

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 Chicago IL 60611-2663 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 04 01 2014 through 06 30 2014

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

Type or Print Name of Treasurer John S. Rutkauskas

Signature of Treasurer John S. Rutkauskas [Electronically Filed] Date 07 11 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Pediatric Dentistry Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="337190.57"/>	<input type="text" value="337190.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="305890.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16045.00"/>	<input type="text" value="16245.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="321935.57"/>	<input type="text" value="353435.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="90000.00"/>	<input type="text" value="121500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="231935.57"/>	<input type="text" value="231935.57"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15400.00	15400.00
(ii) Unitemized .....	645.00	845.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16045.00	16245.00
(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) .....	16045.00	16245.00
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))..... ▶	16045.00	16245.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16045.00	16245.00

**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.....	90000.00	121500.00
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)) ..	90000.00	121500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90000.00	121500.00

**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) .....	16045.00	16245.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16045.00	16245.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Dr. Randy Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 West Broad Street  
 City Richmond State VA Zip Code 23220-4219  
 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  
 06 / 18 / 2014  
**Transaction ID : SA11AI.17286**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Behzad Baghai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2728 McKinnon Street, Apt. 2012  
 City Dallas State TX Zip Code 75201-1650  
 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  
 06 / 18 / 2014  
**Transaction ID : SA11AI.17287**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Carlen Palmer Blume**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8221 Fredericksburg Rd  
 City San Antonio State TX Zip Code 78229-3355  
 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  
 06 / 18 / 2014  
**Transaction ID : SA11AI.17288**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Carol J. Braun**  
Full Name (Last, First, Middle Initial)

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	Occupation
Self-Employed	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
06	/	18	/	2014

**Transaction ID : SA11AI.17290**

Amount of Each Receipt this Period  
250.00

**B. Dr. Norman Bunch**  
Full Name (Last, First, Middle Initial)

Mailing Address 7610 N. La Cholla Boulevard

City	State	Zip Code
Tucson	AZ	85741

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 M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2014

**Transaction ID : SA11AI.17308**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1125 S Linden Rd Ste 800

City	State	Zip Code
Flint	MI	48532-4069

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

Name of Employer	Occupation
Mid Michigan Ped. Dentistry	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
06	/	19	/	2014

**Transaction ID : SA11AI.17309**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Joseph B. Castellano**  
Full Name (Last, First, Middle Initial)

Mailing Address 7002 McPherson Rd Ste 104

City Laredo	State TX	Zip Code 78041-6442
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cast. & Carpenter Dent. Assoc.	Occupation Pediatric Dentist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y
06 / 18 / 2014

**Transaction ID : SA11AI.17291**

Amount of Each Receipt this Period  

250.00
--------

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

Mailing Address 9830 N. 50th Street

City Paradise Valley	State AZ	Zip Code 85253
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FEC ID number of contributing federal political committee. **C**

Name of Employer APDO P.C.	Occupation Pediatric Dentist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y
06 / 18 / 2014

**Transaction ID : SA11AI.17342**

Amount of Each Receipt this Period  

250.00
--------

**C. Dr. Stephanie C. Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2813 Cottsgate Road, #100

City Charlotte	State NC	Zip Code 28211
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y
06 / 18 / 2014

**Transaction ID : SA11AI.17294**

Amount of Each Receipt this Period  

250.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. H. Bryan Cobb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Oakcrest Ave Ste A  
 City Greensboro State NC Zip Code 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 Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.17295**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Jennifer L. Cully**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Hearthstone Ln  
 City Marlton State NJ Zip Code 08053-5366  
 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  
 06 / 23 / 2014  
**Transaction ID : SA11AI.17325**  
 Amount of Each Receipt this Period  
**250.00**

**C. Dr. Jill A. Decker**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.17317**  
 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 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Lawrence Dinkes</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014 <b>Transaction ID : SA11AI.17296</b>
Mailing Address 4702 Main St		Amount of Each Receipt this Period 250.00
City Bridgeport	State CT	Zip Code 06606-1823
FEC ID number of contributing federal political committee. C		
Name of Employer Commerce Park Dental	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert H. Ellis III</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014 <b>Transaction ID : SA11AI.17310</b>
Mailing Address 8905 Two Notch Rd		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mary A. Flanagan</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 <b>Transaction ID : SA11AI.17334</b>
Mailing Address 7 Rambling Drive		Amount of Each Receipt this Period 250.00
City Scotch Plains	State NJ	Zip Code 07076
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Suzanne E. Fournier</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2014 <b>Transaction ID : SA11AI.17311</b>
Mailing Address 1105 Jefferson St		Amount of Each Receipt this Period 250.00
City Gretna	State LA	Zip Code 70053-3117
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Lisa M. Fox</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2014 <b>Transaction ID : SA11AI.17326</b>
Mailing Address 9358 Dorchester St Ste 106		Amount of Each Receipt this Period 250.00
City Highlands Ranch	State CO	Zip Code 80129-2511
FEC ID number of contributing federal political committee. C		
Name of Employer Colorado Kids Ped. Dentistry	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Doug Fryer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2014 <b>Transaction ID : SA11AI.17297</b>
Mailing Address 1300 North 200 East, #102		Amount of Each Receipt this Period 250.00
City Logan	State UT	Zip Code 84341
FEC ID number of contributing federal political committee. C		
Name of Employer Small Smiles Pediatric Dentist	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 12 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. John H. Gerstenmaier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3094 West Market  
 City Akron State OH Zip Code 44313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. H. Gerstenmaier DDS Inc. 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  
 06 / 20 / 2014  
**Transaction ID : SA11AI.17318**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. John H. Gerstenmaier III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3094 W Market St Ste 260  
 City Fairlawn State OH Zip Code 44333-3624  
 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  
 06 / 23 / 2014  
**Transaction ID : SA11AI.17327**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Kristine A. Grazioso**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : SA11AI.17312**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 13 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Dr. Mark R. Harrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Portsmouth Avenue  
 City Exeter State NH Zip Code 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2014  
**Transaction ID : SA11AI.17284**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Clifford R. Hartmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3365 S 103rd St Ste 120  
 City Milwaukee State WI Zip Code 53227-4161  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : SA11AI.17279**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Vickie L. Hemann**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.17298**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 14 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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) <b>A. Dr. Chad J. Hoge</b>		Date of Receipt 06 / 23 / 2014 <b>Transaction ID : SA11AI.17329</b>
Mailing Address 4865 Woodhaven Dr S		Amount of Each Receipt this Period 250.00
City Fargo	State ND	Zip Code 58104-4289
FEC ID number of contributing federal political committee. C	Name of Employer Children's Dentistry of Northborough	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mikala Hoge</b>		Date of Receipt 06 / 23 / 2014 <b>Transaction ID : SA11AI.17330</b>
Mailing Address 4865 Woodhaven Dr S		Amount of Each Receipt this Period 250.00
City Fargo	State ND	Zip Code 58104-4289
FEC ID number of contributing federal political committee. C	Name of Employer Children's Hospital of Los Angeles Div	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Kyle House</b>		Date of Receipt 05 / 30 / 2014 <b>Transaction ID : SA11AI.17280</b>
Mailing Address 419 State Street, #4		Amount of Each Receipt this Period 1000.00
City Hood River	State OR	Zip Code 97031
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Pediatric Dentist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 32  
(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**

**A. Dr. Beth E. Kailes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2245 Plantation Center Dr Ste 36  
 City State Zip Code  
 Fleming Island FL 32003-3355  
 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  
 06 / 26 / 2014  
**Transaction ID : SA11AI.17335**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Neil M. Katsura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2640 Telegraph Ave Ste 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  
 06 / 21 / 2014  
**Transaction ID : SA11AI.17320**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Douglas B. Keck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 Denison Dr  
 City State Zip Code  
 Guilford CT 06437-2344  
 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  
 06 / 22 / 2014  
**Transaction ID : SA11AI.17323**  
 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 16 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Dr. Lori J. Kerber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Children's Dental Care Of Kenosha  
 2901 35th St  
 City Kenosha State WI Zip Code 53140-5119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Pediatric Dentist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.17299**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**B. Dr. Shari C. Kohn**  
 Full Name (Last, First, Middle Initial)  
 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 Shari C. Kohn, DDS, PA Occupation Pediatric Dentist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.17301**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**C. Dr. SallySue M. Lombardi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 185 NE Gilman Blvd  
 City Issaquah State WA Zip Code 98027-2937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Pediatric Dentist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.17337**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 17 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : SA11AI.17333**

Amount of Each Receipt this Period  
500.00

**B. Dr. Elliott David Maser**  
Full Name (Last, First, Middle Initial)

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  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : SA11AI.17302**

Amount of Each Receipt this Period  
500.00

**C. Dr. Dennis J. McTigue**  
Full Name (Last, First, Middle Initial)

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  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : SA11AI.17331**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 18 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David M. Miller</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014 <b>Transaction ID : SA11AI.17303</b>
Mailing Address PO Box 206 8011 Robin Hill Rd		Amount of Each Receipt this Period 250.00
City Newburgh	State IN	Zip Code 47629-0206
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Gregory S. Mokotoff</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014 <b>Transaction ID : SA11AI.17313</b>
Mailing Address 1478 Post Rd		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Reneida E. Reyes</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2014 <b>Transaction ID : SA11AI.17285</b>
Mailing Address 1 Hanson Place, #2204		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Nick Rogers**  
Full Name (Last, First, Middle Initial)

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 06 / 19 / 2014  
**Transaction ID : SA11AI.17316**

Amount of Each Receipt this Period 250.00

**B. Dr. Michael S. Rosenbaum**  
Full Name (Last, First, Middle Initial)

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  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : SA11AI.17305**

Amount of Each Receipt this Period 250.00

**C. Dr. Neophytos L. Savide**  
Full Name (Last, First, Middle Initial)

Mailing Address 12001 S Harlem Ave

City Palos Heights State IL Zip Code 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 06 / 30 / 2014  
**Transaction ID : SA11AI.17340**

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 20 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kelly K. Sawyer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2014 <b>Transaction ID : SA11AI.17332</b>
Mailing Address 3013 Loop 306		Amount of Each Receipt this Period 250.00
City San Angelo	State TX	Zip Code 76904-6472
FEC ID number of contributing federal political committee. C		
Name of Employer Pediater. Dentistry San Angelo	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Heber Simmons Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2014 <b>Transaction ID : SA11AI.17270</b>
Mailing Address 1855 Crane Ridge Drive		Amount of Each Receipt this Period 900.00
City Jackson	State MS	Zip Code 39216-4944
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Angela M. Stout</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2014 <b>Transaction ID : SA11AI.17319</b>
Mailing Address 716 Bethlehem Pike		Amount of Each Receipt this Period 250.00
City Erdenheim	State PA	Zip Code 19038
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Pediatric Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> 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 21 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Maria B. Tiefenbach**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2014  
**Transaction ID : SA11AI.17339**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Connie Verhagen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 755 Seminole Road  
 City Muskegon State MI Zip Code 49441  
 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  
 06 / 18 / 2014  
**Transaction ID : SA11AI.17306**  
 Amount of Each Receipt this Period  
**250.00**

**C. Dr. Alejandra Villasenor**  
 Full Name (Last, First, Middle Initial)  
 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 Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.17341**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> 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 22 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Pediatric Dentistry Political Action Committee**

**A. Dr. Katherine E. Vo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 704 Main St  
City Madisonville State LA Zip Code 70447-9717  
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  
06 / 18 / 2014  
**Transaction ID : SA11AI.17307**  
Amount of Each Receipt this Period  
250.00

**B. Dr. Crystal R. Walker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7075 W 37th St N Ste B  
City Wichita State KS Zip Code 67205-9366  
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  
06 / 21 / 2014  
**Transaction ID : SA11AI.17322**  
Amount of Each Receipt this Period  
250.00

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
MM / DD / YYYY  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	15400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TN 2014 Senate General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

**Transaction ID : SB23.17249**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
VA 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

**Transaction ID : SB23.17248**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. CHARLES BOUSTANY JR. FOR CONGRESS**

Mailing Address 331 Beverly Drive

City Lafayette State LA Zip Code 70503

Purpose of Disbursement  
LA 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2014

**Transaction ID : SB23.17260**

Amount of Each Disbursement this Period

2500.00

Category/  
Type

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

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

12500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
MS 2014 Senate Primary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.17228**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
MS 2014 Senate General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.17229**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
MS 2014 Senate Runoff

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : SB23.17261**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	5	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CLARKE FOR CONGRESS**

Mailing Address 111-36 200TH STREET

City HOLLIS State NY Zip Code 11412

Purpose of Disbursement  
NY 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2014

Transaction ID : SB23.17242

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement  
ME 2014 Senate General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: ME District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

Transaction ID : SB23.17257

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRBACHER**

Mailing Address PO BOX 823

City HUNTINGTON BEACH State CA Zip Code 92648

Purpose of Disbursement  
CA 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 46

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2014

Transaction ID : SB23.17258

Amount of Each Disbursement this Period

1000.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DIANA DEGETTE FOR CONGRESS INC.**

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement  
CO 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CO District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2014

**Transaction ID : SB23.17239**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. DR BRIAN BABIN FOR CONGRESS**

Mailing Address PO BOX 159

City State Zip Code  
WOODVILLE TX 75979

Purpose of Disbursement  
TX 2014 House Runoff

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	08	/	2014

**Transaction ID : SB23.17251**

Amount of Each Disbursement this Period

2,500.00
----------

Full Name (Last, First, Middle Initial)

**C. DUTCH RUPPERSBERGER FOR CONGRESS**

Mailing Address 22 West Padonia Road Suite C-141

City State Zip Code  
Timonium MD 21093

Purpose of Disbursement  
MD 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : SB23.17268**

Amount of Each Disbursement this Period

1,000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8,500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FITZPATRICK FOR CONGRESS**

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement  
PA 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.17344**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JACK KINGSTON**

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement  
GA 2014 Senate Runoff

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: GA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : SB23.17265**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF LOIS CAPP**

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
CA 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	4

**Transaction ID : SB23.17267**

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

9	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JACKIE SPEIER FOR CONGRESS**

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
CA 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2014

Transaction ID : SB23.17245

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JEFFRIES FOR CONGRESS**

Mailing Address PO BOX 380320

City BROOKLYN State NY Zip Code 11238

Purpose of Disbursement  
NY 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2014

Transaction ID : SB23.17243

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LIZBETH BENACQUISTO FOR CONGRESS**

Mailing Address 610 S BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
FL 2014 House Primary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2014

Transaction ID : SB23.17240

Amount of Each Disbursement this Period

1000.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
TN 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	01	/	2014

**Transaction ID : SB23.17230**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. MARTHA ROBY FOR CONGRESS**

Mailing Address PO BOX 195

City MONTGOMERY State AL Zip Code 36101

Purpose of Disbursement  
AL 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AL District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2014

**Transaction ID : SB23.17233**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. MOBROOKSFORCONGRESS.COM**

Mailing Address 7610 FOXFIRE DRIVE

City HUNTSVILLE State AL Zip Code 35802

Purpose of Disbursement  
AL 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AL District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2014

**Transaction ID : SB23.17237**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NITA LOWEY FOR CONGRESS**

Mailing Address PO Box 271

City State Zip Code  
White Plains NY 10605

Purpose of Disbursement  
NY 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	4

**Transaction ID : SB23.17266**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City State Zip Code  
Roswell GA 30077

Purpose of Disbursement  
GA 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

**Transaction ID : SB23.17254**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. REED COMMITTEE**

Mailing Address PO BOX 8628

City State Zip Code  
CRANSTON RI 02920

Purpose of Disbursement  
RI 2014 Senate General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: RI District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

**Transaction ID : SB23.17246**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	2	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	2	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement  
IL 2014 General Election

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

**Transaction ID : SB23.17227**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
SC 2014 Senate General

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

**Transaction ID : SB23.17231**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. UPTON FOR ALL OF US**

Mailing Address PO BOX 490

City ST JOSEPH State MI Zip Code 49085

Purpose of Disbursement  
MI 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

**Transaction ID : SB23.17255**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. VOLUNTEERS FOR SHIMKUS**

Mailing Address PO Box 661  
PO BOX 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
IL 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IL District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : SB23.17263

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. WELCH FOR CONGRESS**

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement  
VT 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VT District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : SB23.17262

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. WOMACK FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757

Purpose of Disbursement  
AR 2014 House General

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AR District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2014

Transaction ID : SB23.17235

Amount of Each Disbursement this Period

3500.00

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

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

7000.00

90000.00