

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee
FEC IDENTIFICATION NUMBER C C00488338
Check if 24-hour report 48-hour report New report Amends report filed on 01 / 02 / 2014

Full Name of Payee Strategic Impact
Mailing Address 1890 Star Shoot Parkway #17-250
City Lexington State KY Zip Code 40509
Purpose of Expenditure Direct Mail ID-02 2014 Primary Category/Type 003

Date of Public Distribution/Dissemination 01 / 02 / 2014
Amount 22386.00
Transaction ID : 12324312
Date of Disbursement or Obligation

Name of Federal Candidate Rep. Mike K. Simpson
Support Oppose
Office Sought: House Senate
District: 02 State: ID

Disbursement For: Primary General
2014 Other (specify)

Calendar Year-To-Date Per Election for Office Sought 22386.00

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate
Support Oppose
Office Sought: House Senate
District: State:

Disbursement For: Primary General
Other (specify)

Calendar Year-To-Date Per Election for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

22386.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr. Douglas Hadnot
Signature [Electronically Filed]

Date 03 / 18 / 2014

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F24A  
Transaction ID :

Due to a software error, the dissemination date was not being pulled onto the report. That error has now been fixed. All subsequent reports will also be amended and filed.

Form/Schedule:  
Transaction ID: