



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®



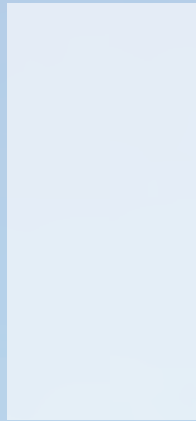
2015 Annual Report

*American Academy
of Pediatric Dentistry
Political Action Committee*



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AAPD PAC Mission

The purpose of the AAPD PAC is to provide financial support to candidates for federal office who have demonstrated a serious commitment to those issues of importance to AAPD and the improved oral health of children.

A Message from the AAPD PAC Chair

On behalf of the American Academy of Pediatric Dentistry's political action committee (AAPD PAC) and the AAPD PAC Steering Committee, I am pleased to present our 2015 Annual Report.

In 2015, we were able to make a difference for our profession through the continued commitment of AAPD members who joined together to strengthen the voice of pediatric dentistry on Capitol Hill. Our dedicated PAC members helped us ensure a strong position for our profession in this important election cycle. In 2016, there is a lot at stake and now more than ever, the support of our members is critical to our success.

This Annual Report includes financial highlights for the 2015 calendar year, 2015 legislative accomplishments, 2016 legislative priorities, candidates supported in the first half of the election cycle and a full list of 2015 PAC contributors.

If you have any questions or would like additional information about AAPD PAC or this Annual Report, please contact Scott Litch at 800-544-2174, ext. 29 or slitch@AAPD.org.

Thank you for your continued support. The AAPD PAC provides a resource for our members to work together to support your practices, patients and the profession of pediatric dentistry in Washington, D.C. We can't do that without you.

Sincerely,



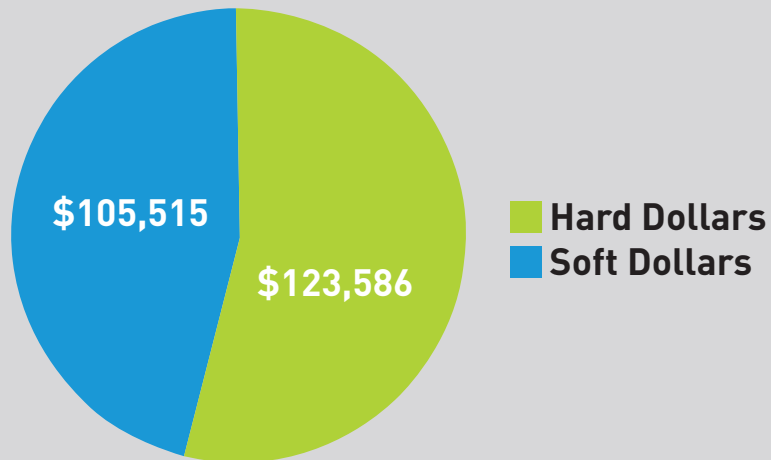
Reneida A. Reyes
AAPD PAC Chair





2015 Financial Highlights

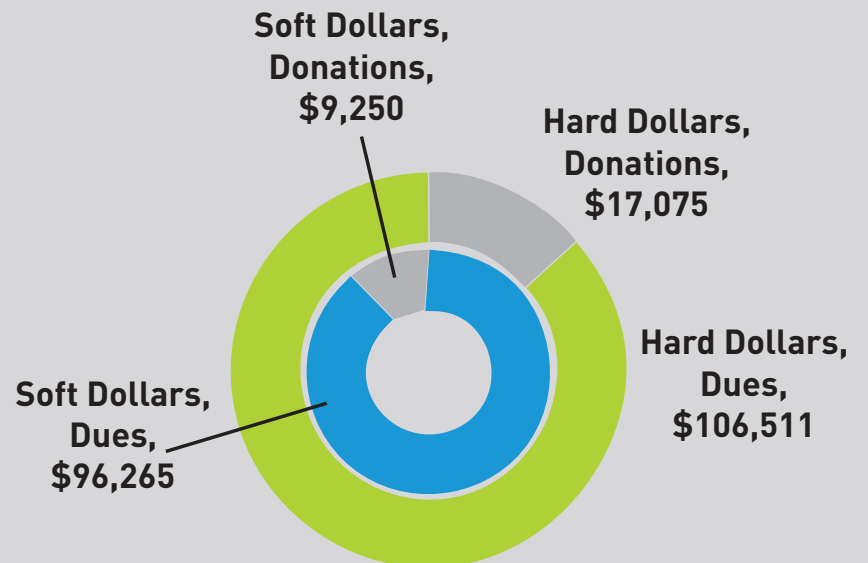
2015 PAC Contributions



The above chart references 2015 member contributions to the AAPD PAC.

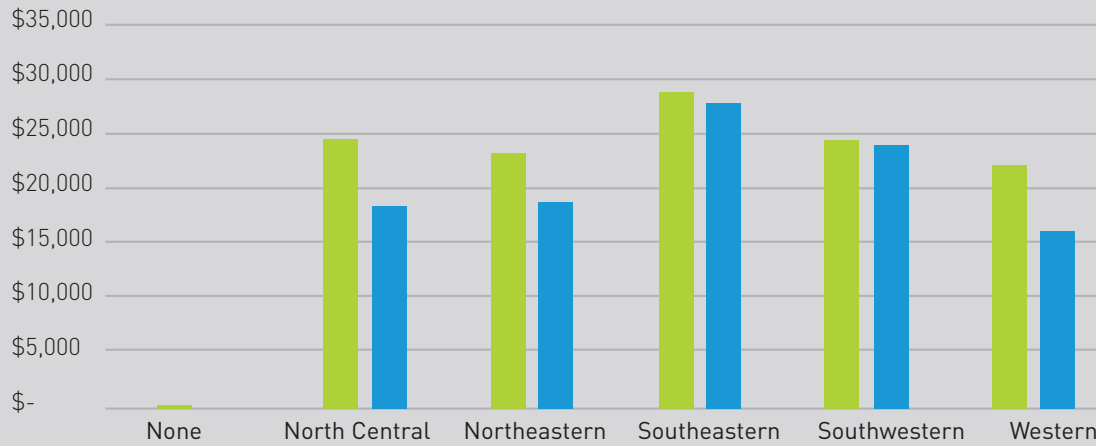


Source of Funds



The above chart references 2015 member contributions to the AAPD PAC, broken down by contribution type.

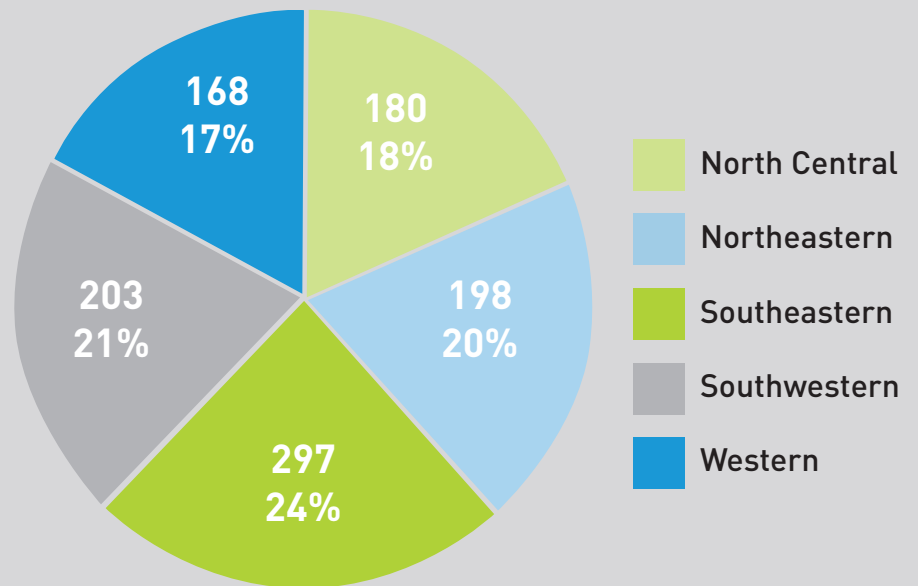
Contributions by District, 2015



The above chart references 2015 member contributions to the AAPD PAC by district.



Contributions by District, 2015



The above chart references 2015 member contributors by district.



Candidate Contribution Criteria

An objective ranking process has been developed to evaluate potential recipients for AAPD PAC support to ensure that only those candidates who have shown measurably demonstrated actions to improve children's oral health through the federal legislative or regulatory process will receive support.

Specific actions necessary for a candidate to be a likely recipient for AAPD PAC support include:

- ✓ Introduction of legislation to improve children's oral health;
- ✓ Co-sponsoring legislation;
- ✓ Holding hearings on legislation;
- ✓ Writing letters to colleagues supporting legislation or regulations;
- ✓ Assisting AAPD representatives in networking with other influential legislators; and
- ✓ Voting favorably on legislation are some of the primary issues addressed in the ranking process.

2015 AAPD PAC Disbursements

This is based on the AAPD PAC Steering Committee's strategic decision to give to key supporters earlier in the election cycle. Amounts listed are for the 2016 general election unless otherwise noted. These decisions were either made by the interim decision trio of the PAC Chair, AAPD CEO, and Congressional Liaison, with input from Mike Gilliland of Hogan Lovells, or were approved at the PAC Steering Committee meeting in March 2015.

Candidate Name	State	Office
*Brian Babin	TX	House
Marsha Blackburn	TN	House
Mo Brooks	AL	House
Chuck Fleischmann	TN	House
*Paul Gosar	AZ	House
Steny Hoyer	DC	House
Trent Kelly	MS	House
Mark S. Kirk	IL	Senate
Nita Lowey	NY	House
Peter Roskam	IL	House
Dutch Ruppersberger	MD	House
*Mike Simpson	ID	House
Eric Swalwell	CA	House

This report represents the 2015 calendar year only. Many additional approved candidates will be supported throughout the 2015-2016 election cycle, including the three dentist Members of Congress.

**Indicates dentist Member of Congress*



2015 Legislative Accomplishments on Key Issues



FEDERAL APPROPRIATIONS FOR FY 2016

Workforce Goal

1. Seek appropriations from sec. 748 Title VII dental primary care cluster of \$33.928 million, with directed funding of not less than \$10 million going to pediatric dentistry in recognition of the demand for training grants and the increased need for pediatric dentists to treat newly insured children under the ACA.

OUTCOME: Final Omnibus Bill provided \$10 million for pediatric dentistry plus \$875,000 for dental faculty loan repayment (and HRSA directed to issue new grants in FY 2016 – AAPD will advise HRSA on grant guidance). Overall, obtained \$35.873 million for section 748.

2. Support efforts of Children's Hospital Association to obtain full funding of \$300 million for Children's Hospitals GME, and oppose any HRSA efforts to restructure the program and eliminate dental positions from residency count in funding formula.

OUTCOME: Funding of \$295 million (an increase of \$30 million over FY15).

FEDERAL HEALTH CARE REFORM

Access to Care Goal

1. Support corrections to Affordable Care Act (ACA) to:
 - a. Make pediatric oral health coverage mandatory.
 - b. Include dental premium cost under calculation of tax subsidy for low income families.
 - c. Exempt preventive dental services from deductibles in embedded plans and SADPs.
 - d. Extend CHIP funding for at least two years.

OUTCOME: CHIP two year re-authorization approved. No ACA amendments were considered due to stand-off between Administration and Congress.

2. Assist ADA in promotion of ERISA reform bill from Congressman Gosar (H.R. 1798 in previous Congress), that would require all health plans offering dental benefits to provide uniform coordination of benefits and permit consumers to designate payment of dental benefits to providers who do not participate in the network.

OUTCOME: Current bill (H.R. 1677) has 31 co-sponsors, referred to Education and Workforce Committee.





FEDERAL REGULATIONS

Access to Care Goal

1. As the Affordable Care Act (ACA) provision defines pediatric oral health as an essential health benefit (EHB), ensure that implementing regulations require robust coverage consistent with the AAPD Policy on a Model Dental Benefits for Infants, Children, Adolescents, and Individuals with Special Health Care Needs. Coordinate joint response/comments on proposed regulations with ADA and keep key members of Congress informed. Support mandatory purchase (vs. offer) of an appropriately structured embedded or stand-alone dental plan for children inside exchanges, and encourage states to adopt such a requirement as several have already done (Kentucky, Nevada, Washington state). Sustain regulatory inclusion of general anesthesia coverage state mandates as EHB beyond 2014 and 2015. Monitor types of pediatric oral health insurance offered in state health insurance exchanges as compared with AAPD model benefits. Evaluate and respond to key ACA insurance plan issues such as network adequacy, provider fees, family out-of-pocket costs, and the impact of pediatric dental coverage embedded in medical plans. Communicate recommendations to Center for Consumer Information and Insurance Oversight.

OUTCOME: Ongoing. AAPD and ADA sent joint regulatory comment letter to CCIIO in September 2015 concerning ACA EHB dental benchmarks and joint letter to CMS in December 2015 on proposed 2017 benefit and payment parameters. High deductibles in embedded plans continue to be a problem.

2. Work closely with ADA, state dental associations, and state pediatric dentistry chapters to ensure that state health insurance exchanges appropriately adhere to federal guidelines and regulations concerning insurance plans offering pediatric oral health coverage. Fully engage state Public Policy Advocates in this effort.

OUTCOME: Sent regular updates to PPAs and utilized ADA Health Policy Institute studies of ACA enrollment data in advocacy efforts. Lack of ACA mandate had negative impact on SADP pick-up. Percentage of embedded plans seems to be increasing.

Medicaid Dental Reform Goal and Access to Care Goal

3. Ensure that Head Start program regulations implementing the 2007 reauthorization reflect appropriate oral health care requirements, including the dental home/age one visit. Also monitor Head Start's adherence to these requirements.

OUTCOME: AAPD-ADA submitted joint comments in September 2015 on Head Start proposed performance standards, urging stronger language on dental periodicity schedule and dental home.

Medicaid Dental Reform Goal

4. Encourage CMS to include pediatric oral health quality measures developed by the Dental Quality Alliance as part of the Medicaid dental program.

OUTCOME: Ongoing. MSDA (Medicaid-CHIP State Dental Association) reports that 14 state Medicaid dental programs are using DQA quality measures.





STATE LEGISLATION AND REGULATIONS

Workforce and Access to Care Goal

1. Promote states' adoption of expanded duties for dental assistants as recommended in the AAPD's Policy on Workforce Issues and Delivery of Oral Health Care Services in a Dental Home, and assist state chapters dealing with dental therapist and other mid-level proposals.

OUTCOME: No states approved Dental Therapy laws in 2015.

Medicaid Dental Reform Goal

2. Provide continued technical assistance to state pediatric dentistry chapters for Medicaid dental reform for their efforts with both state legislatures and state dental associations. Continue to promote states' adoption of appropriate dental periodicity schedules consistent with AAPD guidelines, and update research and policy center dental periodicity schedule adoption map on website as appropriate. Promote state Medicaid programs' adoption of pediatric oral health quality measures developed by the Dental Quality Alliance (DQA). Continue to inform and educate key constituencies about reforms that work, including MSDA (Medicaid/CHIP State Dental Association), NCSL, NCA, etc. Work with research and policy center and CDBP to respond to Medicaid medical movement by

- a. Promoting dental managed care hybrid payment models that leave the risk with the plan contractor (or at least share it between the plan and the provider); and
- b. Maintaining accountable dental fee-for-service plans.

OUTCOME: Ongoing. Supreme Court ruled that providers cannot sue Medicaid under Equal Access Provision. AAPD and ADA submitted joint comments in January 2016 on CMS final rule with comment period on Methods for Assuring Access to Covered Medicaid Services.

3. Ensure that state Medicaid programs conducting provider audits do so in an appropriate and fair manner, adhering to AAPD clinical guidelines and utilizing peer review by pediatric dentists. Secure appropriate guidance to states from CMS Center for Medicaid and State Operations.

OUTCOME: Ongoing. Nebraska approved RAC Audit Reform Law. AAPD joined amici curiae brief in Connecticut court case challenging state's flawed audit review methodology.



Access to Care Goal

4. Continue to provide technical assistance to states for General Anesthesia legislation, highlighting ongoing cost analysis and using TRICARE coverage and recent success in Arizona, Vermont, Pennsylvania, and West Virginia to spur momentum. Evaluate likelihood of states considering future insurance mandates in light of ACA essential health benefit (EHB) provision. Utilizing research and policy center technical brief and working closely with CDBP, educate insurers and insurance regulators on necessity of this benefit and role of pediatric dentists in treating high risk children.

OUTCOME: State ACA EHB benchmarks for 2017 do include these general anesthesia mandates and CMS 2017 benefits and payment parameters regulation will codify that any state mandate approved prior to 12-31-11 is an EHB.

5. Work with ADA, state dental associations, and state pediatric dental units to promote community water fluoridation, and prevent efforts to remove fluoride from currently fluoridated communities.

OUTCOME: AAPD sent letters in support of CWF in several jurisdictions, including Denver.

2016 Legislative Priorities

FEDERAL APPROPRIATIONS FOR FY 2017



Workforce Goal

1. Seek appropriations for Sec. 748 Title VII dental primary care cluster of \$35.873 million¹, with directed funding of not less than \$10 million going to pediatric dentistry in recognition of the demand for training grants and the increased need for pediatric dentists to treat newly insured children under ACA². Obtain continued support for dental faculty loan repayment, and strongly encourage applications in response to HRSA's FY 2016 grant announcement.

2. Support efforts of Children's Hospital Association to obtain full funding of \$300 million for Children's Hospitals GME, and oppose any HRSA efforts to restructure the program and eliminate dental positions from residency count in funding formula.

3. Seek HRSA support to implement AAPD proposal for restructured MCHB program for Leadership in Pediatric Dentistry Education.



FEDERAL HEALTH CARE REFORM

Access to Care Goal

1. Support corrections to Affordable Care Act (ACA) to:
 - a. Make pediatric oral health coverage mandatory.
 - b. Include dental premium cost under calculation of tax subsidy for low income families.
 - c. Exempt preventive dental services from deductibles in embedded plans and SADPs.

Access to Care and Medicaid Dental Reform Goal

2. Explore possibility of targeted pediatric oral health bill to address Medicaid dental reform by increasing Medicaid matching payments for states that pursue specific Medicaid dental reforms including reimbursement at competitive market-based rates (per previous proposals such as S. 1522/H.R. 3120). Protect Medicaid EPSDT guarantee in Medicaid block grant other cost-savings proposals.

Access to Care Goal

3. Assist ADA in promotion of ERISA reform bill from Congressman Gosar (H.R. 1677), that would require all health plans offering dental benefits to provide uniform coordination of benefits and permit consumers to designate payment of dental benefits to providers who do not participate in the network.

4. Work with ADA and other dental and medical organizations to support H.R. 3323, then Dental and Optometric Care Access Act, which would apply non-covered services to ERISA plans.

5. Work with ADA and other dental and medical organizations to support a simplified process across appropriate governmental agencies to designate individuals with intellectual disabilities as a medically underserved population.



FEDERAL REGULATIONS

Access to Care Goal

1. As the Affordable Care Act (ACA) provision defines pediatric oral health as an essential health benefit (EHB), ensure that implementing regulations require robust coverage consistent with the AAPD Policy on a Model Dental Benefits for Infants, Children, Adolescents, and Individuals with Special Health Care Needs. Coordinate joint response/comments on proposed regulations with ADA and keep key members of Congress informed. Support mandatory purchase (vs. offer) of an appropriately structured embedded or stand-alone dental plan for children inside exchanges, and encourage states to adopt such a requirement as several have already done (Kentucky, Nevada, and Washington state). Sustain regulatory inclusion of general anesthesia coverage state mandates as EHB in 2017 and beyond (for states that approved such mandates prior to 12-31-11). Monitor types of pediatric oral health insurance offered in state health insurance exchanges as compared with AAPD model benefits. Evaluate and respond to key ACA insurance plan issues such as network adequacy, provider fees, family out-of-pocket costs, and the impact of pediatric dental coverage embedded in medical plans. Communicate recommendations to Center for Consumer Information and Insurance Oversight.

2. Work closely with ADA, state dental associations, and state pediatric dentistry chapters to ensure that state health insurance exchanges appropriately adhere to federal guidelines and regulations concerning insurance plans offering pediatric oral health coverage. Fully engage state Public Policy Advocates in this effort.



Medicaid Dental Reform Goal

3. Ensure that Medicaid EPSDT regulations continue to promote the dental home and a required examination by a dentist.

Access to Care Goal

4. Monitor implementation of Head Start Performance Standards proposed in 2015, to ensure appropriate requirements for dental periodicity schedule and establishment of a dental home.
5. Secure HRSA review and update of dental health professions shortage area (HPSA) criteria, building from unimplemented 2005 UNC/Sheps Center report along with other recommendations. An improved dental HPSA will provide a more accurate federal assessment of oral health workforce needs.

Medicaid Dental Reform Goal

6. Encourage CMS to include pediatric oral health quality measures developed by the Dental Quality Alliance as part of the Medicaid dental program³.



STATE LEGISLATION AND REGULATIONS

Workforce and Access to Care Goal

1. Promote states' adoption of expanded duties for dental assistants as recommended in the AAPD's Policy on Workforce Issues and Delivery of Oral Health Care Services in a Dental Home, and assist state chapters dealing with dental therapist and other mid-level proposals⁴. Provide technical assistance, via research and policy center, to state Public Policy Advocates working in collaboration with state dental associations on this issue.

Medicaid Dental Reform Goal

2. Provide continued technical assistance to state pediatric dentistry chapters for Medicaid dental reform for their efforts with both state legislatures and state dental associations. Continue to promote states' adoption of appropriate dental periodicity schedules consistent with AAPD guidelines, and update research and policy center dental periodicity schedule adoption map on website as appropriate. Promote state Medicaid programs' adoption of pediatric oral health quality measures developed by the Dental Quality Alliance (DQA). Continue to inform and educate key constituencies about reforms that work, including MSDA (Medicaid/CHIP State Dental Association), NCSL, NGA, etc. Work with research and policy center and CDBP to respond to Medicaid medical movement to managed care by:
 - a. Promoting dental managed care hybrid payment models that leave the risk with the plan contractor (or at least share it between the plan and the provider); and
 - b. Maintaining accountable dental fee-for-service plans.
3. Ensure that state Medicaid programs conducting provider audits do so in an appropriate and fair manner, adhering to AAPD clinical guidelines and utilizing peer review by pediatric dentists. Secure appropriate guidance to states from CMS Center for Medicaid and State Operations.

Access to Care Goal

4. Continue to provide technical assistance to states for General Anesthesia legislation, highlighting ongoing cost analysis and using TRICARE coverage and success in 33 states to spur momentum. Evaluate likelihood of states considering future insurance mandates in light of ACA EHB provision. Utilizing research and policy center technical brief and working closely with CDBP, educate insurers and insurance regulators on necessity of this benefit and role of pediatric dentists in treating high risk children.
5. Provide technical assistance to states seeking legislation for mandatory oral health examinations prior to school matriculation. Seek support of state dental associations and other interested organizations via efforts of state Public Policy Advocates⁵.
6. Work with ADA, state dental associations, and state pediatric dental units to promote community water fluoridation, and prevent efforts to remove fluoride from currently fluoridated communities.



1 Congressional appropriators have included the Feingold-Collins State Oral Health grants under this total amount. The AAPD, ADA, and ADEA supported \$10 million each for pediatric dentistry and general dentistry in FY 2016, and obtained \$10 million for pediatric dentistry, \$10 million for general dentistry, and \$35.873 million overall (including \$875,000 for dental faculty loan repayment).

2 If Congress considers tax reform legislation explore possible inclusion of tax exemption of faculty loan repayment amount, or via Title VII reauthorization explore authority for school or residency program to provide additional amounts to cover tax liability as done in NIH loan repayment programs.

3 The initial DQA pediatric oral health quality measures tested and adopted in 2013 are as follows:

Evaluating Utilization

Use of Services
Preventive Services
Treatment Services

Evaluating Quality of Care

Oral Evaluation
Topical Fluoride Intensity
Sealant use in 6-9 years
Sealant use in 10-14 years
Care Continuity

Evaluating Cost

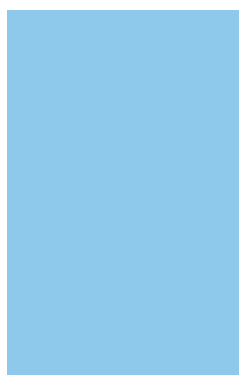
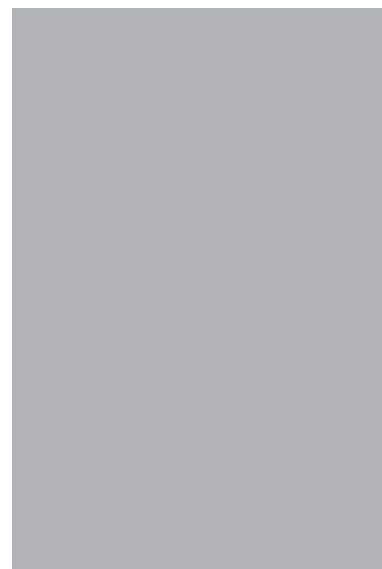
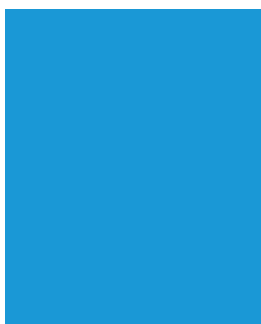
Usual Source of Services
Per-Member Per-Month Cost

The DQA was formed by the ADA at the request of CMS. The AAPD was a founding member and has a representative on the DQA's Executive Committee.

4 The AAPD Pediatric Oral Health Research and Policy Center maintains an EFDA "tool kit" on its web page.

5 Note that a tool kit is available on the AAPD research and policy center web page.

2015 AAPD PAC In Action



2015 AAPD PAC Contributors



PATRIOT (\$1,000 AND ABOVE)

NorthCentral District

Bret M. Jeger, Decatur, IL

Southeastern District

Heber Simmons, Jr., Jackson, MS

Western District

Paul A. Reggiardo, Huntington Beach, CA

CABINET (\$500-\$999)

NorthCentral District

Daniel M. Briskie, Rochester Hills, MI
Daniel P. Carroll, Flushing, MI
Clifford R. Hartmann, Milwaukee, WI
Mitzi L. Hines, Columbus, OH
Martin J. Makowski, Clinton Township, MI
Jessica A. Meeske, Hastings, NE
Curt S. Ralstrom, Clinton Township, MI
Neophytos L. Savide, Palos Heights, IL
Eric A. TeDuits, Fitchburg, WI

Northeastern District

Maria Aslani-Breit, Rochester, NY
Warren A. Brill, Baltimore, MD
Mahnaz M. Khan, Westbury, NY
Nancy L. Rajchel, Harrisburg, PA
Mario E. Ramos, Midland Park, NJ
Norman J. Schwartz, Roselle Park, NJ
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Southeastern District

K. Jean Beauchamp, Clarksville, TN
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Mike D. Mysinger, Knoxville, TN
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Angela Pinkerton, Durango, CO
Judith A. Ragsdale, The Woodlands, TX
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CONGRESS (\$250-\$499)

NorthCentral District

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Mark L. Cannon, Long Grove, IL
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Robert S. Haring, Dublin, OH
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Vickie L. Hemann, Urbana, IL
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David K. Hennon, Indianapolis, IN
Kyle M. Hensley, Dayton, OH
Gonzalo Hernandez, Appleton, WI
Nancy E. Hijjawi, Glenview, IL
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Jeffrey J. Johnson, Rockford, IL
David L. Jones, Naperville, IL
Richard W. Kennedy, Fairfield, OH
Timothy R. Kinzel, Madison, WI
Richard B. Kirchhoff, Crystal Lake, IL





Kenneth S. Kollmann, Collinsville, IL
Kirk B. Kollmann, Chicago, IL
Eric J. Koren, West Chester, OH
Amy E. Kramer, Verona, WI
Matt P. Kubovich, Johnston, IA
Gary M. Lehn, Hastings, NE
Andrea R. Leopold, Lima, OH
Andrea M. Leyland, Eden Prairie, MN
Robyn R. Loewen, Rochester, MN
Robert W. Long, Carmel, IN
Janice A. Lubas, Oak Lawn, IL
Thomas J. Madl, Jr., Harrison, OH
Denise D. Maniakouras, Palos Hills, IL
Susan S. Maples, Holt, MI
John R. Markarian, Belleville, IL
Michael S. Mathews, West Burlington, IA
Susan M. Maurer, Springfield, IL
Thomas J. Maurice, Plainfield, IL
Melissa A. McHenry, Zionville, IN
Dennis J. McTigue, Columbus, OH
Gerusa Mello-Burstadt, O'Fallon, IL
Candace A. Mensing, Rochester, MN
David M. Miller, Newburgh, IN
Margaret A. Miller, De Pere, WI
Roberto Moreno, West Liberty, IA
Cecilia A. Moy, Columbus, OH
Jacob E. Myers, East Lansing, MI
James D. Nickman, Lino Lakes, MN
Sonja G. Norris, Grand Ledge, MI
Jay M. Oksiuta, Mount Pleasant, WI
Joanne R. Oppenheim, Chicago, IL
James W. Orbon, Vernon Hills, IL
Scott D. Papineau, Indianapolis, IN
Carmella B. Perry, Flossmoor, IL
Neil E. Peterson, Brookfield, WI
Steven D. Peterson, Madison, WI
Steven M. Pilipovich, Terre Haute, IN
Suzanne K. Port, Holland, MI

Holly A. Portwood, Hastings, NE
Ronald L. Poulos, Cincinnati, OH
Frank G. Radis, Aurora, OH
Daniel G. Raether, Plymouth, MN
Elizabeth F. Ralstrom, Grosse Pointe Park, MI
Maria Elena Ramirez, Avon, OH
Rockland A. Ray, North Olmsted, OH
Adam E. Rector, Muncie, IN
Jeffrey A. Rector, Muncie, IN
Charles W. Rigg, Merrillville, IN
Gregory A. Robbins, Elkhart, IN
David S. Rutcosky, Grayslake, IL
John S. Rutkauskas, Hinsdale, IL
Frances P. Santoro, Essexville, MI
Matthew D. Schieber, Elkhorn, NE
Irwin M. Seidman, Palatine, IL
Sonal N. Shah, Shelby Township, MI
Nannette R. Sherman, West Chester, OH
Jane A. Silk, Solon, OH
Maria L. S. Simón, Evanston, IL
Christa Y. Spates, Peoria, IL
Julie Elizabeth Ann Steinmetz, Columbus, IN
Mark J. Steinmetz, Appleton, WI
Gary A. Stern, Livonia, MI
Lisa F. Strunk, Omaha, NE
David M. Sullivan, Cincinnati, OH
John M. Sushynski, Flint, MI
Carl Andrew Trout, Fargo, ND
Joseph A. Tylka, Long Grove, IL
Victoria A. Ursitti, Arlington Heights, IL
Aimee C. Valleau, Grand Rapids, MI
Nathan Van Hofwegen, Kalamazoo, MI
Eric J. Van Miller, Green Bay, WI
Christopher E. VanDeven, Grand Rapids, MI
Connie M. Verhagen, Norton Shores, MI
Raj Vij, Fairlawn, OH
Gina D. Waite, Norfolk, NE
Jody L. Wright, Springboro, OH
William L. Wrobel, Ottawa, IL
Grace Yum, Chicago, IL

Northeastern District

Dwight J. Ashby, Harrisburg, PA
Maryam Azadpur, Simsbury, CT
Michelle M. Backhaus, East Brunswick, NJ
Madeline M. Badalaty, Ocean, NJ
Richee K. Berry, Mitchellville, MD
Gary W. Bigsby, Endicott, NY
Justin R. Bloom, Canton, CT
Garrett T. Brennan, New London, CT
Richard A. Brown, Kingston, PA
Cavan M. Brunsdon, Old Bridge, NJ
Lisa C. Campanella, Beverly, MA
Jeffery P. Campisi, Wading River, NY
Diana M. Capobianco, Bel Air, MD
Jerome S. Casper, Columbia, MD
Nancy A. Cavotta-Morton, Latham, NY
Simon Cheirif, Forest Hills, NY
Meelin D. Chin Kit-Wells, Williamsville, NY
Jennifer Chon, Glen Head, NY
Anthony P. Colandrea, Jr., Rocky Hill, CT
Brian D. Collins, Middlebury, VT

Nancy E. Cosenza, Southampton, NY
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Gary L. Creisher, Kennebunk, ME
Yasmi O. Crystal, Bound Brook, NJ
Jennifer L. Cully, Marlton, NJ
Arthur A. Daniels, Jr., Andover, MA
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Lawrence Dinkes, Bridgeport, CT
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Glen F. Ehrenman, Westbury, NY
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Luis S. Englander, Bedford, NH
Richard W. Eytel, West Orange, NJ
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Melanie J. Fatone, Salem, CT
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James B. Haas, Derry, NH
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Shari C. Kohn, Lutherville, MD
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Sungki Lee, Edison, NJ
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Margaret Madonian, Liverpool, NY
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L. Allan Pyke, Pottstown, PA
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Caryn M. Siegel, New York, NY
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Jack D. Mallette, Murfreesboro, TN
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G. Ford Rowland, Ridgeland, MS
Tia Shea Sammons, Estero, FL
Barry P. Setzer, Jacksonville, FL
Andrew P. Shehata, Brookhaven, GA

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Ryan Richardson Smith, Myrtle Beach, SC
David R. Stanley, Murfreesboro, TN
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Carl D. Bloom, Houston, TX
Daniel A. Borrero, Santa Fe, NM
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Ryan L. Brackett, Yukon, OK
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Emily M. Brown, Saint Louis, MO
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Maria Calcina, Katy, TX
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Yoneida Calogero, Corpus Christi, TX
Rita M. Cammarata, Houston, TX

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Brent C. Caple, Rogers, AR
Lisa A. Carlson-Marks, Glendale, CO
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Joseph B. Castellano, Laredo, TX
Claudia A. Cavallino, New Orleans, LA
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Pamela C. Clark, Pearland, TX
J Diane Colter, Dallas, TX
Brad S. Comeaux, Baton Rouge, LA
Jennifer Criss, Nacogdoches, TX
Reeca D. Daves, Poplar Bluff, MO
Emily C. Day, Olathe, KS
Rob L. Delarosa, Baton Rouge, LA
Ivette M. Diaz, Pearland, TX
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Barry J. Farmer, Muskogee, OK
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Suzanne E. Fournier, New Orleans, LA
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Sarah M. Fox, Tulsa, OK
Casey R. Frazier, Huntsville, TX
Michelle L. Freeze, Austin, TX
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Katherine S. Galm, Loveland, CO
D. Ray Gifford, Lubbock, TX
Fred D. Griffin, Lufkin, TX
George A. Gutierrez, San Antonio, TX
Ryan W. Harry, El Dorado, AR
Bradley S. Harris, Conroe, TX
Susie S. Hayden, San Antonio, TX
Kelli Henderson, Lawrence, KS
Lori Henderson, Columbia, MO
Sharon D. Hill, Plano, TX
Ty A. Hinze, Frisco, TX
Jeffrey A. Hoffman, Keller, TX
Khaled A. Jadid, Plano, TX
Dustin Janssen, Lubbock, TX
Jeffrey A. Kahl, Colorado Springs, CO
Paul A. Kennedy, Jr., Corpus Christi, TX
Dietmar Kennel, Lubbock, TX
Jennifer L. Kiening, Cedar Park, TX
Derek G. Kirkham, Colorado Springs, CO
Mark H. Kogut, Dallas, TX
Eugene M. Kouri, Fort Worth, TX
Manivara P. Krone, Southlake, TX
Reena Kuba, Irving, TX
Hoanh B. Le, Wichita, KS
Michael A. LeBlanc, Leawood, KS
Terry Lee, Houston, TX
Brynn L. Leroux, Baton Rouge, LA
Kasia J. Lindhorst, Houston, TX
Angela M Lopez-Loverich, Georgetown, TX
Jared M. Louviere, Dallas, TX
Duane W. Martin, Corpus Christi, TX

Josefina V. Martinez, San Marcos, TX
Julie A. Martinez, Spring, TX
Georganne P. McCandless, Tomball, TX
Janna C. McIntosh, McAlester, OK
Robert H. Melton, Drumright, OK
S. Troy Miller, Lafayette, LA
Shane Moore, Amarillo, TX
Benjamin P. Morgan, Dallas, TX
Robert E. Morgan, Richardson, TX
Azadeh Motekallem, Houston, TX
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Monali R. Patel, Dallas, TX
Gloria A. Phillips, Houston, TX
Carl E. Pittman, Spring, TX
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Nick A. Prater, Olathe, KS
David T. Ramirez, Lafayette, CO
Evan J. Reed, Saint Louis, MO
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Lisa G. Richardson, Pearland, TX
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Ryan S. Roberts, Tulsa, OK
Maria de Jesus Rodriguez, Mission, TX
Nick Rogers, Arkansas City, KS
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Melissa V. Rozas, Coppell, TX
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Daniel G Sena, Dallas, TX
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Tessa M. Smith, Covington, LA
Alfred P. Smithwick, III, Denver, CO
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Amanda R. Trotter, Waco, TX
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Alejandra Villasenor, Dallas, TX
Katherine E. Vo, Madisonville, LA
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Bruce H. Weiner, Fort Worth, TX
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Clyde N. Yost, San Antonio, TX
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Todd Asato, Honolulu, HI
Kyoko Awamura, Kailua Kona, HI
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Sophie Liamidi Baird, Tucson, AZ
Curtis J. Barnett, Kent, WA
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Jeffrey N. Brownstein, Peoria, AZ
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Norman S. Chun, Kailua, HI
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Brady S. Keller, Billings, MT
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Katherine Lane, Salem, OR
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Christian K. Lee, Palo Alto, CA
Christopher C. Lee, Honolulu, HI
Jonathon E. Lee, Foster City, CA
Randy Q. Ligh, San Jose, CA
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John R. Liu, Issaquah, WA
Jared D. Lothyan, Renton, WA
Randall K. Lout, Mesa, AZ
Oariona Lowe, Whittier, CA
Josef W. Lubisich, Vancouver, WA
Peter Lubisich, IV, Vancouver, WA
Jennifer J. Marshall, Tucson, AZ
Robert B. Martin, Palm Desert, CA
Claudia Masouredis, San Francisco, CA
D. Cody Mast, Bellevue, WA
Lawrence E. Mast, Bellevue, WA
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Jade Miller, Reno, NV
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Marielena Murillo, Salinas, CA
Mark D. Mutschler, Oregon City, OR
Mark L. Nelson, Bountiful, UT
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Maryam M. Pearose, Portola Hills, CA
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Scott Thompson, Meadow Vista, CA
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Christopher E. Wacker, Loma Linda, CA
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Cynthia L. Weideman, Citrus Heights, CA
Michael D. Weideman, Folsom, CA
Scott H. Wexler, Scottsdale, AZ
Jeremy C. Wiggins, Lewiston, ID
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Nicolet DeRose, Racine, WI
Scott A. Dexter, Lansing, MI
Drew Arthur Goebel, Bismarck, ND
Joe F. Inman, Sylvania, OH
Jennifer R. Kugar, Fishers, IN
Raymond A. Maturo, Ann Arbor, MI
Tehemina Gagrat Richardson, Chicago, IL
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Lauren S. Weddell, Carmel, IN
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Terri A. Winn, Crawfordsville, IN
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Ketevan Kiguradze, Wilton, CT
Robert L. Lerman, Ansonia, CT
Rachel A. Maher, Wilmington, DE
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Lauro F. Medrano-Saldana, Brooklyn, NY
Robert E. Riesenberger, Doylestown, PA
Emily B. Scholl, Brunswick, ME
Jay Skolnick, Webster, NY
Herbert S. Smith, Larchmont, NY
W. Fred Thal, New Britain, CT
Jeannine E. Wyke, Bethlehem, PA
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Noel K. Childers, Birmingham, AL
Kimon Divaris, Chapel Hill, NC
Raymond K. Doty, Jr., Gulfport, MS
Laura D. Durham, Griffin, GA
Kelly W. Hughes, Evans, GA
Sona J. Isharani, Greensboro, NC
Margaret E. Lochary, Matthews, NC
Rochelle Lopyan, Roswell, GA
Kimberly T. Lough, Saint Albans, WV
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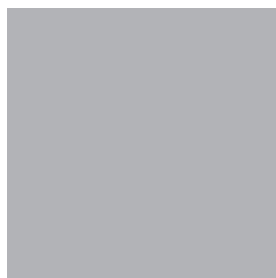
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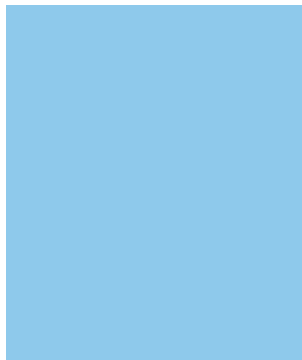
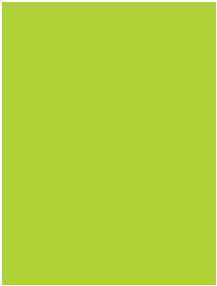
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