harrisburg

State

PA

Zip Code

17111-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kearns, Ashby, Rajchel, DDS

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SA11Al.16137

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Curt S. Ralstrom

Mailing Address 39400 Garfield Rd Ste 200

City

Clinton Township

State

MI

Zip Code

48038-4096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : SA11Al.15852

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Mario E. Ramos

Mailing Address 6 Prospect Street, #1A

City

Midland Park

State

NJ

Zip Code

07432-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Dentistry of Midland Park

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : SA11Al.16003

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Rockland A. Ray

Mailing Address 26777 Lorain Rd Ste 514

City

North Olmsted

State

OH

Zip Code

44070-3223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15853

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul A. Reggiardo

Mailing Address 17742 Beach Blvd Ste 320

City

Huntington Beach

State

CA

Zip Code

92647-6853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Paul Reggiardo DDS, APC

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.16016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Olga L. Restrepo

Mailing Address 266 Main St

City

Sturbridge

State

MA

Zip Code

01566-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.16194

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Reneida E. Reyes

Mailing Address 1 Hanson Place, #2204

City

Brooklyn

State

NY

Zip Code

11243-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reneida E. Reyes, DDS, MPH, PC

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : SA11AI.15688

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jason Richards

Mailing Address 5860 Alexis Rd

City

Sylvania

State

OH

Zip Code

43560-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sylvania Pediatric Dental Care

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : SA11AI.15884

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward L. Rick

Mailing Address 1808 First Avenue

City

Sterling

State

IL

Zip Code

61081-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SA11AI.16227

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Patricia L. Ridgley

Mailing Address PO Box 1847

18803 SW Boones Ferry Road

City

Tualatin

State

OR

Zip Code

97062-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.16196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Gregory A. Robbins

Mailing Address 4420 E Bristol St

City

Elkhart

State

IN

Zip Code

46514-6946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : SA11AI.16133

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jessica L Robertson

Mailing Address 1110 W Beal Rd

City

Flagstaff

State

AZ

Zip Code

86001-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2012

Transaction ID : SA11AI.15702

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 110 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kirk J. Robertson

Mailing Address 1024 N San Francisco St Ste 10

City State Zip Code
Flagstaff AZ 86001-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2012

Transaction ID : SA11AI.15703

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lindsey A. Robinson

Mailing Address 453 South Auburn Street

City State Zip Code
Grass Valley CA 95945-7224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : SA11AI.16153

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Fariborz Rodef

Mailing Address 2233 E Garvey Ave N

City State Zip Code
West Covina CA 91791-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11AI.15628

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Victoria J. Roeder

Mailing Address 211 W Millstream Rd

City

Cream Ridge

State

NJ

Zip Code

08514-2356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.16238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Nick Rogers

Mailing Address 1939 N 11th St

City

Arkansas City

State

KS

Zip Code

67005-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.16004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Alex K. Roh

Mailing Address 2215 Cedar Springs Rd Apt 113

City

Dallas

State

TX

Zip Code

75201-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

Transaction ID : SA11AI.15635

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Francisco J. Romero

Mailing Address 160 Tun Pedro Ada St

City

Tamuning

State

GU

Zip Code

96913-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Pediatric Dental Center

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : SA11AI.16033

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael S. Rosenbaum

Mailing Address Whitmarsh Corporate Center
7 E Skippack Pike Ste 100

City

Ambler

State

PA

Zip Code

19002-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Episcopal Hospital

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : SA11AI.15671

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David L. Rothman

Mailing Address 2301 Ocean Ave

City

San Francisco

State

CA

Zip Code

94127-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.16056

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Scott Rowley

Mailing Address 222 Lilly Rd NE

City
Olympia

State
WA

Zip Code
98506-6103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul I. Rubin

Mailing Address 6801 Warren Pkwy Ste 115

City
Frisco

State
TX

Zip Code
75034-4299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

Transaction ID : SA11AI.15629

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul I. Rubin

Mailing Address 6801 Warren Pkwy Ste 115

City
Frisco

State
TX

Zip Code
75034-4299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.15765

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David L. Russell

Mailing Address 14 Racetrack Rd NW

City

Fort Walton Beach

State

FL

Zip Code

32547-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15857

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David L. Russell

Mailing Address 14 Racetrack Rd NW

City

Fort Walton Beach

State

FL

Zip Code

32547-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16289

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Gary D. Sabbadini

Mailing Address 1500 Tara Hills Dr Ste 100

City

Pinole

State

CA

Zip Code

94564-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : SA11AI.15655

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Alan Sacks

Mailing Address 1129 Bloomfield Avenue

City

West Caldwell

State

NJ

Zip Code

07006-7127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : SA11AI.16005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Estela Sanchez

Mailing Address 3320 N Los Coyotes Diagonal
Ste 200

City

Long Beach

State

CA

Zip Code

90808-3938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Irvine

State

CA

Zip Code

92620-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Ilse Savelli

Mailing Address 355 K St Ste A

City State Zip Code
 Chula Vista CA 91911-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Chula Vista Smiles Pediatric Dental Pr

Occupation
 Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012

Transaction ID : SA11AI.16198

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Neophytos L. Savide

Mailing Address 12001 S Harlem Ave

City State Zip Code
 Palos Heights IL 60463-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 06 / 2012

Transaction ID : SA11AI.15651

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Jayne F. Scherrman

Mailing Address 2845 Professional Ct

City State Zip Code
 Cape Girardeau MO 63703-5035

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.16291

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Emily B. Scholl

Mailing Address 14 Bouchard Dr

City

Brunswick

State

ME

Zip Code

04011-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.16007

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Janet Y. Schrodi

Mailing Address 17411 Chatsworth St Ste 100

City

Granada Hills

State

CA

Zip Code

91344-7612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.15767

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Kathleen A. Schroeder

Mailing Address 278 Memorial Drive, Suite B

City

Crystal Lake

State

IL

Zip Code

60014-6254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2012

Transaction ID : SA11AI.15695

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Norman J. Schwartz

Mailing Address 14 E Westfield Ave

City

Roselle Park

State

NJ

Zip Code

07204-2283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 02 / 2012

Transaction ID : SA11AI.15600

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven S. Schwartz

Mailing Address 54 Riviera Dr

City

Monroe Twp

State

NJ

Zip Code

08831-8891

FEC ID number of contributing
federal political committee.

C

Name of Employer

Staten Island University Hospital

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2012

Transaction ID : SA11AI.16164

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. N. Sue Seale

Mailing Address 6815 Cornelia Ln

City

Dallas

State

TX

Zip Code

75214-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11AI.15935

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Homer Sedighi

Mailing Address 2 West Dr

City

Chesterfield

State

MO

Zip Code

63017-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15862

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Irwin M. Seidman

Mailing Address 600 N North Ct

City

Palatine

State

IL

Zip Code

60067-8155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : SA11AI.16129

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Barry P. Setzer

Mailing Address 8355 Bayberry Rd

City

Jacksonville

State

FL

Zip Code

32256-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 04 / 2012

Transaction ID : SA11AI.15980

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 120 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Leland W. Shenfield

Mailing Address 16030 Bothell Everett Hwy Ste 250

City State Zip Code
 Mill Creek WA 98012-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mill Creek Children's Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.16008

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stanley A. Sheppard

Mailing Address 2424 E Plaza Dr

City State Zip Code
 Tallahassee FL 32308-5301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.15769

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Dr. Nannette R. Sherman

Mailing Address 7908 Cincinnati Dayton Rd Ste R

City State Zip Code
 West Chester OH 45069-6630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2012

Transaction ID : SA11AI.16203

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kanoknuch Shiflett

Mailing Address 933 South Sunset Avenue, #205

City State Zip Code
 West Covina CA 91790-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : SA11AI.15672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Deven V. Shroff

Mailing Address 10045 Baltimore National Pike
 Ste A1

City State Zip Code
 Ellicott City MD 21042-3673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

smiles4children

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 03 / 2012

Transaction ID : SA11AI.15979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Elliot R. Shulman

Mailing Address 43 Garden Ln

City State Zip Code
 Morgantown WV 26501-2291

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2012

Transaction ID : SA11AI.16158

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Maria L. S. Simon

Mailing Address 1560 Sherman Avenue, #610

City

Evanston

State

IL

Zip Code

60201-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Dent. for Children

Occupation

Pediatric Dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.16318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James C. Singleton

Mailing Address 22423 Columbia Glacier Loop

City

Eagle River

State

AK

Zip Code

99577-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11AI.15937

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Catherine M. Skarulis

Mailing Address Syosset Medical Arts Building
50 Underhill Blvd

City

Syosset

State

NY

Zip Code

11791-3418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15885

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Rebecca L. Slayton

Mailing Address S201 Dental Science Bldg.

City State Zip Code
 Iowa City IA 52242

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 05 / 2012

Transaction ID : SA11AI.15645

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John L. Snuggs

Mailing Address 3809 Whites Ferry Rd

City State Zip Code
 West Monroe LA 71291-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 27 / 2012

Transaction ID : SA11AI.15951

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Hazelmei D. Soliman

Mailing Address 4969 Trescott Ct

City State Zip Code
 Dublin CA 94568-4844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11AI.16235

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Steven J. Solow

Mailing Address 1601 Walnut St Ste 1014

City

Philadelphia

State

PA

Zip Code

19102-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Eugene D. Stevenson Jr.

Mailing Address 11165 La Quinta Pl

City

El Paso

State

TX

Zip Code

79936-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.16090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John W. Stewart

Mailing Address 440 E Hospital Ln

City

Terre Haute

State

IN

Zip Code

47802-4251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wabash Valley Children's Dentistry

Occupation

General Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16293

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Bob C. Stone

Mailing Address 406 W Boughton Rd Ste B

City State Zip Code
 Bolingbrook IL 60440-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.16009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Angela M. Stout

Mailing Address 716 Bethlehem Pike

City State Zip Code
 Erdenheim PA 19038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 04 / 2012

Transaction ID : SA11AI.15639

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David M. Strange Jr.

Mailing Address 7975 Allison Way

City State Zip Code
 Arvada CO 80005-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pediatric Dental Group

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2012

Transaction ID : SA11AI.16118

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Karen A. Sue

Mailing Address 2277 Michael Drive, #2

City State Zip Code
 Newbury Park CA 91320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11AI.16239

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Dean T. Sueda

Mailing Address 1441 Kapiolani Blvd Ste 617

City State Zip Code
 Honolulu HI 96814-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11AI.15863

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Candice R. Sullivan

Mailing Address 5436 Commerce St PO Box 2880

City State Zip Code
 Saint Francisville LA 70775-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.16294

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 127 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David A. Sumikawa

Mailing Address 1221 Kapiolani Blvd Ste 1048

City State Zip Code
Honolulu HI 96814-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Dental Group

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15864

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Erin B. Sutton

Mailing Address 931 Mar Walt Dr

City State Zip Code
Fort Walton Beach FL 32547-6759

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerald Coast Dentistry

Occupation

General Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11AI.15631

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Purnima C. Swearingen

Mailing Address 4707 Washington Road, #2

City State Zip Code
Kenosha WI 53144-1597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16295

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 128 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jennifer Tan Heahlke

Mailing Address 1221 Kapiolani Blvd Ste 1048

City State Zip Code
Honolulu HI 96814-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15831

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Leslie K. Tanimura

Mailing Address 2390 Country Hills Dr Ste 102

City State Zip Code
Antioch CA 94509-7437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15867

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jordan Tarver

Mailing Address 1111 Parkway Frontage Road N

City State Zip Code
Lakeland FL 33803-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dentistry for Children

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SA11AI.16057

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Ben Taylor

Mailing Address 6756 Poss Road

City

San Antonio

State

TX

Zip Code

78238-2258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15868

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Eric A. teDuits

Mailing Address 5544 E Cheryl Pkwy

City

Fitchburg

State

WI

Zip Code

53711-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.15770

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Eric A. teDuits

Mailing Address 5544 E Cheryl Pkwy

City

Fitchburg

State

WI

Zip Code

53711-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 27 / 2012

Transaction ID : SA11AI.16296

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Ashley S. Tercero

Mailing Address 3909 Creekside Loop Ste 140

City State Zip Code
 Yakima WA 98902-4880

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Yakima Pediatric Dentistry

Occupation
 Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 04 2012

Transaction ID : SA11AI.15641

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Luke Teruya

Mailing Address 4211 Waiialae Ave Ste 405

City State Zip Code
 Honolulu HI 96816-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 17 2012

Transaction ID : SA11AI.16062

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Scott Thompson

Mailing Address 16814 Placer Hills Rd

City State Zip Code
 Meadow Vista CA 95722-9531

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 17 2012

Transaction ID : SA11AI.16058

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 131 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Maria B. Tiefenbach

Mailing Address 5226 Graford Pl

City

Corpus Christi

State

TX

Zip Code

78413-5372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 01 / 2012

Transaction ID : SA11AI.15583

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mary E. Tierney

Mailing Address 4700 N Western Ave Ste 1A

City

Chicago

State

IL

Zip Code

60625-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer

City Kids Dental, PC

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11AI.15941

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Terri E. Train

Mailing Address 100 N Central Expy Ste 1108

City

Richardson

State

TX

Zip Code

75080-5328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 12 / 2012

Transaction ID : SA11AI.15705

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 132 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lisa M. Trevino

Mailing Address 8323 Whisper Point Dr

City State Zip Code
Houston TX 77040-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : SA11AI.16010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Gilbert A. Trujillo

Mailing Address 517 Hammill Ln

City State Zip Code
Reno NV 89511-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : SA11AI.15953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Harley J. Turner III

Mailing Address 365B E Blackstock Rd

City State Zip Code
Spartanburg SC 29301-3762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : SA11AI.15970

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 133 OF 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Christine M. Tweedy

Mailing Address 4520 42nd Ave SW Ste 24

City	State	Zip Code
Seattle	WA	98116-4240

FEC ID number of contributing federal political committee.

C

Name of Employer

Westside Children's Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2012

Transaction ID : SA11AI.15942

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Joseph A. TylkaMailing Address Grove Medical Center, #308
R.F.D. 4160

City	State	Zip Code
Long Grove	IL	60047

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : SA11AI.15869

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Joseph A. TylkaMailing Address Grove Medical Center, #308
R.F.D. 4160

City	State	Zip Code
Long Grove	IL	60047

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2012

Transaction ID : SA11AI.16047

Amount of Each Receipt this Period

200.00

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

700.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 134 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John H. Unkel

Mailing Address 11730 Burray Rd

City

Chesterfield

State

VA

Zip Code

23838-5155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.16297

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Eric J. Van Miller

Mailing Address 125 Siegler St

City

Green Bay

State

WI

Zip Code

54303-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park-West Pediatric Dental

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15944

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Alejandra Villasenor

Mailing Address 8325 Walnut Hill Lane, Suite 111

City

Dallas

State

TX

Zip Code

75231-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2012

Transaction ID : SA11AI.16109

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 135 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Leslie Suzanne Wallace

Mailing Address 179 Cobbler Cir

City

Hendersonville

State

TN

Zip Code

37075-3963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : SA11AI.15657

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Carrie A. Wanamaker

Mailing Address 100 Riley St Ste B

City

East Aurora

State

NY

Zip Code

14052-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : SA11AI.16146

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gary Warrington

Mailing Address 955 Main Street

City

Winchester

State

MA

Zip Code

01890-1961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.16201

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Nicole K. Weddell

Mailing Address 3737 N Meridian St Ste 100

City
Indianapolis

State
IN

Zip Code
46208-4357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11AI.15871

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jack Weil

Mailing Address 402 Maple Avenue W., Suite B

City
Vienna

State
VA

Zip Code
22180-4223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : SA11AI.15955

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Bruce H. Weiner

Mailing Address 6210 John Ryan Dr Ste 100

City
Fort Worth

State
TX

Zip Code
76132-4111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : SA11AI.15773

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 137 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Paul A. Weiss

Mailing Address 1150 Youngs Rd Ste 106

City

Williamsville

State

NY

Zip Code

14221-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2012

Transaction ID : SA11AI.16169

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William L. Whatley Jr.

Mailing Address 2487 Demere Rd Ste 300

City

Saint Simons Island

State

GA

Zip Code

31522-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : SA11AI.15675

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. B. Gene Whitehead

Mailing Address 718 Lakeview Rd
Suite A

City

Clearwater

State

FL

Zip Code

33756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15872

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Fred C. Whitmire Jr.

Mailing Address 951 Riverfront Pkwy Ste 201

City

Chattanooga

State

TN

Zip Code

37402-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2012

Transaction ID : SA11AI.15694

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Whitney R. Wignall

Mailing Address 10 Terison Dr

City

Falmouth

State

ME

Zip Code

04105-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Maine Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.16060

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Abby T. Wilentz

Mailing Address 7400 NW 5th St

City

Plantation

State

FL

Zip Code

33317-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.16092

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 139 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John C. Williams

Mailing Address 206 Murray Guard Dr

City

Jackson

State

TN

Zip Code

38305-3776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

Transaction ID : SA11AI.15636

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas G. Wilson

Mailing Address 8515 Douglas Ave Ste 26

City

Des Moines

State

IA

Zip Code

50322-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.15874

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ronald L. Winder

Mailing Address 5602 South Memorial Drive

City

Tulsa

State

OK

Zip Code

74145-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 04 / 2012

Transaction ID : SA11AI.15642

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jackson E. Winters

Mailing Address 200 Lima Avenue

City State Zip Code
Findlay OH 45840-3040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.16202

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John B. Wittgen

Mailing Address 701 N Weinbach Ave Ste 910

City State Zip Code
Evansville IN 47711-6607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.16093

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Carol B. Wooddell

Mailing Address 9295 Old Keene Mill Rd

City State Zip Code
Burke VA 22015-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : SA11AI.15946

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jody L. Wright

Mailing Address 60 Glass Ct

City

Springboro

State

OH

Zip Code

45066-9079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

Transaction ID : SA11Al.15737

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Karen Yee-Lo

Mailing Address 7609 Steilacoom Boulevard

City

Lakewood

State

WA

Zip Code

98498-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11Al.15875

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Huey-Ju Grace Yeh

Mailing Address 1148 S. Garfield Ave.

City

Alhambra

State

CA

Zip Code

91801-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11Al.15876

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 142 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Sue Nimer Young

Mailing Address 7105 Founders PI

City

Vestavia

State

AL

Zip Code

35242-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2012

Transaction ID : SA11Al.16160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stacy Zarakiotis

Mailing Address 42 Sherwood PI

City

Greenwich

State

CT

Zip Code

06830-5638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11Al.15878

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Stacy Zarakiotis

Mailing Address 42 Sherwood PI

City

Greenwich

State

CT

Zip Code

06830-5638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11Al.15947

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Alan R. Zicherman

Mailing Address 1 Roosevelt Ave

City

Peabody

State

MA

Zip Code

01960-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.16095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

110100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 144 OF 150

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR CONGRESS

Mailing Address PO BOX 80505

City	State	Zip Code
BATON ROUGE	LA	70898

Purpose of Disbursement
LA 2012 House General

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2012

Transaction ID : SB23.15549

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS

Mailing Address 1675-F E SEMINOLE

City	State	Zip Code
SPRINGFIELD	MO	65804

Purpose of Disbursement
MO 2012 House General

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SB23.15573

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BROWNLEY, JULIA

Mailing Address 5613 FOXWOOD DRIVE

City	State	Zip Code
OAK PARK	CA	91377

Purpose of Disbursement
CA 2012 House General

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2012

Transaction ID : SB23.15554

Amount of Each Disbursement this Period

500.00

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

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

4500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 150

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. CITIZENS TO ELECT RICK LARSEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Mailing Address PO Box 326

City	State	Zip Code
Everett	WA	98206

Transaction ID : SB23.15571Purpose of Disbursement
WA 2012 House General

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 02

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Mailing Address 1212 S. Victory Blvd.
Suite 211

City	State	Zip Code
BURBANK	CA	91502

Transaction ID : SB23.15568Purpose of Disbursement
CA 2012 House General

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 47

Full Name (Last, First, Middle Initial)

C. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2012

Mailing Address 5956 W. Race Avenue

City	State	Zip Code
Chicago	IL	60644

Transaction ID : SB23.15567Purpose of Disbursement
IL 2012 House General

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 07

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

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 146 OF 150

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City	State	Zip Code
CHESHIRE	CT	06410

Purpose of Disbursement
CT 2012 Senate General

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CT	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SB23.15576

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR CONGRESS

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Purpose of Disbursement
GA 2012 House General

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: GA	District: 11

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : SB23.15570

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. HELLER FOR SENATE

Mailing Address PO BOX 371907

City	State	Zip Code
LAS VEGAS	NV	89137

Purpose of Disbursement
NV 2012 Senate General

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NV	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Transaction ID : SB23.15565

Amount of Each Disbursement this Period

1000.00

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

3500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 147 OF 150

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. KINZINGER FOR CONGRESS

Mailing Address PO BOX 487

City	State	Zip Code
NEW LENOX	IL	60451

Purpose of Disbursement
IL 2012 House General

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SB23.15579

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address PO BOX 479

City	State	Zip Code
GLASTONBURY	CT	06033

Purpose of Disbursement
CT 2012 House General

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2012

Transaction ID : SB23.15559

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MCCOLLUM FOR CONGRESS

Mailing Address P.O. Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement
MN 2012 House General

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Transaction ID : SB23.15574

Amount of Each Disbursement this Period

1500.00

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

3000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 148 OF 150

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. MOBROOKSFORCONGRESS.COM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Mailing Address 7610 FOXFIRE DRIVE

City	State	Zip Code
HUNTSVILLE	AL	35802

Transaction ID : SB23.15575

Purpose of Disbursement
AL 2012 House General

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 05

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Transaction ID : SB23.15569

Purpose of Disbursement
GA 2012 House General

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Mailing Address PO BOX 4945

City	State	Zip Code
EAST LANSING	MI	48826

Transaction ID : SB23.15582

Purpose of Disbursement
MI 2012 Senate General

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 00

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

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

12500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 150

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEVE DAINES FOR MONTANA

Mailing Address PO BOX 1598

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement
MT 2012 House General

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MT	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2012

Transaction ID : SB23.15561

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUSMailing Address PO Box 661
PO BOX 5458

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement
IL 2012 House General

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 19

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2012

Transaction ID : SB23.15552

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City	State	Zip Code
MISHAWAKA	IN	46546

Purpose of Disbursement
IN 2012 House General

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IN	District: 02

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2012

Transaction ID : SB23.15563

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Pediatric Dentistry Political Action Committee

A. WELCH FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.15572

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

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

1000.00

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

37500.00